

Bundle Trust Board (Open Session) 29 January 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 include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
- 1.3 09:30 - Chairman Introduction and Update
To receive an update from the Trust Board Chairman.
- 1.4 09:35 - Chief Executive Update
To provide an overview of progress made in key work streams and forward look of future events
ITEM 1.4 CEO REPORT TO TRUST BOARD JANUARY 2019 FINAL.docx
- 1.5 09:45 - Procedural Matters
ITEM 1.5 Procedural Matters.docx
ITEM 1.5a Trust Board Open Minutes 13 December 2018EVHUpdatedJan19.docx
ITEM 1.5b Trust Board CLOSED Minutes 13 December 2018EVHUpdated.docx
ITEM 1.5d Action Log.docx
- 1.6 09:50 - Staff Story
Presentation by Anthony Carter
Nurseries Project Presentation.pptx
- 2 STRATEGIC BUSINESS
- 2.1 10:35 - Approval of the WAST 2019/20 – 21/22 Integrated Medium Term Plan (RM)
For approval
ITEM 2.1 IMTP 19-20 Jan19 Board SBAR v2.docx
ITEM 2.1a 1920 IMTP v20.docx
- 2.1.1 11:35 - BREAK
- 2.2 11:45 - Transfer of Non-WAST NEPTS Work To WAST – Hywel Dda UHB (MH)
To request Trust Board approval to transfer non-WAST NEPTS work from Hywel Dda UHB
ITEM 2.2 Board SBAR NEPTS Transfer of Work FINAL 22 01 19 NB.docx
ITEM 2.2a Transfer Document HD UHB FINAL 22 01 19 NB-GM.pdf
- 2.3 12:05 - Treating People Fairly- 6 Monthly Update (CV)
Note the activities within the period April 2018 – September 2018 and proposed actions for remainder of 2018/19
ITEM 2.3 29 January 2019 Trust Board SBAR TPF 6 month update.docx
ITEM 2.3a Treating People Fairly Highlight Report April Sept 18 - Final Update.pptx
- 2.3.1 12:35 - LUNCH
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 13:05 - Finance Performance as at Month 9 (2018/19) & update on Discretionary Capital Programme (CT)
To provide the Board with an update on the financial performance and savings delivery of the Trust for the first nine months of 2018/19 and an update on the capital programme 2018/19
ITEM 3.1 Finance Report - M9 18-19 - Final.doc
- 3.2 13:25 - Monthly Integrated Quality and Performance Report (RM)
To Note
ITEM 3.2 SBAR MIQPR November 18 TBFINAL (1).docx
ITEM 3.2a Annex 1 - MIQPR Dashboards November 18 TBFINAL.xlsx
ITEM 3.2b graph MIQPR November 18 TBFINAL (1).pptx

ITEM 3.2c Annex 3 - Christmas and New Year 2018/19 Performance TBFINAL.xlsx

3.3 13:45 - Welsh Language Statutory Standards: Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 (KC)

To provide the Board on the content of the Welsh Language Standards Compliance Notice issued to the Trust by the Welsh Language Commissioner on 30 November 2018.

ITEM 3.3 SBAR Welsh Language Standards (No. 7) Regulations 2018 Final Compliance Notice.docx

ITEM 3.3a Annex 1 - Welsh Ambulance Services NHS Trust Compliance Notice.pdf

3.4 14:00 - Wales Audit Office Reports:

To include:

Structured Assessment

Annual Report

Management Response

ITEM 3.4a 862A2018-19_WAST_Structured Assessment 2018_final_Eng_ 170119.pdf

ITEM 3.4b 928A2018-19_WAST_Annual_Audit_Report_2018_English.pdf

ITEM 3.4c WAST SA 2018 Management Response with JK Comments.docx

4 CONSENT ITEMS

Note: Minutes of Committees have not yet been approved by the relevant Committee and will be presented to the Trust Board meeting on 28 March 2019.

5 ANY OTHER BUSINESS

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

6 DATE OF NEXT MEETING

The next meeting of Trust Board will be on 28 March 2019 in Ty Elwy, St Asaph



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

CHIEF EXECUTIVE REPORT: 29TH JANUARY 2019

MEETING	TRUST BOARD
DATE	29th January 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	29TH JANUARY 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 13th December 2018.

BACKGROUND

This report is presented to the Trust Board to provide awareness of key service issues. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

ASSESSMENT

Operations Directorate

Ambulance Response

The Executive Management Team has agreed to consider the introduction of Body Worn Video Cameras for front line Operational Staff as part of its commitment to the reduction of violence and aggression towards staff. The Trust has been in discussion with Welsh Police Forces and UK Ambulance Trusts and is currently developing more detailed cost and resource proposals in order to make a more informed decision over the coming weeks.

Clinical Contact Centres

Recruitment is currently underway to fill on a permanent basis a number of positions within the CCC structure including a new position of Business Support Manager with responsibility for the project management of large projects such as CAD phase 2 and 3. Likewise, recruitment is underway for the last remaining Clinical Support Desk Clinicians provided by funding from Welsh Government. The current recruitment exercise aims to attract 9 additional clinicians to fill the remaining positions with appointments taking up post in January and becoming operational in mid-February. The 7 additional clinicians offered posts in November became fully operational on 18th December.

Resilience

Attention is turning to the forthcoming six nations series commencing in February and ensuring our Business Continuity Plans are robust and in line with our civil contingencies responsibilities to maintain provision. Each fixture will have a nominated Tactical Commander and the directorate is developing arrangements to further enhance our medical response team (foot team) capabilities to deploy to key events in urban areas such as the Six Nations.

BREXIT planning continues in partnership with Welsh Government and multi-agency partners based on the worst case scenario of a no deal BREXIT. Approval has been given for funding to upgrade the Incident Coordination Centre (ICC) at VPH to provide a central function for the Trust to manage significant incidents. Work will be completed prior to Brexit in order to ensure the Trust has the capability to coordinate and manage any potential consequences. A live 'boots on the ground' exercise was held on 16th January 2019 with multi agency partners to exercise our response to a marauding terrorist firearms attack (MTFA) incident. Thirty two WAST commanders and response staff attended along with representatives from the Wales Extremism and Counter Terrorism Unit (WECTU) and Welsh Government Prepare and Protect Board.

Non-Emergency Patient Transport Services

NEPTS Appointments

A Quality Assurance Manager has been appointed and commenced their role on the 14th January. This post holder will be responsible for completing quality and safety audits on third party providers as part of the new framework and will ensure that all partner providers work to the correct standards as set out in the commissioning guidance.

Winter Plan

In early December NEPTS had a funding bid for additional winter support vehicles confirmed by Welsh Government. The bid allows for 7 additional discharge vehicles across Wales to support transfers and discharges out of hospital.

The vehicles, which are provided through a mixed approach of using external providers and WAST staff, commenced operations during December and are operating 7 days per week from 10am to 10pm.

Commissioning Framework Update

Following successful transfers of Cardiff & Vale and Velindre non-NEPTS work to WAST, the next transfer of work from Hywel Dda is due to transfer to WAST on February 11th. This is the first of the more complex transfers of work to be undertaken and includes the TUPE transfer of 3 Hywel Dda staff to WAST and the transfer of over £1m of activity.

The transfer team have already commenced planning for the next transfer of work from Aneurin Bevan which is due to take place at the end of April 2019.

The service continues to seek a resolution to the factors affecting a delay to the BCU transfer and a further update will be provided as this work progresses.

A meeting has been held with Cardiff & Vale to review the success of the transfer of work. Feedback from the meeting was overwhelmingly positive with no adverse issues reported. A similar meeting will be held with Velindre shortly.

ABMU/Cwm Taf Boundary Change

Discussions have continued with Cwm Taf and ABMU health boards in relation to the changes associated with the move in boundaries. A NEPTS planning group has been established and will include representatives from TU partners, Workforce, Communications and Resources. The biggest issues affecting NEPTS is safeguarding the existing level of funding following the boundary change. Funding principles have been agreed with the health boards the team will continue to review implications during the transfer period.

Corporate Governance

Following Trust Board approval of the revised governance framework in December, which included the establishment of the People and Culture Committee, work continues in reviewing the remaining committees' terms of reference. FRC have considered the revised ToR for the Finance and Performance Committee and QUEST and Audit Committees will consider theirs in the coming weeks. The revised terms of reference will be presented to the March Board meeting for approval.

Over the last three months, the Corporate Governance Team have continued to service the Trust's 2018/19 Committee and Trust Board business cycle and have continued to process Freedom of Information requests. For the period January to November 2018, 91.2%, were responded to within 20 working days compared to the ICO target of 90%.

A key current issue for the Corporate Governance Team concerns the changes in legislation on Welsh Language requirements. A paper is being presented to the Board today which explains the progress made to date but further work is needed to fully understand the financial, organisational and staffing implications for the Trust.

The Corporate Governance Team continue to progress work on refining the systems and procedures for reviewing, amending, approving and publishing of Trust policies. At present, 85% (113) of all Trust policies are in the policy process, having either been approved or are at various stages of review or development.

Medical and Clinical Directorate

Advanced Paramedic Practitioner (APPs) recruitment from internal candidates has taken place which has resulted in the successful appointment of the North Wales APP Team. We have also recruited an additional 3 APPs in Central and West and 8 APPs in South East Wales. There are 9 APPs posts to fill in South Wales and it is hoped these positions will be filled following the 3 showcase events arranged during January 2019.

Following a 12 month secondment period, Paula Jeffery has been successful in her application to become the substantive Regional Clinical Lead – Consultant Paramedic in Central and West Region. Paula has a wealth of clinical experience across many settings, including Primary Care. As such, she will bring her considerable expertise to lead on our prescribing journey.

The Clinical Advice Line (incorporating clinical on call) commenced on the 31st December, further optimising the principle of 'no decision in isolation'. This initiative aims to support operational clinicians in their clinical decision making and has already made a significant contribution in supporting crews to cease resuscitation attempts (during extended resuscitation, outside that of the JRCALC Guidance). Operational staff are supported and we are ensuring patients are safely cared for when cases are complex or staff are presented with rare conditions. The Clinical Advice Line will continue until the end of March, when it will then be formally evaluated.

Ongoing refinements to the clinical response model have led to changes to the Dispatch Cross Reference (DCR) Table, in order to improve the way the Trust responds to some categories of emergency call. One code which was previously 'red' and generated around 800-1,000 calls per year, almost all of which were not serious, has been downgraded. We have also listened to concerns from our CCC colleagues and stakeholders, and amended our policy on dispatch of public access defibrillators – keeping this for cases where we are giving CPR advice (potentially reducing unnecessary defibrillator deployments by over 80,000 calls per year).

Work continues for the launch of the Trust's Improvement & Innovation Network in April. As part of this we have finalised our framework, designed a platform on our intranet site for registering improvements and innovations and, in preparation for the launch are testing these through a clinical improvements area.

We continue to support the Clinical Team Leader Development Programme by undertaking a one day training session on Continuous Improvement (Silver IQT) for each cohort of students. This is aligned to the 1000 Lives Programme for Quality and Continuous Improvement.

The Trust supported winter pressures through extensive engagement with Primary Care following a request for clarity on the types of Ambulance that could be requested by Primary Care colleagues. We answered this request by producing a succinct information leaflet that was circulated via the Directors of Primary and Community Care, Heads of Primary Care and GP clusters.

ASHICE is one of several mnemonic acronyms used by Emergency Medical Services in the UK to pass summarised advance details of a patient to the receiving hospitals. The Trust established a working group to consider the type of information we need to send. The working group of clinicians developed a first draft of the new pre-alert guidelines and shared these with the Clinical Directors for Emergency Medicine in Wales, along with the Royal College of Emergency Medicine (Wales). The guidelines include a move towards using the mnemonic ATMIST (age, time of incident, mechanism of injury, injuries, signs and treatment given) reporting rather than the mnemonic ASHICE (age, sex, history, injures, condition and ETA) the two reporting mnemonics are sufficiently similar so it is very unlikely to cause difficulties if ASHICE is used when ATMIST was expected, or vice-versa, but ATMIST provides more specific information.

The "Wish" Ambulance which is a Trust vehicle made available to transport terminally ill adults or children to a chosen destination is making progress. An example of when our "Wish" Ambulance would be used is to take a patient to watch their football team one last time, the service would convey the patient via stretcher to the football ground, making prior arrangements with the club to allow the patient to enter the ground and watch the game from the stretcher. The "Wish" Ambulance has been further developed and approval has now been given by the CEO to progress this service.

Two new Advanced Paramedic Practitioner antibiotic Patient Group Direction (PGDs) have been released, one for the treatment of Urinary Tract Infections, and the other to treat chest infections for patients with Chronic Obstructive Pulmonary Disease (COPD). The remaining 17 PGDS have all been updated and in some cases their scope of use extended for wider patient groups and to match the current clinical guidelines. This will support APP management of patients at home and contribute to reduced conveyance to hospital.

Central and West Health Board Clinical Lead, Georgina Passmore has been working with Tissue Viability experts and Welsh Government to produce an e-learning platform for pressure area assessment and care for ambulance staff. This has now been launched online and is attracting interest from National and International Ambulance Services. An advisory booklet is now being prepared for release to Trust staff.

Central and West Health Board Clinical Lead Leigh Keen has worked with the Locality Managers in the ABMU area to staff a Level 2 Rapid Response falls car to elderly fallers linking with the ABMU Acute Clinical Team, GP, GPOOH, ACT and Social Care - to aid frailty assessment and reduce hospital conveyance in the Swansea Locality

Trust paramedics and APPs are continuing to support GPOOH on a rotational basis in ABMU and HDUHB areas undertaking Home Visits to provide extra capacity to the Acute and Unscheduled Care Services by working effectively within the Health Board areas to reduce ambulance demand and deliver timely care.

Workforce and Organisational Development Directorate

High sickness rates remain a significant concern for the Trust and a priority to deliver improvement, yet achieving the target reduction continues to be challenging. The Trust's sickness absence rate in November 2018 was 7.19% (cumulative rate of 7.34%). This is broadly comparable to November rates over the past few years. 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 and SilverCloud online CBT service in December 2018; distribution of Health and Wellbeing posters and information cards signposting staff to different sources of support available; 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 as their number one priority for the next few months.

In order to protect our staff and patients and in line with public health recommendations 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. A Seasonal Influenza Action Plan has been developed for 2018/19 which is monitored by EMT on a fortnightly basis. In 2017/18 just over 40% of staff received the vaccination. This year immunisation rates stands at 36.4% which is half way to achieving the Welsh Government target. A Big Bang event will be held during week starting 18th February 2019 enabling a further push on vaccination uptake before the end of the season together with a supporting communication plan focussing on the myths that continue to surround the vaccine.

Turnover for the Trust as a whole reduced by almost 1% to 7.09% for the most recent reporting period (the 12 month reporting period up to November 2018), which is the lowest turnover rate of all ambulance Trusts. The updated predicted vacancy position for the Emergency Medical Service/Ambulance Response staff groups for the end of the financial year, taking into account known recruitment activity and predicted turnover (estimated at 5% for most staff groups), is 45 vacancies (which includes approximately 24 UCS vacancies and the circa 24 CTL vacancies deliberately being held pending the outcome of the CTL review, but excludes the 20 new APP posts created in South Wales).

The 11 internally recruited Advanced Paramedic Practitioners will be backfilled with fully qualified paramedics or EMTs, with offers due to be issued after 18th January. Further recruitment will take place in 2019 to fill UCS vacancies. A number of UCS taster/career days are planned for 2019 to support this. The first of which is proposed to take place in February 2019, where over 120 candidates have already expressed an interest in attending. A Big Bang recruitment event is planned for April 2019.

Work is currently underway, in partnership with Trade Union partners, to engage with the paramedic workforce and address concerns regarding current levels of achievement and compliance with the Band 6 competencies that were introduced in March 2018. As part of the agreement, in year 1 all Band 6 paramedics are expected to demonstrate competences against 13 new competencies. Concerns regarding progress to date have escalated and discussed with senior Trade Union partners and the Executive Management Team is actively monitoring progress on a two weekly basis.

The Trust's Education and Training Team has successfully added the Level 4 Diploma for Associate Ambulance Practitioners programme to the Qualifications Wales framework, in order to commence the process of developing an apprenticeship pathway for EMT roles. This key piece of work will enable WAST to widen participation within and access to operational career pathways both for existing colleagues and our future workforce.

Following approval of the Trust's Leadership and Management Development Strategy at Board in December 2018, work is actively under way to develop the implementation plan for introduction from April 2019. There has also been an increased focus within the Directorate, and wider Trust, on action needed to progress the Trust's Treating People Fairly (Equality and Diversity) agenda, with the intention to increase the resource available to support progressing our plans at pace, planning for a Trust Board and Senior Management Development Session in the Spring 2019. Our 6 month Treating People Fairly report pulls together the Trust's stories and focus on equality and inclusion during the first half of 2018/19 and will be considered by the Trust Board at this meeting.

There continues to be a focus on ensuring the best possible colleague experience as part of developing the Trust's culture. This has included reviewing the Awards Programme, scoping of our current volunteering contribution and experience, and putting plans in place to further consider the results of the 2018 NHS Wales Staff Survey in team and departmental reflections and action planning. Following the launch of the Trust's Health and Wellbeing App, there has been a significant take-up and access to the service with over 10% of colleagues downloading the App within the first 3 weeks. This is significantly better than has been the norm in NHS organisations using the same or similar portals. The App is not only a basis for colleagues understanding and accessing significant benefits but is also increasingly providing an important place for information on and access to a range of advice and services.

Quality, Safety and Patient Experience Directorate

Infection, Prevention & Control

The level two Infection, Prevention & Control (IPC) Pre-Hospital Education package has been uploaded to the Electronic Staff Records (ESR) and is available for use via that platform. It replaces the original level two NHS Wales version that had many elements that were hospital based, however, the revised version has a greater ambulance focus. A notice will be distributed during January 2019 to Operational Teams for access and completion to enhance best practice at level one and two. The level one Pre-Hospital Education package that is designed for non-patient facing staff remains unchanged and is also accessed through the ESR platform.

Infection, Prevention & Control learning for the 2019/20 Continuous Professional Development sessions has been agreed and this will be in the form of a simulation exercise over 1 hour and will cover Personal Protective Equipment, Communicable Diseases, Vehicle Cleaning, Hand Hygiene and cross contamination. This will be delivered to the National Ambulance Training College (NATC) by the IPC Team for cascading to staff by the local training managers through the Statutory and Mandatory Training Programme.

Quality Assurance/Improvement

An Innovation Burst was conducted in conjunction with NHS Horizons & UK Ambulances Services, which led to 12 key themes & 6 work streams emerging for Project A to take forward. The Quality, Safety & Patient Experience Directorate has been central to coordinating and encouraging the efforts of several Trust areas in contributing and championing across 4 work areas: Falls; Mental Health; Staff Well-being and Patient & Community Involvement Work streams.

These UK Ambulance Service wide work streams are aiming to build collaboration, shared learning, and a united 'call to action' for implementation of key improvements within priority areas. A series of online 'accelerated design calls' are now taking place, with workshops planned for early 2019 bringing together key stakeholders to develop key outputs for each work stream.

Mental Health

Working with Powys Teaching Local Health Board, a rapid access to a mental health service 'SilverCloud' online Cognitive Behavioural Therapy (CBT) was launched on 17th December 2018 for all Welsh Ambulance Services NHS Trust (WAST) staff and can be accessed via the Wellbeing Team. Online CBT is a highly effective treatment for common mental health conditions such as anxiety and depression.

£122k non-recurring funding was secured via Welsh Government to progress key project work as part of the Mental Health Improvement Plan, and recruit a small delivery team that will be in place until 31st March 2019 to ensure:

- Continuation and evaluation of suicide intervention training programme
- Completion of #WASTkeep talking film for World Mental Health Day.
- Improved relationships with Local Health Board Mental Health Services and continuation of integrated approach to crisis care which includes the involvement of Police forces.

Partnerships and Engagement Directorate

Since the last Board meeting, the work of the Directorate has including managing winter communications, including over the Christmas and New Year period. In addition, the delivery of the Chief Executive's 100 day plan message has been supported, as well as increasing the focus on our flu campaign to support further uptake of the flu vaccination by colleagues.

An approach has been made to Regional Partnership Board (RPB) Chairs seeking ambulance service representation on the six out of seven RPBs where the organisation is currently unrepresented. Initial indications are positive with further responses expected shortly. Productive further meetings have been held with the Interim Chair and CEO to discuss the emergent engagement framework, which is due to be discussed at February's Board development session, with a view to being considered by the Board at its March meeting.

Discussions are underway with MIND, facilitated by the Director, to support a review and learning exercise in relation to the management of concerns from individuals who may have a mental health issue. It is anticipated that this review will begin shortly and will conclude later in the spring.

The Directorate is supporting the organisation's BREXIT planning in partnership with the Operations Directorate, with the Director for Partnerships and Engagement acting as SIRO.

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 financial plan underpinning the 2019-22 WAST IMTP, which was submitted to Welsh Government on 4th January. This presents a balanced financial plan for each of the next three years.

The team has worked closely with the Deputy Director of NEPTS to progress a detailed review of the 2015 NEPTS Business Case – to inform discussions with the Commissioner, a "deep dive" into NEPTS finances at the January FRC and to inform the IMTP. In addition we have worked with the NEPTS team on the Hywel Dda non WAST activity as well as scoping the financial implications to NEPTS on the Bridgend Boundary Change from ABMU to Cwm Taf (the detail of which is provided above).

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.

Areas of financial governance remain high on the agenda with the Charitable Funds Investment policy recently receiving approval and work continues with the Corporate Team in connection with updating the Charitable Funds Expenditure guidelines. The team are working on the modernisation of certain aspects of banking arrangements. This potentially includes arrangements where card payments can be made to WAST for outstanding invoices and the issuing of payment cards to Trust officers to partly replace the use of petty cash.

Health Informatics

Development continues in terms of the Information Governance Policy Framework. The Access to Personal Information Policy and Data Quality Policy are currently going through the policy approval process and task and finish groups are being held around the Information Risk Policy. A review of the CCTV policy will be undertaken to determine whether this can now be approved based on changes made within the Fleet, and whether the use of body worn cameras can be incorporated.

The Trust has begun rolling out dashboards, as part of the Qlik Sense project. The CEO Dashboard is now live and receiving regular enhancements and updates. Work continues on the QSPE Dashboard, which is currently live for a select list of stakeholders and is under continuous review and refinement. Data modelling and preparatory work for the EMS AQI Dashboard is continuing. Planning work is being undertaken to prioritise and schedule further dashboards for the next phase of work. An update on this was also provided to the January meeting of FRC.

The Information Governance Team are liaising 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. Work continues on a procedure, which will be finalised in line with the Home Office guidance being released over the coming weeks.

ICT

The ICT Department continues to perform well in respect of day to day support with incident resolution slightly below target at 93.5% against an increase in call volume of 21.4% over the same period last year. The department has an ongoing portfolio of 68 work streams relating to a wide range of ongoing projects and improvements across the Trust. During the period 17 work streams were completed and 11 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 – upgrade to the GRS rostering system was completed. This will allow the Trust to integrate with ESR, CAD;
- Work is continuing on completing the Wi-Fi implementation across the remaining stations;
- Preparatory works for commencement of equipment installation in Ty Elwy;
- Continuation with the work to progress the recommendations of the Stratia report to improve Trust process and technology around ICT Security;
- Finalising the evaluation of the initial mobile devices pilot
- Ensuring additional WG capital funding made available towards the end of the financial year specifically for IM&T is used for maximum benefit, including accelerating some schemes which would be required in 2019/20 and re-establishing some elements of ICT and digital enhancement to some projects which were previously reduced on the grounds of affordability.

Planning and Performance Directorate

Strategic Service Planning:

The planning team retain holistic oversight of the service change across NHS Wales. Three particular changes are the focus of the teams activities at present. These are;

The centralisation of Paediatric, Obstetric and Neonatal changes across South East Wales.

Phase one of this regionalisation of service will commence in March 2019 with the reconfiguration of services within Cwm Taf Health Board. Over the past 18 months there has been close collaboration between WAST (Planning and Clinical reps) and the regional project board. Agreement has been reached on the activity and commissioning implications of this service. There remains two clinical issues which need to be resolved.

The management in A&E of any very seriously injured or ill children who are brought directly to RGH by parents

Cwm Taf wish to have assurances from WAST that we will guarantee an 8 minute response in these situations. This request is at odds with our Clinical model and would also set an unsustainable precedent with all other service changes where Health Boards would rightfully expect the same level of guarantees. Discussions continue between WAST and Cwm Taf officers to establish a satisfactory solution.

The support from RGH A&E for paramedics who are 'driving past' with a very seriously ill or injured child

Cwm Taf have indicated a desire not to provide the ability for WAST staff to take extremely sick children straight to the Royal Glamorgan hospital if they do not feel they can manage the case through to one of the designated sites- UHW, PoW or PCH. This stance is at odds with what the Royal Collage of Paediatrics guidance who recommend that best practice in these situations is that Ambulance staff conveyance to the nearest hospital with an A&E.

WAST and Cwm Taf CEOs and Medical Directors are meeting to resolve both these issues in the coming weeks.

Major Trauma Network

Following a lengthy process University of Hospital Wales in Cardiff has been selected as the site for the South Wales and South Powys Major Trauma networks 'Major Trauma Unit' (MTU). The major Trauma project Board was subsequently closed down and a 'Major Trauma Network Board' (hosted by the NHS Wales Collaborative) has been established. This will have management responsibility getting the network 'live' and then its ongoing management. WAST has two seats on the network board with Dr Jonathan Whelan, Assistant Medical Director and Jonathan Watts, Assistant Director of Planning attending.

The network have set ambitions to have a live network by October 2019 and a functioning Major trauma centres (MTC) and MTUs by April 2020. To support delivery of these timescales WHSCC have been confirmed as the commissioner of the network. Whilst WAST does not have a seat on the WHSCC management committee it is represented through the CASC. WHSCC have recently secured circa £1M funding from Welsh Government for a number of key managerial and Clinical posts to support the service going live. As part of this WAST will have access to a senior programme manager role to undertake the activity modelling work it requires. WASTs Assistant Director of Strategy and Planning has been asked to sit on the interview panel for this appointment further recognising the role WAST has in these types of service change.

We continues to manage and work with system colleahus to manage and resolve a number of outstanding risks in regards the network principally regarding the locations of the MTCs.

Transition of Bridgend CBC from ABMu to Cwm Taf

In June 2018 it was announced that from the 1st April 2019 the responsibility for providing healthcare services for people in Bridgend area will transfer from Abertawe Bro Morgannwg Health Board to Cwm Taf Health Board. This transition will have a material impact on the Welsh Ambulance Services NHS Trust.

A project structure has been developed to oversee this with the Trusts Strategic Planning and Partnership Board acting as the 'Project Board'. Through a series of task and finish groups an assessment has been undertaken to identify what changes the organisation needs to make to ensure a safe, high quality and timely service continues to be provided by WAST.

Early assessment has determined that there is principally one mission critical activity that needs to be resolved by the 1st April and this focus on WASTs ability to continue to provide accurate performance information on the new Health Board boundaries. This work is being progressed by the Health Informatics team.

A number of other activities are currently being identified which will need to form phase two of the project. These are activities which whilst not mission critical need to be resolved. Issues currently identified include;

- The future reporting and management for Bridgend NEPTs and EMS staff.
- The distribution and handling of 999 calls originating from the 'new' Cwm Taf area and their CCC allocation

No decisions have at present been taken on either of these issues.

2019/20 IMTP development

Trust Board will be fully appraised of IMTP development following earlier Board meetings and development sessions however they might not be so sighted on is the level of work being led by the Planning team to develop and agree a set of 'Commissioning intension responses' which will underpin the IMTP. These responses are a set of seven documents (one for each Health Board) which document how WAST and each health board will work together over the course of 2019/20 to deliver Ambulance commissioning intensions.

Internal Approach to Planning 2020/19

Welsh Government have confirmed that for 2020/21 IMTP they are moving forward the timetable to final submission by 31 December 2019. This means WAST will be producing two IMTPs in a calendar year. The change in timescales also mean consideration will have to be given as to whether current internal arrangements and processes are adequate for delivering such IMTP development and approval.

RECOMMENDATION

That Trust Board note the contents of this report.



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	29 January 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 13 December 2018.

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.

Urgent Business Approved by the Chairman and Chief Executive

- 3 The following items of business have 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:

01/2019 – 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

- 4 Since the last Trust Board meeting the Trust Seal has been used on the following occasion:

All relate to Omnicell medical cabinets on the following premises:

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

RECOMMENDED: That

- (1) the minutes of the meeting of the open and closed session of the Board held on 13 December 2018 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log;**
- (2) the urgent business approved by the Chairman and Chief Executive in consultation with other Non Executive Directors since the last meeting be endorsed; and**
- (3) 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 13 DECEMBER 2018 AT THE CITY HALL, KING EDWARD VII AVENUE, CARDIFF, CF10 3ND

PRESENT:

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

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager
Andrew Clement	PECI Team
James Moore	Assistant Director OD
Gwen Kohler	Financial Planning Manager
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Andy Swinburn	Assistant Director of Paramedicine (Part)
Helen Watkins	Deputy Director of Workforce and OD
Rachel Watling	Communications Officer
Jon Watts	Assistant Director of Planning and Performance

APOLOGIES

Paul Hollard	Non Executive Director
Chantal Patel	University Representative

75/18 CHAIRMAN INTRODUCTION AND UPDATE

The Chairman welcomed all to the meeting. He advised the Board that key Members Rachel Marsh, Louise Platt and Chris Turley were currently attending another meeting and would be joining this meeting as soon as possible. To that end there would be a need to rearrange the agenda items.

He added that at the end of the meeting members of the public and staff would be given the opportunity to ask questions or raise any issues they may have.

The declarations of interest in respect of Mr Emrys Davies as a former member of Unite, Professor Kevin Davies as an Independent Trustee of St John Wales, and Mr Nathan Holman as Chair of the Cross Hands Community Health Council were noted.

In terms of an update the Chairman drew attention to the following conferences, and events he had attended:

1. Staff awards – note of thanks to Rachel and the team
2. Conferences recently attended: Health and Social Care conference and the International Primary Care conference - details of both were provided
3. Sensory Loss Awareness event – This had been well attended, notably by the Cabinet Secretary for Health
4. Attended a ride out in Cardiff and was made aware of the challenges faced by the Trust. Enthusiasm amongst the staff was palpable. General message from the staff was that there was an overall improvement in the service
5. NEPTS control team; there were still challenges with this service
6. Association of the Ambulance Chief Executive Forum, these forums were good opportunities to share common practice. Discussions had included diversity on Boards, Lord Carter's review, and working with care homes
7. All Wales Chairs' meeting – good discussion on the Amber Review. Health Boards were keen to work with the Trust to address the issues from the Review; particularly in terms of hospital handover delays

The Chair added that consideration will be given to presenting written updates at future Board meetings.

RESOLVED: That

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

(2) the update was noted.

76/18 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.

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

1. Awards had been received in regard to the work carried out with dementia and the use of technology. In addition the Queen's Ambulance Service Medal was being awarded to two staff members.
2. Following implementation of GoodSAM into the Computer Aided Dispatch system on 1st November 2018, almost 300 staff have signed up to the application. Since going live, the Trust has been informed of at least one successful event, where GoodSAM responders were alerted to a 999 call and used a defibrillator at the scene, following which the patient has gone on to make a full recovery.
3. Red performance during November 2018 had been comfortably above the 65% target (72%) and this had been against a backdrop of an increase in activity.

RESOLVED: That the update was noted.

77/18 PROCEDURAL MATTERS

Minutes

The minutes of the open and closed session of the meeting of the Board held on 27 September and 13 November 2018 were approved.

Trust Board Action Log

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

14: Patient Story – update provided by Claire Bevan – Item Closed

15: IMTP – update would be given later on in Agenda – Item Closed

16: Update on actions to address those recommendations in the Amber Review which the Trust could progress immediately – update would be given later on in Agenda – Item Closed

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:

08/19 – Authority to approve payment of costs in respect of a significant claim against the Trust.

Use of the Trust Seal

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

0190 – Lease contract for Matrix One

RESOLVED: That

- (1) the minutes of the meeting of the open and closed session of the Board held on 27 September and 13 November 2018 were confirmed as a correct record; 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.**

78/18 PATIENT STORY

Claire Bevan, Director of Quality and Nursing, introduced the patient story in which the main focus was on dementia and welcomed Andrew who was here to present and share his experience with the Trust. Claire added that the Trust was 18 months into its Dementia Plan and had signed a commitment to the emergency services to work closely with them to promote wider training. The work the Trust was conducting with dementia was continuing to make a difference going forward.

Andrew introduced himself to the Board and gave an overview of his background. He briefed the Board on the several projects he was working with which included dementia friendly courses. He was involved with the Alzheimer Society and worked with them as much as he could. He sat on the three nations working group (NI, Wales and England) and was also a member of a team looking at the care for people with motor neurone disease.

Andrew was diagnosed due to the development of a tremor. Following a visit to a neurological consultant he was diagnosed with Lewy Body dementia. At the time this diagnosis was devastating and he had to take each day at time, having to give up work immediately. Dependence on other people became a huge factor, which included a loss of privacy. For each person the journey was different as there were many types of dementia. The major struggle for Andrew was the loss of confidence and also the battle with depression.

Last year Andrew had a bleed on the brain and the ambulance service was called. When the crew arrived he was in a very confused and distressed state. He was calmed down by the crew and the positive and professional care he received was, he was convinced, down to the excellent training that paramedic crews receive.

Andrew was extremely grateful for the care he received both at home and at the A&E department prior to his admittance to a ward whilst in the care of the ambulance service. Andrew was determined and committed to help the Trust in its work on how to deal with dementia patients and thanked the Trust for the opportunity to share his story.

The Board thanked Andrew for sharing his story and raised several points which were discussed in further detail:

1. Members considered whether there were any relevant pathways that could be explored further going forward
2. In terms of patients with dementia, expectations can be very different in each case and having GP coordinated care plans for paramedics would be of great advantage. From a personal perspective Andrew was more than happy with the care plan he received from his GP

3. The Trust was continuing to improve its training for staff with regards to dementia; however there was still further work to be undertaken to support staff, and this included violence and aggression training. Moreover, Andrew mentioned that it was also important for carers to be provided with the relevant support and training.
4. The Board considered how the script for call handlers could be reviewed to incorporate wording that would be more helpful to all parties concerned when dealing with dementia patients

RESOLVED: That the story was noted.

79/18 FINANCE PERFORMANCE AS AT MONTH SEVEN (2018/19) & UPDATE ON DISCRETIONARY CAPITAL PROGRAMME

Chris Turley, Interim Director of Finance and ICT, outlined the reported year to date revenue financial position of the Trust as at month seven 2018/19 (October 2018) which was a small overspend against budget of £0.002m. This was an improvement in the year to date position previously reported of £0.029m. Furthermore, he was pleased to report that as at month eight the Trust had achieved a small surplus.

In presenting the report he drew the Board's attention to the following:

1. The delivery of forecast balance at the end of the year was still based on managing the risks which included the pay award and winter pressures; the former was now being fully funded and it was likely that the latter would be also. The risk that did remain was in regards to the treatment of holiday pay on overtime payments which was being addressed
2. Capital funding – further discretionary funding was being made available to the Trust
3. The Trust was 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. Further detail on this as it is finalised, including the publication of a good practice guide, would be taken to FRC in the first instance.

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

1. Overspend in terms of maintenance of defibrillators – Members recalled that in the original business case which set out the details of investing in them, it was stipulated there would be no revenue consequences. Chris Turley advised that a process had been instigated through the capital planning whereby any business cases are now being processed through ICT and Estates to consider potential revenue consequences.
2. The Board recognised there was still work to be done to maintain the bottom line position and remain in balance but continued to be assured by the Trust's excellent financial reporting system
3. Through management of non-operational vacancies savings of £192k have been made, what was the impact of this on the Trust? Claire Vaughan explained that the majority of this was due to delaying recruitment; the vacant posts were currently being managed without having an adverse effect on the Trust. Going forward, the vacancies were being addressed.

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 proposed process for prioritising the commitment of any additional capital funding this financial year, including that already confirmed was noted; and**
- (3) 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.**

80/18 INTEGRATED MEDIUM TERM PLAN – 2018/19 QUARTER 2 DELIVERY REPORT

Rachel Marsh, Interim Director of Planning and Performance, gave an overview of the report which outlined the quarter two 2018/19 position against the 2018/19 – 2020/21 Trust's IMTP commitments.

The key components of the IMTP which required assessment on progress were:

1. 44 strategic actions - of which 30 should be delivered by March 2019, 11 by March 2020 and 3 by March 2021
2. a suite of performance ambitions - the Trust had developed performance ambitions as part of its IMTP planning process, and as a means to articulate quantifiable benefits associated with the six strategic aims and to confirm its ambition to improve performance across a number of key metrics.
3. a balanced financial plan

Members considered the report further and raised the following points:

1. Members discussed in detail whether the performance ambitions in some areas were legitimate targets and were the right questions being asked to measure them; in particular handover to clear. Jason Killens explained there were two targets associated with handover; the arrival to clinical handover which was the responsibility of Health Boards (15 minutes) and the handover to clear target which was the Trust's responsibility (15 minutes)
2. Following a query regarding the Trust's ability and confidence to continue to be on target with the correction actions, Rachel Marsh advised that whilst this should be the case, there would always be risks associated.

Jason Killens explained that the detail of the work being carried out would be articulated through each of the actions thereby providing the necessary assurance.

RESOLVED: That

- (1) the approach taken to build a picture of performance against IMTP commitments was noted; and**
- (2) the progress (and improvement actions undertaken) in Quarter 2 was noted.**

81/18 2019/20 IMTP - PROGRESS REPORT

Rachel Marsh, Interim Director of Planning and Performance, reminded the Board that the requirement on the Trust to develop an IMTP had emanated from Welsh Health Circular (2015) 014 which effectively had applied similar duties on NHS Trusts as those imposed on Local Health Boards by virtue of the NHS Finance (Wales) Act 2014.

The 2019/20 planning cycle mandated by Welsh Government had changed significantly this year with only a single submission date of the end of January 2019 as opposed to previous years where an initial submission was made in January before a full and final submission in March following feedback from Welsh Government.

A number of key policy documents and reviews had been published in the last twelve months which the IMTP would need to reflect. These included; 'A Healthier Wales', the Amber Review and most recently Lord Carter of Coles review of English Ambulance Services (whilst focused on England there is much learning which the Trust could take from the review).

Welsh Government had stated that they do not wish to receive Plans in excess of 100 pages (Trust Board have previously supported a WAST Plan of no more than 50 pages). To support this, Welsh Government have clarified;

1. They do not require context, setting background information/narrative; and
2. They do not require great detail on how service developments will be progressed as long as signposting can be provided to existing documents (business cases, project plans etc.) that give this level of detail.

Within the 'Delivering Excellence in Healthcare' section the Trust looked to consider priorities which it would immediately start to progress over the coming three years in pursuit of this goal. These included;

1. Implementing paramedic prescribing
2. Progressing the Advanced Paramedic Practitioner (APP) model
3. Finalising the rollout of 111 and securing provider status
4. Roll out/implementation of the falls framework
5. Procuring and implementing an Electronic Patient Care Record (EPCR)
6. Starting to investigate the concept of being a "Call handler of choice"
7. Achievement of University Status
8. Developing a strategy for the creation of a national discharge support service

The Board was advised this was an early draft of the Plan and was intended to offer assurance that, with approximately eight weeks remaining, the Trust was progressing well with its development. There was still further work to be undertaken particularly aligning the long term strategic framework and the financial plan alignment.

Members, having considered the report in more detail raised the following comments:

1. There should be more focus on working with older people articulated within the Plan
2. A balanced financial plan must be ready by the end of January 2019 on which Chris Turley responded that the FRC meeting in January had been brought forward to enable scrutiny of the financial plan
3. Clarity was sought on the funding for 111. Jason Killens confirmed this issue was being addressed and this reinforced by Chris Turley

4. Several comments were raised by Paul Hollard (not present) through an email (which Keith Cox agreed to email to Rachel Marsh), broadly speaking they were:
 - I. 18/19 section would like to see more information on the changes in Hywel Dda
 - II. More information on the goal for NHS DW 111
 - III. People section, more details on workforce
 - IV. More information regarding Research and Development activities

The Board recognised the challenges associated with delivering the Plan in a timely manner taking into account the stricter timelines from previous years.

RESOLVED: That the Trust Board

- (1) Noted progress and made observations;**
- (2) Commented on the priorities articulated in the plan and their ambition as the first steps towards achievement of the longer term goal;**
- (3) Noted the areas which required further work; and**
- (4) Noted the risks and issues being raised.**

82/18 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – October 2018

Rachel Marsh, Interim Director of Planning and Performance, reminded the Board that the purpose of the report was to provide a single report which detailed the Trust's performance against key quality and performance indicators for October 2018.

The Planning and Performance Directorate had received a considerable amount of feedback in recent months on areas for improvement in the reporting of performance to Board. A facilitated session with Non Executive Directors has been set up in January 2019 to consider this further. In the interim, the report has made various changes, based on the feedback received. The length of the report has been shortened to focus on the measures for which Board were held to account.

In terms of headlines within the report, the Board were notified of the following:

1. 999 call demand increased by 0.69% in October 2018, compared to September 2018
2. 111 telephony demand increased by 27.43% in October 2018, compared to September 2018, which reflects the further roll out of the service and increased demand in the winter period
3. Red performance continued to be sustained above the 65% target at an all Wales level (74.7%). This position has been sustained over the previous 12 months however, performance was gradually declining.
4. The Trust conveyed 19,203 patients to major emergency departments in October 2018, compared to 20,774 in the same period last year and 7.6% less patients in quarter two 2018/19, compared to the same quarter last year
5. The Clinical Desk and NHSDW (Hear & Treat) achieved 7.5% performance in October 2018. This was an increase in the period April to October 2018. The percentage performance trend was improving.

Areas of concern:

1. At November 2018 the QUEST Committee reported a decline in NHSDW website unique visits; the rate dropped significantly in September 2018, which has continued into October. This was due to a change in the way Google Analytics measure website activity. Health Informatics were working on a way to approach reporting around this change going forward. The overall trend was positive.
2. The percentage of 999 calls answered within 6 seconds was 86.4% in October 2018, an improvement on September 2018, but the two-year trend was a slight decline in performance. This measure will change from January 2019 to time bands, so the Trust can see what performance was after the six seconds. This measure will be included in the AQIs
3. There was a significant upward trend in Amber median performance and Amber 95th percentile performance
4. The percentage of handover to clear within 15 minutes of transfer of patients to hospital staff was 74.0% in October 2018, compared to 78.3% in October 2017. The commissioning intention was an improvement (the trend is worsening).
5. Overall Trust wide sickness absence was 7.02% in October, compared to 6.78% in September. Sickness levels were below previous years, but remained high when compared to other UK ambulance services. The Amber Review highlighted sickness levels. There is a nine point plan to address sickness levels.
6. The percentage of responses to concerns had increased in October to 53%, up from 48% in September, but remained significantly below the Welsh Government target of 75%.

Members noted the content of the report and raised the following:

1. Where there has been a change it would be useful to understand the reason for that change, for example where there has been a deterioration in an area. It would also be useful if the report articulated when a change had been introduced; thus allowing it to be monitored.
2. In cases where a patient refuses analgesia, this should be documented and captured appropriately within the report. Jason Killens added that it was important to measure the right things in an appropriate way
3. It was felt in some cases that it would be useful to have the percentage figure and the actual figure in numbers as Health Board areas vary in terms of performance.
4. Was there a reason for not including the statistics on handover delays? Rachel Marsh explained that the details were contained in one of the spreadsheets attached to the main report
5. Clarity was sought in terms of the metrics the Trust was focussing on. Jason Killens explained that there were differing levels of detailed information being reported to the Board and the Executive Management Team
6. Claire Vaughan gave an overview of the measures being taken in order to reduce the levels of sickness within the Trust

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

83/18 REVISED GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

Keith Cox, Board Secretary, advised the Board that the report set out the findings, conclusions and recommendations of the Board appointed Committee Structure Working

Group that was established to review the portfolio, workload and responsibilities of the Trust's main committees. A note of thanks was acknowledged for the work conducted by Mike Armstrong, Assistant Corporate Secretary.

The Working Group reviewed the portfolios of each of the current committees and analysed the last twelve months agendas for each. The Working Group also compared and contrasted the committee structures of other ambulance services within the UK as well as Health Boards and Trusts in Wales

This group had concluded that far too much business was being considered by the Finance and Resources Committee and that as a result some topics, particularly with regards to people and culture, were not being given sufficient attention. The main conclusion was that there was support to establish a new People and Culture Committee to consider matters currently included in the Finance and Resources Committee terms of reference. This would require the disbandment of the current Finance and Resources Committee to be replaced by a Finance and Performance Committee and a People and Culture Committee.

It had been recognised that the increase in the number of committees, and as a means to offset the increase in attendance workloads, the Working Group concluded that a standard membership of four Non-Executive Directors be introduced for all Trust committees.

The Working Group supported the retention of the quarterly committee business cycle but proposed that bi monthly Trust Board meetings be introduced to replace the current four scheduled 'business' Board meetings. Members' attention was drawn to Appendix 3 of the paper which set out the recommended calendar for 2019/20 and listed the changes that had been made to the Board and Committee calendar to that agreed by Trust Board in December 2017.

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

1. Terms of Reference would be reviewed on an annual basis and at that time there would be an opportunity to review membership
2. Claire Vaughan commented this was very welcomed from an Organisational Development perspective
3. the clarity of the report was welcomed, but queried how planning would be incorporated into the reporting process. This was discussed in detail by several Members and it was concluded that planning would be scrutinised at Committee level with a streamlined and more strategic report going to the Board.

RESOLVED: That

- (1) the establishment of a new committee titled the "People and Culture Committee", and the terms of reference for that committee as set out in Appendix 1 was agreed and that Trade Union Partners be invited to the meetings (this would be reflected in the TOR);**
- (2) the current Finance and Resources Committee be renamed the "Finance and Performance Committee" and that terms of reference for the new Committee be prepared for discussion at the Trust Board meeting of 28 March 2019 was agreed;**

- (3) the Non-Executive committee membership and Executive Team attendees as set out in Appendix 2 was agreed;
- (4) the revised 2019-20 Board and Committee calendar of meetings as set out in Appendix 3 was agreed;
- (5) the updated list of Non-Executive portfolios as set out in Appendix 4 was agreed subject to switching the Geographic Area leads, Martin Turner to be the lead for Cwm Taf and Paul Hollard for Aneurin Bevan;
- (6) the Audit Committee, Quality, Patient Experience and Safety Committee, and Remuneration Committee review their respective terms of reference in the fourth quarter business cycle for discussion at the Trust Board meeting on 28 March 2019 was agreed; and
- (7) the Charitable Funds Committee terms of reference were subject to a separate review by the Committee and that these would be reported to Trust Board for approval when completed was noted.

84/18 CHARITABLE FUNDS ACCOUNTS

Chris Turley, Interim Director of Finance and ICT, assured the Board that the Welsh Ambulance Services NHS Trust Charity Annual Report and Accounts for 2017/18 had been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities, preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The draft Trust Charity Annual Report and Accounts had been presented to the Charitable Funds Committee on 13 September 2018. Following that, the Wales Audit Office (WAO) 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 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. This means that the Trustees should assess whether the charity can continue its operations and meet its liabilities as they fall due for a period of 12 months from the date of signing.

At its meeting on 6 December 2018, the Audit Committee recommended that the Trust Board should approve the Trust Charity Annual Report and Accounts for 2017/18 and accept the assessment of going concern at its meeting on 13th December 2018.

RESOLVED: That Trust Charity Annual Report and Accounts for 2017/18 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 was approved.

85/18 LEADERSHIP AND MANAGEMENT STRATEGY

Claire Vaughan, Director of Workforce and OD, explained that the purpose of the strategy was to articulate the Trust's thinking and vision for leadership and management development across the Trust going forward. It sets out the priorities and approach to delivering against this vision and that of the Trust overall, to become the leading ambulance service.

The strategy outlined the following areas:

1. the Trust's purpose, long term strategy ambitions and what was meant by leadership and management
2. what had informed the Trust's leadership & management vision
3. the strategic priorities and how they will be achieved
4. how the Trust would know if it had been successful

Members welcomed the comprehensive report which was encouraging and recognised the logistical and geographical challenges noting that the Trust could learn from other NHS bodies and emergency services going forward.

RESOLVED: That the Trust approved:

- (1) the ethos and content of the strategy;**
- (2) the Strategic priorities; and**
- (3) the delivery plan**

86/18 VEHICLE PROCUREMENT SOP REFRESH AND SUPPORTING 2019/20 BUSINESS JUSTIFICATION CASE (BJC)

Chris Turley, Interim Director of Finance and ICT, gave an overview of the report in which he explained the process involved in terms of developing the BJC noting that it had been endorsed by Welsh Government. This meant that a business case could be approved earlier.

Welsh Government had requested that the SOP was reviewed and refreshed on an annual basis. This provides the opportunity for the Trust to review operational requirements in light of any new policy or service changes to ensure that the SOP is up-to-date and that the appropriate level of funding had been identified.

The Board suggested it would be prudent, for the next iteration that the use of hybrid technology be considered.

RESOLVED: That

- (1) the work undertaken to review and refresh the SOP and the outcome was noted;**
- (2) the Year two (2019/20) requirements and the contents of the supporting BJC was noted; and**
- (3) the submission of both the SOP refresh and the BJC for 2019/20 to WG for scrutiny and to request funding support was supported.**

87/18 DEVELOPMENT OF A LONG TERM STRATEGIC FRAMEWORK

Estelle Hitchon, Director of Partnerships and Engagement, explained that the purpose of the report was to provide a clear and uncomplicated description of the Trust's long term vision and ambitions for the future so that it can be further tested with patients, the workforce, partners and the public more generally.

The Trust was committed through this strategy to deliver a standard of excellence in all that it does and this was underpinned by adhering to several principles which included; having a plan with credibility which was meaningful yet flexible.

In order to deliver excellence there were many core messages which Estelle drew to the Board's attention to:

1. The Trust would play an enhanced role in promoting public health advice and public education
2. Introduce a welfare 'check and care' service. The Trust would be the first port of call for people looking for urgent healthcare 24/7
3. Provide enhanced support to encourage all staff to maintain a balanced and healthy lifestyle
4. Utilise the latest technology to enhance the way service users can access the Trust's services
5. A sustainable telephone/digital treatment and triage model for all urgent/non-urgent health queries will be provided
6. The Trust will expand and enhance its research, and drive forward innovations in clinical practice and wider organisational delivery
7. The Trust will establish multi-disciplinary clinical teams in its control centres
8. Develop clinical teams with a wider range of clinical skills, ensuring access to timely clinical information
9. Clinical teams with cutting edge technology - point of care testing and mobile scanning technology
10. Clinical teams who work in a range of environments across boundaries and enhance joint working
11. Be the sole provider of health transport across the health system providing a national discharge service

Estelle explained that these core messages were backed up by several enablers:

1. Improve the clinical care provided against quality metrics and clinical indicators
2. Improve core operational performance and efficiencies
3. Ensure only clinically appropriate patients were conveyed, ensuring Hear and Treat rate reached 12%
4. Increase availability and access to alternative pathways
5. Enhance Community First Responder/Uniformed First Responder capacity
6. Improve collaborative working with blue light partners
7. Continue to provide specialist response capability
8. Improve staff attendance
9. Continue to enhance and improve the fleet

Going forward, Estelle briefed the Board on the next steps which were to format and develop the document to ensure there was clear reference to 'A Healthier Wales' quadruple aim of:

1. improving population health and wellbeing through a focus on prevention
2. improving the experience and quality of care for individuals and families
3. enriching the wellbeing, capability and engagement of the health and social care workforce
4. increasing the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste

Members discussed the contents in more detail recognising the challenges going forward and brought up the following points:

1. Ensuring that staff have a long and healthy career with the relevant training required focus
2. There should be a continual playback of the Plan to ensure it will deliver what has been set out within it
3. It was suggested that there should be fewer priorities within the Plan
4. Collaboration and strategic alignment with third parties and coordination of care were key factors in the delivery of the Plan
5. Going forward, how was the Trust going to ensure funding with Welsh Government and the Commissioner?

Further to the above comments Members were asked to provide offline any further input in relation to the plan to Estelle Hitchon and/or Rachel Marsh prior to the revised iteration of the document being presented to Trust Board on 29 January for approval.

RESOLVED: That the report was noted and any comments for further input be submitted as soon as possible in preparation for the Board meeting on 29 January 2019.

88/18 BOARD ASSURANCE FRAMEWORK (BAF)

Keith Cox, Board Secretary, explained that the BAF 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 report continued to expand and a note of thanks was recorded for Julie Boalch, Corporate Governance Manger for her work on the BAF.

The BAF report would continue to feature as a standing item on all future Board meetings and would also feature as a standing agenda item at respective Committee Meetings. Committees will be asked each quarter to scrutinise the sources of assurances and the interventions contained within the BAF report. Furthermore, the Board were assured that a large percentage of the assurances were now linked electronically as per recent feedback.

The Board welcomed the report noting that it had progressed substantially from previous iterations.

RESOLVED: That the report was received and commented upon.

89/18 UPDATE FROM AUDIT, FRC AND QUEST COMMITTEES

Audit Committee

The Chair of the Audit Committee, Pam Hall, drew the Board's attention to the Audit Committee briefing report and highlighted the following points within it:

What was going well:

1. Internal Audit Plan – concentrating in the right areas
2. Audit Tracker system – improved significantly including oversight
3. Attendance of relevant Director to answer queries on Limited Assurance reports
4. Meeting of Audit Committee Non Executive Directors and Internal Audit prior to Audit Committee meetings
5. Circulation of Limited Assurance reports to relevant Non Executive Director to align with their portfolio

Areas to improve

1. Outstanding actions in the Audit Tracker should be cleared with more alacrity
2. The timely response from the relevant directorate in providing feedback to Internal Audit reports should be improved
3. The Trust should be more realistic in terms of management responses to Audits and when things can be really delivered

Finance and Resources Committee (FRC)

The Chair of the FRC, James Mycroft, drew the Board's attention to the FRC briefing report and highlighted the following points within it:

1. Digital pen – several lessons had been learned from the recent incident
2. Fleet Strategic Outline Programme Refresh
3. The NEPTS Quality and Delivery Assurance Framework
4. Electronic Asset Management for Clinical Equipment – due to return for ratification in the next cycle

Quality, Patient Safety and Experience Committee (QUEST)

The Chair of the QUEST, Emrys Davies, drew the Board's attention to the QUEST briefing report and highlighted the following points within it:

1. Winter Assurance Panel – there are actions that still require completion
2. Putting Things Right – still room for improvement, there continues to be a challenge in the availability to respond to investigations. Chris Turley confirmed there was extra available to support the team this winter.

RESOLVED: That the updates were noted.

90/18 CONSENT ITEMS

Minutes of Trust Committees

The following Committee Minutes, which have been approved by the relevant Committee, were included in the supporting papers for adoption and noting by the Board:

Audit Committee: 13 September 2018

Finance and Resources Committee: 20 September 2018

Quality Patient Experience and Safety Committee: 4 September 2018

Remuneration Committee: 20 September and 7 November 2018

RESOLVED: That the above Minutes were approved by the Board

Emergency Ambulance Services Committee Minutes

Dated 10 July 2018 and 17 October 2018. Jason Killens gave an overview of recent meetings at EASC and gave more details on those areas which affected the Trust:

- Handover to Clear – 90 day improvement plan
- Attendance and sickness absenteeism
- Standardisation of rostering

RESOLVED: That the above Minutes were noted.

NHS Wales Collaborative Leadership Forum Minutes - dated 14 June

RESOLVED: That the above Minutes were noted.

Project & Programme Management Framework

RESOLVED: That the adoption and the roll out of the framework was noted

Date of Next Meeting: 29 January 2019

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH
 AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 13th
 DECEMBER 2018 at the CITY HALL, CATHAYS PARK, CARDIFF**

PRESENT:

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
Claire Bevan	Director of Quality and Nursing
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director (Part)
Estelle Hitchon	Director of Partnerships and Engagement
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive
Rachel Marsh	Director of Planning and Performance
James Mycroft	Non Executive Director
Bleddyn Roberts	Trade Union Partner (Part)
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development

**TRUST BOARD
REPRESENTATIVES**

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

ATTENDEES:

Richard Bowen	Programme Director 111 (Part)
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APOLOGIES

Paul Hollard	Non Executive Director
Louise Platt	Interim Director of Operations

23/18 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.

24/18 PROCEDURAL MATTERS

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

Apologies were recorded from Louise Platt and Paul Hollard.

The standing declarations of Interest in respect of Mr Emrys Davies as a retired member of UNITE, Professor Kevin Davies being an Independent Trustee of St John Ambulance Wales 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, Professor Kevin Davies being an Independent Trustee of St John Ambulance Wales and Nathan Holman as Chair of the Cross Hands Community Health Council were noted.

25/18 111 UPDATE AND NEW SYSTEM CONTRACTING AUTHORITY

Chris Turley, Interim Director of Finance and ICT, and Richard Bowen, Programme Director for 111, gave an update and overview of the 111 system. Chris confirmed that the 111 service has been successfully launched and embedded in three of the seven Health Boards across Wales (Abertawe Bro Morgannwg, Hywel Dda and Powys).

Richard explained that various options had been explored to see which organisations could feasibly be considered to undertake the role of the contracting authority. Based on the view that the organisation required all Wales coverage and the current position of NWSSP, only WAST and NWIS were left as the short listed organisations for consideration. This left two options for consideration:

Option 1. WAST is the national provider organisation for the 111 service and the Contracting Authority arrangements sit under a different organisation (e.g. NWIS).

Option 2. WAST is the national provider organisation for the 111 service and the Contracting Authority arrangements sit with WAST.

The Board were asked to:

- **Note** progress implementing the 111 service across Wales;
- **Reconfirm** the Trust Board's position regarding the aspirations for WAST to be confirmed with provider status for the national 111 service;
- **Confirm** that WAST would not consider being the contracting authority for the new system without confirmed as having provider status for the national 111 service, and
- **Discuss and note** the options regarding the contracting authority arrangements.

RESOLVED: that

- 1) the progress of implementing the 111 service across Wales was noted;**
- 2) the Trust Board's position regarding the aspirations for WAST to be confirmed with provider status for the national 111 service was reconfirmed;**

- 3) **WAST would not consider being the contracting authority for the new system without being confirmed as having provider status for the national 111 service was confirmed; and**
- 4) **the options regarding the contracting authority arrangements were discussed and noted.**

26/18 QUALITY, SAFETY AND PATIENT EXPERIENCE INTEGRATED HIGHLIGHT REPORT

Claire Bevan, Director of Quality and Nursing, provided the Board with an update on the key and sensitive information in relation to Putting Things Right (PTR), Health and Safety and Safeguarding functions. The Report provided information to the Board on forthcoming inquests, high cost claims, significant health and safety risks, safeguarding and Serious Case Incident Forum (SCIF) updates.

The update also included information regarding forthcoming inquests, high cost claims, and Serious Adverse Incidents,

Claire drew the Board's attention to key headlines within the report expanding in detail on each one:

1. During the reporting period of August - October 2018 there were 48 cases brought to the SCIF, with 7 of those cases being reported as Serious Adverse Incidents (SAIs).
2. The Trust had provided the SAI data (April 2016 - March 2018) to the Chief Ambulance Services Commissioner to support the Accelerated Amber Review published on 6 November 2018.
3. An 'Aggregated Cluster Review' of the SAIs reported for the December 2017 - June 2018 period had been undertaken and the PTR Team had been working closely with the Delivery Unit to inform this approach to the Investigation Review. WAST had contributed to an NHS Wales Patient Safety Workshop on 1 October 2018 to inform improvements for the forthcoming winter period.
4. Since the last reporting period, the Trust had responded within the 56 day period to four Regulation 28 Reports - Prevention of Future Deaths, received from the Coroners. During this reporting period, the Trust has received a further two Regulation 28 Reports.
5. The Trust had received concerns raised from the Gwent Coroner, following an Inquest held on 13 August 2018. It was noted that in these cases, the delay in responding to these patients did not contribute to the patients' sad outcome. This has been discussed at a SCIF and reported to Welsh Government as an SAI.
6. Reviewing the previous reporting period, The Trust identified a sharp rise in Coroner's activity with nine cases listed as Interested Party. During

this reporting period, only two cases were reported with the Trust being an interested party - a 78% decrease.

7. Having previously reported a significant rise in concerns raised by politicians across the winter period, the trend for this quarter was comparable with the same period of previous years.
8. The Trust had been issued with a highly sensitive and confidential civil claim for compensation in respect of an historical case. The Trust instructed Legal and Risk to act on its behalf and the Welsh Government had been notified. Legal and Risk had now been authorised to negotiate a settlement fee.
9. The Trust was contacted by BBC Wales regarding a delayed response to a patient who suffered a stroke. In response, the Trust CEO, Jason Killens provided an interview to the BBC Wales Sunday Politics show.
10. During the month of November, there had been two significant Professional Abuse allegations (one in North Wales and one in Central & West).

In addition, Claire confirmed that during the reporting period, the Trust had received six new approaches from the Ombudsman. The Trust currently had 11 open Ombudsman cases, two of which were open as the Trust was monitoring agreed actions. For the remaining nine cases, the Ombudsman's investigations were ongoing and the Trust would receive Outcome Reports in relation to these nine cases in the coming months.

Members discussed the report and queried whether the Trust could work more closely with Coroners and the Ombudsman in order for them to gain a better insight into the challenges faced by the organisation. Claire Bevan confirmed that this had been discussed previously and that the invitation for the Ombudsman and Coroner to meet with the Trust in order to gain a greater understanding of the service and how it works remained open.

Estelle Hitchon, Director of Partnerships and Engagement, highlighted ongoing issues which had contributed to delays, SAls and complaints. Estelle commented that greater cooperation with partners in other health boards was vital in order to address these issues and the Trust would be unable to resolve these on its own.

RESOLVED: That the Board received, discussed and noted the report.

27/18 SERIOUS ADVERSE INCIDENT AGGREGATED REVIEW

Claire Bevan, Director of Quality and Nursing, gave an overview of the report and noted the number of cases which had gone to SCIF. During the winter period of 2017/2018, WAST considered 161 cases through its Serious Case Incident Forum (SCIF) process, with 66 being reported as SAls.

Claire drew the Board's attention to the high level trends which had been identified as a result of the review. These included handover delays, delays in response times, call centre categorisation, REAP levels, resource availability and the Trust's

capacity to undertake welfare checks when under extreme pressure. Claire informed the Board that these trends had been considered and an action plan had been produced and implemented. Claire confirmed that 48 of the 66 SCIF referrals were now closed and that the Welsh Government and partners had commended the Trust on the report.

Members discussed the review and acknowledged the findings. Martin Turner discussed the ongoing issues around handover delays and what the Trust is doing with local health boards to address this. Jason Killens confirmed that discussions had been held with Andrew Goodall and the implications of these delays along with issues surrounding accountability and consequence.

RESLOVED: That the Board noted the review.

28/18 SIGNIFICANT VALUE CLAIM – PATIENT P

Claire Bevan, Director of Quality and Nursing, provided a brief overview of the case for the Board's information.

RESOLVED: That the update was noted and it was requested that the claim should come back to the Board for final sign off once everything was settled.

29/18 SIGNIFICANT VALUE CLAIM – PATIENT W

Claire Bevan, Director of Quality and Nursing, provided a brief overview of the case and sought the Board's approval for associated costs.

RESOLVED: The Board required further clarity on costs before approval could be given. It was agreed that a virtual Board meeting would subsequently agree sign off

30/18 NHS STRATEGIC SERVICE CHANGES

Rachel Marsh, Director of Planning and Performance, was due to provide an update to the Board. Due to time constraints, this was deferred until the January Trust Board Meeting.

RESOLVED: That this item be deferred to January Trust Board meeting

31/18 EXECUTIVE MANAGEMENT TEAM: REVIEW OF PORTFOLIOS

Jason Killens, Chief Executive, gave an overview of the review and set out the two key aims which were:

1. Approve the creation of a new board level post for a Director of Digital Services and Information.
2. Endorse, for consultation, the proposed changes to the Executive Management Team portfolios outlined above

Jason highlighted the benefits of equalising the work load and creating future alignment of the teams within the Trust. Estelle Hitchon acknowledged that these proposed changes may be unsettling for existing staff and emphasised the need for clear consultation.. Jason confirmed that there would be consultation with the staff directly affected by the proposal.

RESOLVED: that

- 1) the creation of a new board level post for Director of Digital Services and Information was approved; and**
- 2) the commencement of consultation on the proposed changes to portfolios was endorsed.**

32/18 ANY OTHER BUSINESS

Claire Vaughan, Director of Workforce and Organisational Development, gave an update on a claim which was not upheld. The Trust successfully defended serious allegations regarding racial discrimination. The claim was defended on principle and learning from this would be reflected in training

33/18 DATE OF NEXT MEETING

The next meeting of Trust Board (Closed Session) will be held on 29 January 2019.

**WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 13 DECEMBER 2018**

CURRENT ITEMS

Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
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 schedule for 28 March 2019 meeting
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	On Agenda
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
29/18 Closed Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT W	Virtual Board meeting or Chair's action be held to consider further clarity on costs	Claire Bevan	Completed by Chair's Action
30/18 Closed Session	13 December 2018	NHS STRATEGIC SERVICE CHANGES	Deferred to 29 January 2019 Trust Board Meeting	Rachel Marsh	On Agenda

COMPLETED ACTIONS

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
1	Open Session 11/17	23 March 2017	Engagement And Communications Framework: Proposed Delivery Plan	The submission of an update report for consideration by the Board on a quarterly basis, beginning June 2017 was agreed.	E Hitchon	COMPLETED
2	Open Session 19/17	23 March 2017	Board Assurance Framework	The proposed process for implementation with the view to presenting the 'live' BAF report to the 29 June Board meeting was agreed.	K Cox	COMPLETED
3	Open Session 21/17	23 March 2017	Revision to Standing Orders and Scheme of Delegation and Delegation of Powers	Revisions to be implemented going forward	P Hollard	COMPLETED

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
4	Open Session 29/17	20 July 2017	Clarification on wording for resolution on Clinical Contact Centres (CCC) from March 23 Minutes	Agreed that the Director of Planning and Performance liaise with Board Secretary to provide clarity with the wording on the resolution regarding the CCC (Minute 06/17 refers)	K Cox	Clarity on wording provided and Minute amended to reflect change COMPLETED
5	Open Session 40/17	20 July 2017	Board Assurance Framework	Final BAF be presented to Trust Board at 28 September 2017 meeting	K Cox	On Agenda COMPLETED
6	Open Session 41/17	20 July 2017 and 28 September 2017	Revision to Standing Orders and Scheme of Delegation of Powers	A formal report on progress was to be presented at the Trust Board on 28 September 2017 meeting – Formal report deferred to 14 December 2017	K Cox/ P Hollard	COMPLETED Board delegated approval to Task and Finish Group to finalise following minor amendments
7	Open Session 54/17	28 September 2017	IMTP Refresh	In terms of the refreshed five priorities for the Trust, it would be advantageous to broaden the effective partnerships to include the third sector and patients within future reports	H Evans	COMPLETED
8	Open Session 58/17	28 September 2017	Standing Orders	A working group, to include the Executive Directors be set up in November to consider the Draft Standing Orders prior to submission to the Board	K Cox	COMPLETED
9	Open Session 70/17	14 December 2017	111 Service	A discussion on the next steps to be taken with 111 was agreed to be held at a future Board Development Day	H Evans	COMPLETED
10	Closed	22 March	EMRTS	Invite Professor David Lockey to a	K Cox	COMPLETED

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	Session	2018		future Board meeting to present an update on EMRTS		
11	Open Session 40/18	19 July 2018	RISK MANAGEMENT STRATEGY AND FRAMEWORK 2018/21	Members noted that at paragraph 3.3 of the Risk Management Strategy and Framework, the structure shown reflected the old IMTP structure and it was agreed this would be updated to illustrate the new structure	C Bevan	Risk Management Strategy and Framework has been updated COMPLETED
12	Open Session 42/18	19 July 2018	ADVANCED PRACTICE MODEL BUSINESS CASE	The Board was to receive regular updates on progress	B Lloyd	Update will be provided during Medical Director update COMPLETED
13	Closed Session	19 July 2018	Development of a Long Term strategic Framework	Board to receive update at next meeting – 27 September 2018	E Hitchon	On Open Agenda COMPLETED
14	59/18	27 September 2018	Patient Story	Update following any actions taken following the story presented at Board meeting on 27 September 2018	C Bevan	Update provided by CB, Item closed
15	60/18	27 September 2018	IMTP	Update to be provided at next meeting	E Hitchon	On Agenda Closed
16	74/18	13 November 2018	Update on actions to address those recommendations in the Amber Review which the Trust could progress immediately	To be presented at Trust Board in December	J Killens	Item On Agenda Closed



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COMMUNITY ENGAGEMENT

Pembrokeshire's Five Year Plan



Anthony Carter
Welsh Ambulance Services NHS Trust

- Every child entering nursery education in 2019 will meet with the ambulance service at least five times throughout their educational journey.

Aims – The 7 Pillars

- Engage our communities
- Deliver educational material and health promotion
- Promote self help and first aid
- Identify, support and engage the vulnerable
- Recruit new and engage existing community volunteers
- Forge long term working partnerships
- Reduce call volume

Primary Engagement Plan

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

Supporting Elements

- Jack 'pop-up'
- Specifically targeted community groups
- Key community events
- Local specialist services

- Local Health Board
- Nurseries, Schools and Colleges
- Local Communities
- Community Leaders
- Fire and Police Services
- Local Papers
- National News

Achievements

- 3 Jack 'pop-ups'
- 10 Nurseries visited
- 2 Community engagement events
- 1 Specifically targeted community groups
- 1 Open day
- 1 Viral video

Challenges

- Time
- Vehicles
- Educational material
- Finance
- Jack mascots

Why?

#TeamWAST

OUR STORY - BEING OUR BEST

OUR PURPOSE
TO BE A CARING AND RESPONSIVE AMBULANCE SERVICE FOR PEOPLE IN WALES

OUR VISION
A LEADING AMBULANCE SERVICE PROVIDING THE BEST POSSIBLE CARE THROUGH A SKILLED, PROFESSIONAL AND HEALTHY WORKFORCE

OUR BEHAVIOURS

- I WILL BE KIND, CARING AND COMPASSIONATE
- I WILL ASK AND LISTEN
- I WILL BE HONEST AND OPEN WITH MYSELF AND OTHERS
- OUR BEST
I WILL BE MY BEST, TOGETHER WE CAN BE BETTER
- MY DECISION
I WILL OWN MY DECISIONS

GIG NHS
Ynysion GIG
Gwasanaethau Ambylance Cymru
Welsh Ambulance Services
WAST Trust

Welsh Ambulance Services logo

Illustration of ambulance staff, vehicles, and a patient.

And Finally...

Our Motivation



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

Approval of the WAST 2019/20 – 21/22 Integrated Medium Term Plan

MEETING	Trust Board
DATE	29 January 2019
EXECUTIVE	Interim Director of Planning and Performance
AUTHOR	Jonathan Watts, Assistant Director of Strategy and Planning
CONTACT DETAILS	Jonathan Watts, Jonathan.Watts2@wales.nhs.uk

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

REPORT PURPOSE	To seek approval of the proposed 2019/20 IMTP in order to allow submission to Welsh Government by the 31.01.19.
CLOSED MATTER REASON	n/a

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	23.01.19	Approval

SITUATION

1 The purpose of this report is to:

- Present to the Board the final 2019/20 – 21/22 Integrated Medium Term Plan (IMTP) for approval prior to submission to Welsh Government (annex 1).
- Offer assurance that the Welsh Government planning framework has been robustly responded to.

- Highlight areas of the plan which have been progressed since Trust Board in December 2018 and Board Development Day in early January 2019.
- Highlight the feedback received on from both the CASC and Welsh Government on an earlier draft
- Clarify submission process to EASC and Welsh Government.

2 **RECOMMENDED: That Trust Board**

- **APPROVE the 2019/20-21/22 IMTP.**
- **NOTE the final formatting and proof read which will take place before submission to Welsh Government**
- **NOTE that a summary version of the plan will be finalised and published in February 2019**

BACKGROUND

- 3 The requirement on the Trust to develop an IMTP emanates from Welsh Health Circular (2015) 014.
- 4 There is also a requirement upon the Trust to produce a summary version of the plan which is more suitable for the general public and other stakeholders alike.
- 5 The organisation currently has an approved IMTP, however there is an unambiguous and clear expectation on the part of Welsh Government that the organisation delivers an approvable IMTP for the next three year period starting 2019/20.
- 6 The Trust Board have received regular updates on milestones, process, approach and issues as well as directly influencing the development of the IMTP.
- 7 The Board received a version of the plan in its December 2018 meeting and had a further discussion in its January 2019 board development day.
- 8 In January the Finance and Resource Committee received a presentation with a specific focus on the financial and workforce elements of the plan.

ASSESSMENT

IMTP overview - Areas developed since December Trust Board.

- 9 In total there are 191 points which Health Board and Trusts IMTPs must address in order to gain approval. These are document within the NHS Wales planning framework and supporting papers.
- 10 As the plan has developed, a cross checking against these requirements has been an ongoing process.

- 11 As part of the December Trust Board meeting we outlined what further areas of the plan required work. Progress made against the most material of these issues is summarised below.
- 12 **Ensuring a balanced plan.** The final plan is now balanced following further work to develop a robust savings plan.
- 13 **Alignment with LHB Plans.** Utilising the commissioning process and the requirement to submit a suite of joint commissioning templates with each Health Board, we are confident there is a good level of alignment.
- 14 **Ensure the document is clear on ‘how’ the plan will be delivered.** A comprehensive approach to plan delivery and monitoring has been considered. The new Strategic Transformation Programme Board will meet for the first time in February 2019.
- 15 **Healthier Wales.** The plan has been strengthened to show alignment and delivery of the priorities outlined in the Healthier Wales strategy. Following discussions at January Trust Board, the plan also takes account of the Healthier Wales funding which the Trust expects to receive.
- 16 **Outcome measures.** Further to January’s board development day more detailed work has been undertaken to ensure the plan identifies the right measures against which to monitor plan delivery.

Chief Ambulance Services Commissioner

- 17 Following Trust Board in December 2018 a copy of the draft plan was shared with the Chief Ambulance Services Commissioner (CASC). Feedback was received and addressed. Fortnightly informal meetings have also been taking place with the CASC to keep him apprised of plan development.

Welsh Government feedback

- 18 As part of the new single submission process which Welsh Government have introduced, monthly assurance meetings have been taking place. These meetings have been supportive and positive in nature with no material corrective action we have had to take during plan development.
- 19 The interim Director of Finance has also been having additional meetings with Welsh Government finance colleagues regarding the financial plan.

EASC endorsement

- 20 A letter issued by Welsh Government to Health Board and Trusts CEOs outlined the expectation that WHSCC, EASC and WAST IMTPs were appropriately endorsed (or not) through relevant committees prior to submission to Welsh Government.
- 21 Following discussion with the CASC on this matter, a copy of the WAST IMTP was shared with him for ‘virtual’ endorsement to be sought.

- 22 At the time of submitting this paper, the Trust is still awaiting a letter of support from the commissioner on behalf of Health Boards, and this is expected on Wednesday 30th January 2019.
- 23 For the purpose of audit, the Trusts IMTP will then also be endorsed retrospectively at the February 2019 EASC meeting.

Next steps and EASC endorsement

- 24 It has not possible in the timescales to fully finalise, edit or proof read every part of the plan. A thorough exercise has/is being done whilst Trust Board have had these papers. This exercise will not change the materiality of the plan which the Board are being asked to approve.
- 25 Following this exercise (and subject to Board approval) either on or before the 31 January 2019 the IMTP will be submitted to Welsh Government.

RECOMMENDED: That Trust Board

- **APPROVE the 2019/20 -21/22 IMTP**
- **NOTE the final editing and proof read which will take place**
- **NOTE that a summary version of the plan will be finalised and published in February 2019**



Welsh Ambulance Services NHS Trust Integrated Medium Term Plan 2019/20 – 2021/22



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Welsh Ambulance Services
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Version 20

1. Message from Our Chair and Chief Executive

Welcome to our Integrated Medium Term Plan for 2018/19 – 2020/21. It's an exciting time for the Welsh Ambulance Service. We have already established ourselves as an international leader through the introduction of our clinical model in October 2015, which was subsequently confirmed in early 2017. However, we are now on the cusp of a much bigger cultural and system change which, we believe, has the potential to make a fundamental difference to the landscape of unscheduled and scheduled care services over the next 10 years.

We know we have challenges ahead and we remain determined to move at pace to address them. The Amber Review, which was published in November 2018, has confirmed for us that there is much we, and the wider system, can do to support those patients who currently wait longer to receive care than any of us would like.

Our long term strategy, 'Delivering Excellence', articulates our ambitions for 2030, and the type of organisation we will need to be to meet the evolving needs of the people of Wales. It also sits within the context of *A Healthier Wales*, Welsh Governments strategy for Health and Social Care in Wales.

This IMTP is the first of several three year-plans which will take us to 2030. We want it to lay the foundations for many of the changes we will need to make to secure our future as a key player in the delivery of out-of-hospital care in Wales.

However, as we continue to transform as an organisation we have also taken a fresh approach to developing our plan. We want this plan to be clear, concise and easy to understand. We have therefore made it much shorter. We remain robust in identifying the priorities which we need to address over the next three years if, by 2030, we are to achieve our goal of delivering excellence and what we need to do, particularly over the next twelve months, to start delivering these priorities but we then signpost to a range of additional documents if you have a particular interest in any aspect of our proposed developments and want to know more.

Our long term strategy articulates four key enabling strategies and two golden threads which underpin everything we do. In this plan, we clearly identify how everything we do takes us forward and helps us deliver our longer term ambitions.

The support of our workforce will be crucial in helping us realise this plan. We remain fully committed to continuing a conversation with all of our staff and trade union partners on this and future iterations of the plan. Likewise, we know that the success of this plan is predicated on successful collaboration and joint working with our range of partners. Whilst this, and our long term strategy, sets our strategic direction, we want to continue to build on already excellent relationships with partners so we can all play a full part in realising our ambitions.

We have already committed to working within the spirit of the Wellbeing of Future Generations Act, identifying new ways to work with our partners and the people of Wales to find better and more effective ways of addressing the challenges we face, not just as an individual organisation, but as a nation.

Similarly, we will be focusing our attention on engaging with Regional Partnership Boards over the coming years to ensure that we are able to play our full part in the delivery of the Welsh Government's *A Healthier Wales* strategy, which was launched in 2018.

We hope this IMTP gives you a flavour of our challenges and opportunities, coupled with our relentless commitment to our continued improvement of quality and patient safety. We'll be monitoring its progress throughout the year, with a focus on delivering our best for our people and our patients.



Jason Killens, Chief Executive

Martin Woodford, Interim Chairman



2. A Review of 2018/19

2018/19 represented the final year of our IMTP, which was first approved in 2016/17. The year 2018/19 was, therefore, not only about consolidating the progress we have made, but also about us being able to crystallise our thinking about our longer term ambition for ambulance services in Wales.

Last year, we documented 44 strategic actions which we wanted to progress. Whilst we have made good progress, we are also conscious that there remains work to do. We have produced a document which outlines our progress against these forty-four actions. For further information please click [here](#).



Of particular note, 2018/19 saw us:



- Produce a business case for the roll-out of our ground-breaking and award-winning Advanced Paramedic Practitioner (APP) rotational model, which was successfully piloted in the Betsi Cadwaladr University Health Board area. Additional funding was confirmed to extend the model into South Wales, with benefits expected to be seen through late 2018/19 and into 2019/20.
- Develop and approve our falls framework, which now provides a long-term strategic direction to address one of the biggest calls on our resources. We received non recurrent funding over the winter to pilot one element of the framework, our falls assistant model, with a full evaluation expected by xxx
- Collaboratively support the independent, Ministerially-commissioned 'Amber Review'. We welcomed this review and the opportunity it brought to work with the wider system to reduce some of the unacceptably long waits which patients sometimes experience. Our response to the Amber Review is central to delivery of this new IMTP.
- Successfully transfer NEPTs activity commissioned by Cardiff and Vale UHB and Velindre NHS Trust to WAST as part of the delivery of the NEPTS business case.
- Roll out the new 111 service in Powys, Pembrokeshire and Ceredigion.
- Take some significant strides forward to improve our estate, including the opening of Ty Elwy in St Asaph, the relocation of staff from Lansdowne, including a first Make Ready provision to serve the Vale and Cardiff at Barry with SWFRS, other co-location sites completed in 2018/19 with Fire include Whitland and Llanidloes.
- Publish our Annual Quality Statement (2017/18) demonstrating our commitment to listening and learning from patients and carers to improve improvements and experience.
- The continued delivery of a balanced financial position.
- Produced a Joint Emergency Service Group (JESG) directory of service which joins up all the activities we are doing with our blue light partners.






Our operational performance has also been encouraging throughout 2018/19. Performance has been maintained above the 65% target pan-Wales in relation to reaching "red" calls (immediately life threatening incidents) in 8 minutes. However, "amber" performance and related patient safety concerns and adverse incidents have become an increasing challenge for the Trust and the wider unscheduled care system. Addressing these are a particular feature of this new plan.

3. Strategic context: Our Headline Challenges and Opportunities

We operate within a highly complex system and, as part of developing this plan, have reviewed and taken into consideration a range of external and internal factors which shape and influence our priorities and actions. Our response to these issues is set out in broad terms in the table below, with links to relevant sections in the rest of the plan where more detail is included.

Context	Implication	Our response
<p>A Healthier Wales</p> 	<p>A Healthier Wales: <i>Our Plan for Health and Social Care</i> represents a key policy document for both ourselves and the wider health and social care system. It sets out a long term vision of a ‘whole system approach to health and social care’ which is focussed on health and wellbeing and on preventing illness.</p> <p>The plan is shaped around the Quadruple aim of:</p> <ul style="list-style-type: none"> • Improved population health and wellbeing; • Better quality and more accessible health and social care services; • Higher value health and social care; • A motivated and sustainable health and social care workforce. 	<p>Our IMTP has been built on the quadruple aims of A Healthier Wales and they are embedded throughout the plan. Through the additional funding provided by Welsh Government, we propose that our initial priorities will be:</p> <ul style="list-style-type: none"> • Implementation of our Falls Framework; • Increasing capacity to improve our Mental Health and Dementia services; • Development of an Older Person’s strategy; • Strengthening our volunteering structures and strategy; • Continuing to enhance our senior leadership through a leadership development and exchange programme • Creation of a Non-Emergency Patient Transport Service (NEPTS) Transport Booking Hub. <p>We intend to agree these schemes to support the delivery of the quadruple aim with our commissioners during Q1 19/20.</p>
<p>EASC</p> 	<p>As a commissioned service, a series of commissioning intentions have been set out for both our Emergency Medical Service (EMS) and NEPT services.</p>	<p>Further detail on how we are responding to these commissioning intentions can be found in section xxx but also in the suite of commissioning templates submitted to the Chief Ambulance Services Commissioner (CASC). Click here for further information.</p>
<p>AMBER Review</p>	<p>The Amber Review was published in November 2018. The review documents a number of findings and recommends packages of further work to ensure a reduction in the wait many people with an amber category call experience.</p>	<p>The Chief Ambulance Services Commissioner will be establishing an Implementation Programme, which we will participate in fully. Further detail on how we are addressing the recommendations of the Amber Review can be found in section xxx</p>

<p>Operational productivity and performance in English Ambulance Trusts – Unwarranted variations</p> <p><i>Lord Carter of Coles</i></p>	<p>Lord Carter of Coles’ review of English Ambulances services challenges us to consider our service in the context of these findings.</p>	<p>Further detail on how we are taking learning from the Carter Review can be found in section 7.</p>
<p>NHS Wales Strategic Change</p> 	<p>Strategic service change and the drive to more rationalised service provision will affect our EMS and NEPTs service though ‘new’ activity and increased journey time.</p>	<p>Further detail on how we are responding to these challenges can be found in section 7.4 but also by reviewing strategic change highlight reports which we provide to each Trust Board. Should you wish to view these documents click here.</p>
<p>System wide Pressures</p> 	<p>The wider unscheduled care system continues to experience pressure throughout the year. A particular challenge for us are the reduced resources we have available when there are lengthy handover delays at A&E departments.</p>	<p>This plan looks to mitigate this risk, recognising that we remain heavily dependent on the support and cooperation of health board partners to achieve this.</p> <p>Further detail on the initiatives we plan to roll out to support the system, including demand management approaches and enhanced service offers can be found in section 6.</p>
<p>Organisational Change</p> 	<p>During 2018/19 our focus has been on, and continues to be, maintaining progress, continuing our journey of organisational development and ensuring stability of Executive leadership, including ensuring the appropriate alignment and relevance of portfolios and accountabilities.</p>	<p>The appointment of a new CEO, coupled with the need to ensure we are organisationally “fit for the future”, means we continue to refine our structures to ensure we are agile and able to respond managerially and operationally to the challenges we face.</p> <p>More information on our leadership and management strategy can be found in section xxx.</p>
<p>Our risk register</p> 	<p>This plan has been developed in the context of what we know are our current corporate risks. At the time of submission of this plan we have 13 ‘red’ risks on the corporate risk register.</p>	<p>The Corporate Risk register is monitored and considered regularly by the Board.</p>
<p>Welsh Language</p> 	<p>In line with other public bodies in Wales, we recently received our Welsh Language Standards Compliance Notice and this identifies specific standards that must be adhered to.</p>	<p>We recognise that patients receiving care in their first language is a key patient experience and quality issue. We will develop an action plan to address these points by 30 May 2019. A copy of the notice and the areas we need to work on can be seen by clicking here.</p>
<p>Legislation The Quality and Governance Act</p>	<p>We are cognisant of the fact that the Quality and Governance Act is in development and this will inform the review of our Trust’s Quality Strategy in Spring 2019.</p>	<p>The emerging ethos of this legislation (a duty of quality and a duty of Candour) run throughout this plan and is central to our thinking that quality at the heart of everything we do is a golden thread through this plan.</p>

<p>Nurse Staffing Level (Wales) Act</p> <p>Wellbeing of Future Generations Act</p>   <p>NHS Wales Health & Care Standards (2015)</p>	<p>The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively.</p> <p>The Wellbeing of Future Generations Acts 'goals' and five ways of working have remained core to the development of this plan.</p> <p>We are committed to providing high quality services to the people of Wales with our focus on continuous learning and improvement by embedding the Health and Care Standards across the Trust. These Standards are core to our Quality Strategy.</p>	<p>The Trust has embraced the Nurse Staffing (Wales) Act 2016 with the development of the WAST Nursing Career Framework (2018). This demonstrates the Trusts commitment to the Act and nursing careers in our out of hospital care settings.</p> <p>The ethos of the acts goals run throughout this plan however some highlights to pull out include:</p> <ul style="list-style-type: none"> ○ A prosperous Wales: sections 7.1 and 7.5 ○ A Healthier Wales: Our whole plan ○ A more equal Wales: section 7.3 ○ A Wales of cohesive communities: section 7.1 <p>We monitor and measure our compliance with the Health and Care Standards in our quarterly Quality Assurance Report to our Quality, Patient Experience & Safety Committee to improve the outcomes for patients and experiences for patients, carers and staff.</p>
<p>Prudent Healthcare</p> 	<p>We remain resolute in our determination that our services are underpinned by the prudent delivery of healthcare.</p>	<p>Prudent healthcare is implicit throughout this plan. Specific priorities which evidence our approach include:</p> <ul style="list-style-type: none"> ● Advanced Paramedic Practitioners – section xx ● Our Falls Framework – section 6 ● Progressing findings from the amber review - section xxx ● Mental Health and Dementia Improvement plans - section xx
<p>Audits</p> 	<p>Findings which have previously been identified during audits and Commissioner and Health Inspectorate Wales reviews are considered within this plan.</p>	<p>The Trust monitors progress against the actions arising from these audits through our Audit Committee.</p>
<p>Brexit</p> 	<p>At the time of writing this plan it is unclear on what terms the UK will be leaving the European Union.</p>	<p>Our plan, particularly our workforce element, is set in the context of this uncertainty. In addition we remain fully engaged in all NHS Wales level Brexit fora.</p>

4. Our Long-term Strategic Framework for Ambulances Services in Wales: *Delivering Excellence*

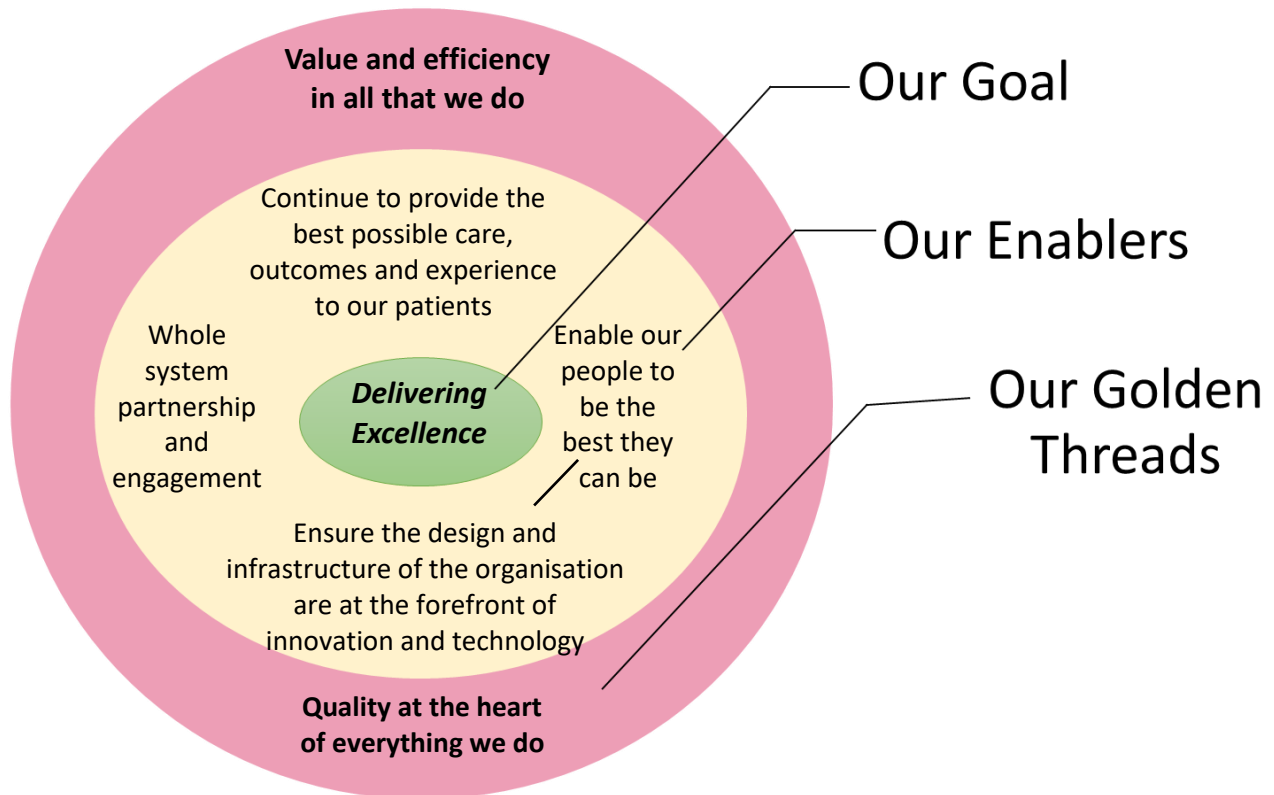
Through 2017/2018 we have engaged with our staff and other stakeholders to significantly progress our long term strategy. It is anticipated that the document will be approved by Trust Board in March 2019 with wider publication shortly after.

Our strategy articulates our goal for the Welsh Ambulance service, to be reached by 2030;

An ambulance service which is delivering excellence.

We have identified four enablers which we believe will help us to achieve this goal and two golden threads which are the guiding principles in all that we do in the course of delivering our goal.

The graphic below summarises this.



This plan is designed and laid out around these seven components.

4.1 Our Three Year Priority Themes

In order to understand how we ensure our goal of **delivering excellence** is realised we have considered both the wider strategic context (outlined in section 3) but also;

- Worked in close partnership with clinical and operational teams to shape our approach to delivery through our internal ‘front line lead’ approach to planning.
- Held Board development sessions with Executives and board members.
- Recognised that we are a commissioned service and have consequently worked closely with Health Boards directly and via Emergency Ambulance Service Committee (EASC) structures to ensure this plan reflects wider system need.

When taken together clearly the agenda is complex and extensive. However we have identified **eight priority themes** which we will use as delivery mechanisms to materially move the organisation towards our vision for 2030.

These eight priority themes are shown in the table below.

	Priority theme	Link to Healthier Wales quadruple aim(s)	Executive Sponsor
1	Improved, sustained & high quality performance.	Better quality and more accessible health and social care services	Rachel Marsh , Interim Director of Planning & Performance / Claire Bevan , Director of Quality, Safety and Patient Experience
2	Digitally transform our organisation.	Higher value health and social care / Better quality and more accessible health and social care services	Director of Digital , to be appointed in Q1
3	Enhance our role in Unscheduled Care System.	Improved population health and wellbeing / Better quality and more accessible health and social care services	Brendan Lloyd , Medical Director
4	Make WAST an exemplar employer	Motivated and sustainable health and social care workforce	Claire Vaughan , Director of Workforce & OD
5	Further NEPTS transformation.	Higher value health and social care / Better quality and more accessible health and social care services	Mark Harris , Deputy Director of NEPTS
6	Deliver value based healthcare.	Higher value health and social care	Chris Turley , Interim Director of Finance & ICT,
7	Enhanced innovation, Research role.	Better quality and more accessible health and social care services	Brendan Lloyd , Medical Director
8	Working across organisational and sector boundaries.	Better quality and more accessible health and social care services	Estelle Hitchon , Director of Partnerships and Engagement

Each of the above priority themes has been given a numbered 'star'. You will see these stars at the start of each section and sub section of the plan. This ensures the reader can easily identify which priority theme(s) we are addressing within any given section.

Further details on how we will monitor progress and the delivery of these activities and each of the eight priority themes more holistically can be found in section 10.

In the section below we have pieced together our goal, our priority themes and the headline outcomes we expect to achieve so that we can demonstrate how it all fits together. Most importantly, it also describes the benefits to our patients and staff.

		Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
Goal Delivering Excellence	Help patients and staff to stay healthy	<ul style="list-style-type: none"> Develop and implement a Public Health Plan Develop an Older Person's Framework, strengthening our role in supporting frailty, loneliness and isolation Collaborate with Health Boards to develop a range of referral pathways Support resilient communities through programme of engagement and education 	- - -	<ul style="list-style-type: none"> We will use our thousands of daily contacts with people to improve their health and wellbeing Our contacts with older people will help to reduce loneliness and isolation More of the public will have been exposed to education which will make them more confident in managing their health 	<ul style="list-style-type: none"> Outcome measures to be developed
	Help patients to more easily access our services at the right time	<ul style="list-style-type: none"> Engage and involve users with sensory loss to improve accessibility Utilise video and other technologies to enhance the way our services can be accessed Develop access to services online and through internet applications, including online portal for NEPTS bookings, linked to hospital systems 	1 2 2	<ul style="list-style-type: none"> People with sensory loss will be able to access all of our services with ease Patients will increasingly be able to access services online and systems will be linked together 	<ul style="list-style-type: none"> Outcome measures to be developed
	Provide right care in the right place, wherever and wherever it is needed	<ul style="list-style-type: none"> Complete roll out of 111 service across Wales, and formalise role as provider Articulate opportunities to be call handler of choice Continue expansion of the Advanced Practitioner Paramedic role Roll out Trust's Falls framework Evaluate and implement APP / non-medical prescribing framework Implement Mental Health and Dementia Improvement Plans Secure approval for and procurement of the Electronic patient clinical record system 	3 5 3 3 3 1 3	<ul style="list-style-type: none"> Public will have just one number to call if they need help with an urgent medical problem Patients who call 999 will increasingly be able to be given advice, seen and treated by our staff or referred on to other appropriate community services, and will not need to be taken to hospital Reduced pressure on EDs mean that there will be fewer patient in ambulances waiting for long period outside hospitals Staff will benefit from increased opportunities in an expanded career framework 	<ul style="list-style-type: none"> 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
Strategic Enablers	Continue to provide best possible care, outcomes and experience to our patients in our core service	<p>EMS</p> <ul style="list-style-type: none"> Deliver EMS commissioning intentions Implement recommendations of the Amber review Collaboration and co-production with Commissioner and Health Boards on delivery of a 5 year Demand and Capacity Review Deliver prioritised actions from the Carter Review <p>NEPTS</p> <ul style="list-style-type: none"> Deliver EMS commissioning intentions Deliver full benefits of the NEPTS Business Case Complete transfer of work from Health Boards and Trusts Design and implementation of improved booking and call taking processes and procedures Articulate and start to deliver a transfer and discharge model/service for Wales 	1 1 1 1 5 5 5 5 5	<ul style="list-style-type: none"> Patients will receive a timely and appropriate response to their emergency call, and there will be no excessive delays for ambulances Fewer patients will have to wait outside hospitals in ambulances More resources will be available for front line services as WAST uses its resources more efficiently Patients will receive a high quality service that meets their transport needs It will be simple for patients and HCPs to book their service Health Boards will receive a high quality service that meets their needs and the needs of their patients 	<ul style="list-style-type: none"> Red performance 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 journey
	Whole system partnership and engagement	<ul style="list-style-type: none"> Understanding, agreeing and quantifying impacts of Health Board strategic service change Development and implementation of engagement plan, including work with Regional Partnership Boards Development of new pathways with Health Boards 	8 8 8	<ul style="list-style-type: none"> WAST plays full part in delivery of A Healthier Wales and the further integration of health/social care, with a focus on out-of-hospital care delivery 	<ul style="list-style-type: none"> Increase in number of new pathways with Health Boards Membership of at least three RPBs, At least one joint appointment in place Increased number of shared facilities with other public service/third sector partners

		Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
	Support our people to be the best they can be	<ul style="list-style-type: none"> Deliver an improvement in resource availability levels Implement a Leadership and management development and succession strategy Approve and implement a Health & Wellbeing Strategy Approve and implement a Transforming Education Strategy (Clinical practice and education) Refresh our commitment to volunteering and approve strategy 	4 4 4 4 4	<ul style="list-style-type: none"> Staff will 	<ul style="list-style-type: none"> Achieve sickness reduction to 6.3% March 2020. Maintain low levels of frontline vacancies (below 5%) and improved UHP and relief capacity / overtime reduction Reduction in incidence of bullying and harassment. Improvement in key indicators related to staff personal safety and attendance and wellbeing Improvement in CPD rates and 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
Strategic Enablers	Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology	<ul style="list-style-type: none"> Launch of the WAST Improvement & Innovation Network (WIIN) and by the end of year 1, a database of improvement ideas that are being progressed or have been delivered. Development of NEPTs CAD business case Development of a digital transformation strategy Improve the capture, sharing and utilisation of information through implementation and roll out of Qlik sense and Optima Predict Explore and pilot opportunities to utilise cutting edge technology to improve and enhance care e.g. use of video, telehealth, AI and drone technology and clinical diagnostic equipment Utilise technology to improve communication with staff 	7 4 2 2 2 2	<ul style="list-style-type: none"> More of our staff will be confident about using the model for improvement and will actively use this to make improvements in their areas of service Patients will more readily be able to use new technology to improve how they are able to access our service Staff will more readily be able to use new technology, and will be able to be more agile and efficient in their work 	<ul style="list-style-type: none"> Growth in both capability and capacity of our workforce in applying the 'model for improvement' Number of improvement ideas being progressed Board approved NEPTs CAD business case Baseline Trust's position against an agreed digital maturity model (year 1) and track progress in subsequent years, linked to delivery of agreed Trust strategy % of operational staff with mobile device over the life of this plan
Quality at the heart of everything we do		<p>10 themes of work including:</p> <ul style="list-style-type: none"> Health and Care Standards, Trust Quality Strategy, Quality Assurance, Risk Management Strategy, Health and Safety Improvement plan, Safeguarding annual report and annual plan, Infection Control Improvement Plan, Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan, Patient Experience & Community Involvement 	1	<ul style="list-style-type: none"> Higher quality of service for our users 	<ul style="list-style-type: none"> Improvement in relevant clinical and quality indicators as set out by Commissioner and Welsh Government
Value in everything that we do		<ul style="list-style-type: none"> Explore opportunities for further work with ICHOM and the Bevan Commission Maintain strong links with the other UK nations to enable sharing of best practice and collaborative work. Improve understanding of cost base and cost behavior, including benchmarking based on outcomes as well as costs. Maximise procurement efficiencies Improve efficiency in stock inventory and asset tracking, through RFID; 	6 6 6 6 6	<ul style="list-style-type: none"> More resources will be available for front line services as WAST uses its resources as efficiently as possible 	<ul style="list-style-type: none"> 'Net effect' in terms of activity impact, resource impact and performance impact from initiatives (commissioning intention) Value gained from resources invested Proportion of split of costs / resources relating to steps 4 & 5 Proportion of resources available to support front line activity
Use of our estate and fleet		<ul style="list-style-type: none"> Review of next priorities from Estates SOP, and development of cases for capital funding Delivery of MRD for Cardiff and new workshop for the South East region Review of approach to station cleaning Modernisation of fleet, utilisation of latest technology, step change towards non-diesel powered vehicles 	- - - - -	<ul style="list-style-type: none"> Staff will work from buildings and vehicles that are comfortable, safe and fit for purpose 	<ul style="list-style-type: none"> WG approved MRD and Workshop case Reduction in carbon footprint Reduction in estate backlog maintenance Improvement in estate utilisation

5. Our Goal: *Delivering Excellence* - Overview of our Clinical Services Strategy and Significant Service Changes

People are living longer, with more complex conditions that require greater use of community-based services. Our role as an unscheduled care provider will need to reflect these changes and our staff need to be equipped with the appropriate training and equipment to provide services and care in new ways and in different places.

The nature and profile of the Welsh population, both now and in 2030, are informing not only our emerging clinical models, but also the way that we need to train and educate our staff. In 2030, the Welsh Ambulance Service will be central to providing a broad range of health services for people who need emergency or unplanned care wherever, and whenever, they need it.

When we talk about *delivering excellence* as our goal, we are describing an ambulance service which;

Helps patients and staff to stay healthy

As a national provider spanning the breadth of Wales, we recognise that we have an opportunity to use the thousands of daily interactions with our service users, 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.

Helps patients to more easily access our services at the right time

It is increasingly important that service users make informed and appropriate choices about accessing health care. We have an important role to support and enable the public to make appropriate choices about their care and where they can access the right services. We also need to ensure that our service users can easily access these services when needed.

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

We want to build on the progress we have made over the last few years, moving away from the role and expectations of a traditional ambulance service, and becoming a more clinically focused and agile service providing high quality care in the right place at the right time.

We want to strengthen our role as an integral part of the wider health system by becoming a provider, collaborator and coordinator of high quality care for the people of Wales.

5.1 Goal 1: Help Patients and Staff to Stay Healthy



Over the next 10 years, we want to play a strengthened role in engaging with the public, service users and wider stakeholders to provide health education, advice and support resilient communities. This will mean collaborating with key partner organisations, including Public Health Wales, blue light partners and the third sector. In the period of this IMTP, we will be looking to start on this journey, with priorities being:

- The development and implementation of our **Public Health Plan**, coordinated in collaboration with Public Health Wales and our staff, and in line with other Ambulance Services across the UK. This Plan will be fully aligned with relevant legislation and national policy, including the new Public Health Wales Long Term Strategy, the Well-Being of Future Generations (Wales) Act and A Healthier Wales. Specific areas of focus will include:

- Increasing the knowledge and skills of our staff to improve health and wellbeing (e.g. Making Every Contact Count),
 - Developing and producing sustainable approaches to accessing health care systems,
 - Improving and building mental well-being and resilience, for our staff and the population,
 - Promoting healthy behaviours,
 - Preventing illness and protecting the environment,
 - Safeguarding and public protection, and
 - Building community resilience
- The development of an **Older Person’s Strategy**, which will include the development of plans that will strengthen our role in supporting older people who are frail, isolated and lonely. One element of this strategy is likely to be the need to develop **more robust pathways with our partners**, allowing staff to 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.
 - Acknowledging that as we look towards 2030, we would want to support the building of resilient communities through an advanced **programme of engagement and education**, we will take time in 2019/20 to do a stock-take of initiatives that we already participate in or lead, which will provide us with a baseline from which to work to develop a wider and more consistent model in Years 2 and 3.

We will also seek to be an exemplar employer supporting **positive health and well-being for all the people who work and volunteer** for us. You can find more detail on this in [section xxx](#).



5.2 Goal 2: Help Patients to More Easily Access Our Services at the Right Time



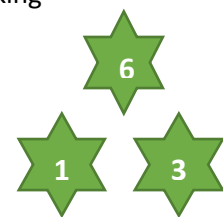
It is increasingly important that service users make informed and appropriate choices about accessing health care. We have an important role to play in supporting and enabling the public to make appropriate choices about their care and where they can access the right services. We also need to ensure that our service users can easily access these services when needed.

This plan starts to make steps in a number of areas, particularly in terms of embracing the latest technology to provide services that are easily accessible and meet the differing needs and expectations of all of our service users. This will include:

- Engaging and involving service users with **sensory loss** to ensure that our services are easily accessible and utilise the latest communication technology. Our Patient Experience and Community Involvement Team (PECI) have developed a 3 year work programme in this area, which will see in Year 1 -
 - staff with Trust BSL licenses being supported to complete their online course,
 - an implementation of the use of braille ID badges for EMS and NEPTS staff,
 - engagement with sensory loss schools as part of the Shoctober campaign,
 - development of the sensory loss section on NHS Direct Wales website,
 - Addition of languages and more audio to the Communications App.
- Utilising **video and other technologies** to enhance the way our services can be accessed, particularly for services users contacting us in an emergency situation. Specific actions will be developed as part of our Digital Transformation Strategy, due to be approved in Year 1.
- Develop access to services **online and through internet applications**. This will include, over the course of the 3 years of this plan, developing and implementing an online portal for

booking patient transport that is fully integrated with the patient appointment booking systems in the hospital.

5.3 Goal 3: Providing the Right Care in the Right Place, Wherever and Whenever it is Needed



Our long term strategy recognises that there is more that we can do to widen our role as a key provider of care across Wales, particularly across the unscheduled care system. This plan demonstrates how we will build on the progress we have made over the last few years in moving away from the role and expectations of a traditional ambulance service to becoming a more clinically focused and agile service providing high quality care. We want to strengthen our role as an integral part of the wider health system by becoming a provider, collaborator and coordinator of high quality care for the people of Wales.

We want to take care to the patient, not the patient to care. Travelling to hospital for care will be the exception and will be limited to only the sickest of patients (those whose need can only be met within a hospital environment). In the future more patients will access care and health advice virtually or online. For those that need a face to face clinical assessment we will enhance the skills of our clinicians who will have access to the latest clinical equipment. This will support our clinicians 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. Key ambitions are to:

- Play a strengthened role supporting the provision of a sustainable telephone, treatment and triage model for all urgent /non-urgent health queries across Wales;
- Develop our clinical teams to work in a range of environments as part of multi-disciplinary teams;
- Develop clinical teams who have a wider range of clinical skills;
- Enhance our clinical equipment and access to cutting edge technology;
- Improve access to patient Information in order to improve clinical decision making;
- Be the sole provider and coordinator of transport to access healthcare in Wales;
- Be at the forefront of research to drive forward innovations in clinical practice and wider organisational delivery.

This future is going to require the continued evolution of existing services, not a revolution. There are system-wide challenges facing NHS Wales and we are part of that system, hence we need to be part of collaborative solutions.

There are a number of major transformational changes that we have either already committed to and will roll out in the next three year period, or which we want to commence in this period. Detailed strategies and business cases support each of these initiatives, but we provide a summary of each one in the sections below.

5.3.1 Advanced Paramedic Practitioners

In 2017 we piloted a new framework in Betsi Cadwaladr which tested the effectiveness of utilising Advanced Practice resources in a rotational model with the aim of safely reducing conveyance to Emergency departments, and allowing more patients to be cared for in the community, closer to home. A team of APPs were in place 12 hours a day, rotating between the Clinical Contact Centre and

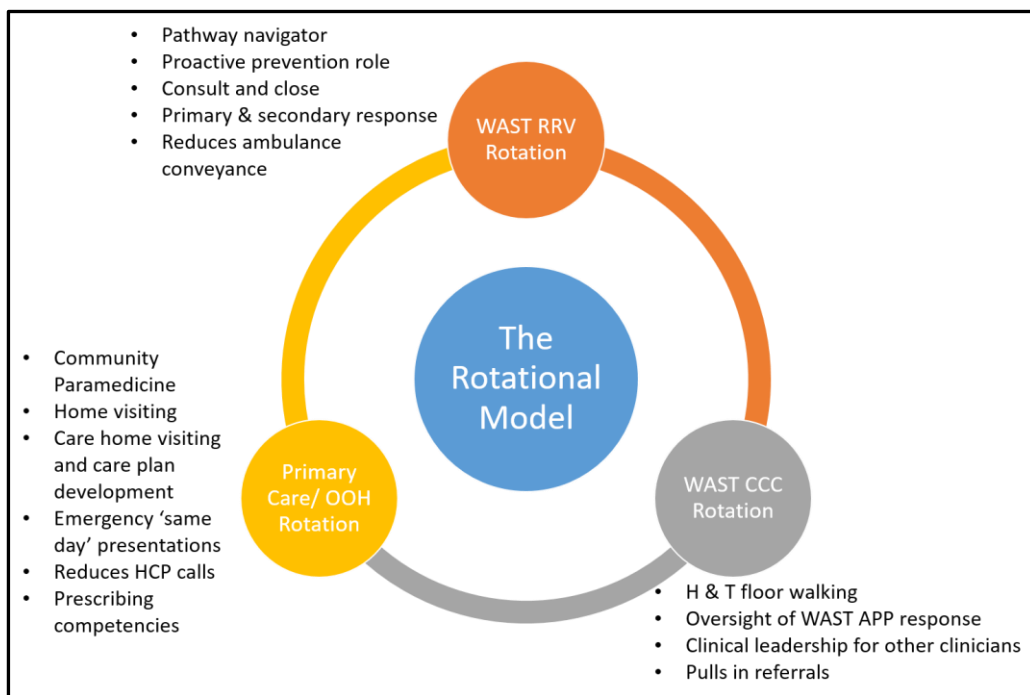
two operational Rapid Response Vehicles (RRV), and they dealt with 1045 incidents over the five month pilot period. The results of the pilot were remarkable.

- Of the patients the APPs attended, 307 conveyances to ED were prevented, compared with the conveyance rates of conventional paramedics.
- This represented a 70% reduction in A&E attendance.
- Only 13% of patients seen by an APP required an Emergency Ambulance vehicle.
- 98% of patient survey responses showed a high level of satisfaction with the service that they had received.

The net effect for patients was that they had access to the right care from the right clinician at a much earlier point than they may have done otherwise. From a Health Board perspective, the reduction in conveyances will reduce pressure on Emergency Departments and may contribute to reducing the number of hours lost due to ambulance waits outside EDs and also improve 4 hour performance. From a WAST perspective, the benefits will include addressing some of the challenges that we face in responding in a timely way to our Amber patients.

On the basis of these results, our ambition is now to significantly expand the numbers of APPs across Wales, so that these patient and system benefits can be replicated in every Health Board area.

Through discussion and collaboration with Health Boards, we have added a further rotation into the model, with placement into the Primary Care or Out of Hours settings. These highly educated clinicians can work effectively to support the wider health community, whilst also further developing their proficiency in managing complex patients with multiple comorbidities. The model as now planned is set out below.



We have developed a Business Case, which was submitted to our commissioners in autumn 2018, which sets out a plan to substantially increase APP service delivery year upon year until 2023. Funding was confirmed in November 2018 for recruitment to the initial cohort of 20 APPs. These will start to be operational from February 2019, with the full cohort expected to be in place by Spring 2019, and

we will be closely monitoring and evaluating the impact that this change has across the South East and South West areas.

We will then work with the Commissioner and Health Boards, through EASC, to put forward the case for funding for the next phase of the expansion, accepting that this will need to be on the basis of continuing positive evaluation and impact.

This transformation programme will also have a significant impact on our workforce, allowing the development of a robust career framework for paramedics, and bringing many benefits for individuals. More detail on the workforce implications are set out in [Section...](#)

5.3.2 Advanced Paramedic and Non-Medical Practitioner Prescribing

We are leading UK Ambulance Services by embarking upon our paramedic and non-medical practitioner prescribing journey.

Changes in legislation means Advanced Paramedic Practitioners are now able to prescribe, bringing potentially huge benefits to patients and the wider NHS.

Work is well underway to devise the accompanying structures and effective governance processes required to ensure the Trust develops a Non-Medical Prescribing framework for registrants (Nurses and Paramedics) and become the first NHS Ambulance service in the UK to deploy prescribing paramedics.

We are currently piloting paramedic prescribing, having enrolled five staff members on the prescribing programme which commenced in September 2018. We will undertake a full evaluation of the effectiveness of paramedic prescribing through this small scale pilot. We will then discuss this with our commissioners before considering any further roll out.

Again, the benefits to our staff would be considerable. The skills developed by clinicians whilst undertaking the prescribing educational journey is far greater than simply writing prescriptions. An increased understanding of pharmacokinetics and their impact upon a patient's condition means that the clinician possesses the ability to de-prescribe and use their existing medication supply in a far broader manner, supporting more patients to live well at home.

5.3.3 Rollout of 111 - WAST Provider Role Formalised

111 is the new, completely free way to contact the NHS from landlines and mobiles. The service is an amalgamation of NHS Direct Wales and the front end call handling and clinical triage elements of the GP out-of-hours services (GP OoHs).

The service was originally piloted in the Abertawe Bro Morgannwg University Health Board (ABMU) area but has now rolled out to the Hywel Dda University Health Board and Powys Teaching Health Board areas. In 2019/20 plans are in place for the service to be implemented in the Aneurin Bevan University and Cwm Taf University Health Board areas, with the full roll out across Wales expected to be completed within the lifetime of this plan.

To request a copy of the full implementation plan for the rest of Wales can be found by clicking [here](#).

As part of seeing ourselves as an ambulance service that provides unscheduled care services wherever and whenever the patient needs them, we see the successful rollout of 111 and WAST being identified as the long term 'provider' of the service as key. Currently the Trust's status is that of "host" of the

pathfinder (pilot) for 111. With the confirmed rollout of the service across Wales, this now needs to be strengthened so that the provider status of the Trust is full recognised.

We are in a unique position compared to other potential providers in that we already have the existing infrastructure and experience in managing telephone triage services whilst also more importantly we are the only organisation which could complete the unscheduled care ‘jigsaw’ by joining up GP OoH and 111 with the other two key services which we already provide- NHS Direct Wales and of course our 999 Emergency Service.

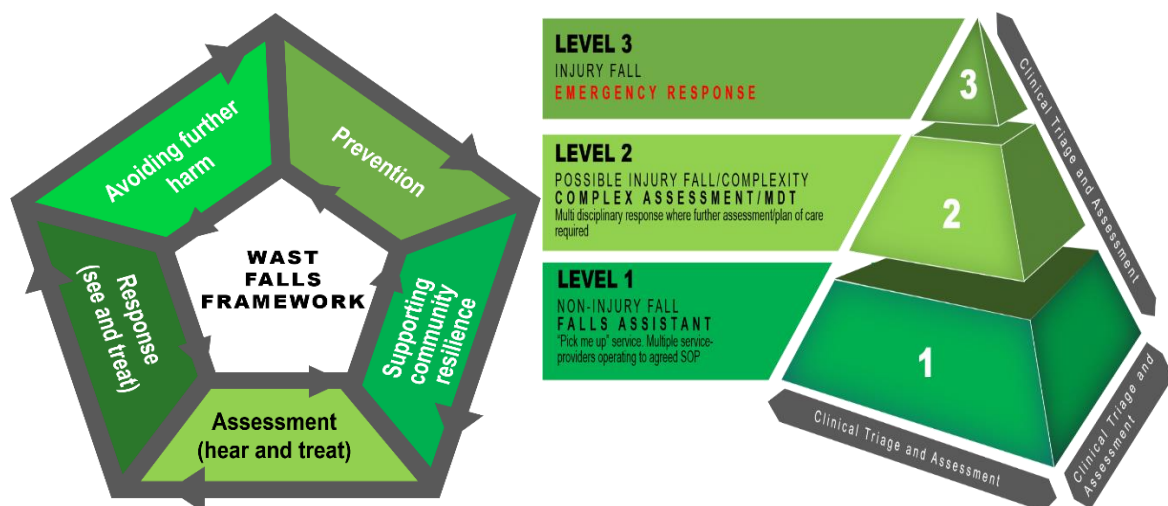
Alongside this, the Trust is heavily engaged in the ongoing procurement, through competitive dialogue, of a new joint national system for the NHS in Wales, to support 111 and GP OoHs. This will need further capital investment and support from Welsh Government (WG), for which an Outline Business Case has already been agreed in principle. Linked to the provider status for 111, the Trust also has ambitions to be the contracting authority for this new system procurement, assuming the Full Business Case is supported and funded with a successful conclusion to the current procurement process.

5.3.4 Development and Implementation of an Older People’s Framework, including Falls

The number of people aged 65 and over is projected to increase by 232,000 (36.6%) between 2016 and 2041 (Public Health Wales). The increasing demand from an aging population on all parts of our service is a key driver for the development of an Older People’s Framework. This Framework will have three key domains that will enable an increased focus on Older People and their needs. These are Frailty, Loneliness and Isolation and Falls. We will develop a business case for the resources to support the development and implementation of this Framework.

As part of this work, we will also continue to roll-out our **Falls Framework and Falls Response Model** (see below) in partnership with key stakeholders. We know this is important, as in 2017/18, we received over 62,000 calls relating to falls, of which 50% resulted in attendance at a hospital. Falls account for a high demand on our service, second only to breathing problems. A review of our themes and trends from concerns and complaints, incident reporting and Serious Adverse Incidents (SAIs) has highlighted that the issue of falls is a recurring cause for concern with timeliness of response being a recurring theme.

The Framework and Falls Response Model enable us to provide a holistic approach to falls, from prevention to avoiding further harm.



In relation to our Falls Response Model, we have had additional funding in 2018 which has allowed us to extend our Level 1 Falls Assistant Model across most of Wales, provided in most regions by St John Ambulance. This scheme has been operational since November in line with the initial plan.

There are now seven vehicles across South Wales covering five Health Boards. These are based from Llanelli to Chepstow. In North Wales, we have had a Falls Assistant Model in place for some time, provided by our Community First Responders. A full evaluation is underway using a set of measures focussing on patient outcomes, process measures and balancing measures, and some data will be available in February, once we have 2 full months of data. Data to date, notwithstanding the limited amount, appears to show a relatively low conveyance rate to hospital and a quicker response time than would have been achieved otherwise. Continuing these Level 1 services on a recurrent basis will be one of our priorities for Year 1 of the plan, and we will be discussing this further with our Commissioner as part of the discussions on the Healthier Wales funding.

In Year 2, we will be looking to work with Health Boards and other stakeholders to test out a sustainable model for Level 2 response.

A copy of the Falls Framework can be requested by clicking [here](#).

5.3.5 Implementation of our Mental Health and Dementia Improvement plans

We will continue to work towards parity between physical health and mental health for patients, influencing the direction of mental health and wellbeing in Wales through the NHS Wales Mental Health Network Board, the T4MH Partnership Board and the Crisis Care Concordat, and UK Ambulance services through Project A. Our new long term mental health strategy (click [here](#) to request a copy) will take into account the broad societal challenges (rapid rises in dementia prevalence, increases in common mental health problems and complexity), and through working in partnership enhance the service our public receive through joined up services when they are in crisis. We will:

- Ensure that mental health and dementia improvement is a focus across the Trust;
- Ensure mental health and dementia learning for new entrants to WAST and staff in post;
- Develop, implement and evaluate a distress brief intervention programme for people who are in crisis but fall below threshold for mental health services (with LHBs, Police, Welsh Government);
- Scope the potential for a world first – an advanced paramedic practice in mental health and dementia programme, including academic study and practice placements in crisis/dementia teams;
- Explore how we can integrate all mental health ‘hear and treat’ services in Wales e.g. CALL mental health helpline, Police Triage, local single point of access services, including using a single, standardised mental health and assessment triage platform.

5.3.6 Electronic Patient Clinical Record (ePCR)

The Trust currently uses digital pen technology to complete patient clinical records (PCRs) for the patients that all of our Emergency Medical Services staff attend. This technology has delivered considerable benefits compared to the historical paper based process however, the Trust recognises that this technology has limitations and that solutions are being developed in the marketplace.

Looking to the future, and in line with the emerging ideas from developing our long term strategic framework, we want to develop a more innovative and effective digital solution to capture and record clinical data and information that will enable us to further demonstrate and improve the quality of care we provide to our patients.

The scope of an ePCR solution can vary significantly from a standalone simple electronic form to capture a Patient Clinical Record electronically to a fully integrated solution in which an ePCR is one piece of information in a wider system of related information regarding an incident of patient care. Our ePCR solution will act as a digital enabler for our clinical agenda and in recognising its vital importance, we have commenced a rigorous business process to explore our case for change, our business drivers and investment objectives, which will enable us to identify a solution that is right for both our patients, staff and commissioners.

We need a solution that will provide the Trust with an effective and stable digital platform from which to utilise clinical data to enable information sharing between providers to support integration in healthcare services to provide a more seamless journey for our patients. By moving away from validating clinical data to analysing clinical information we will be able to put resources into utilising clinical information more effectively to support the development of the clinical care and quality of clinical services that we provide. This will ultimately enable us to improve the experience and outcomes of our patients.

The Trust's ambition is to have a solution that has benefits for both our patients and our clinicians. We need a solution to enable us to support our clinicians more effectively by providing them with access to more resources whilst out in the field caring for patients. An ePCR platform will have the capability to provide clinicians with access to medical information about their patients whilst at scene and faster access to the latest clinical guidelines and services available in the area.

We recognise that there are lessons for us to learn from the Digipen project and consequently we have put in place, and committed to, a full and robust *cradle to grave* approach to project management for the ePCR project so that we have maximum assurance that we will be driving out and realising the full range of benefits identified.

You can find more information regarding EPCR and how we plan to progress it from our; *Welsh Ambulance Services NHS Trust Electronic Patient Clinical Records (ePCR) Strategic Outline Case*.

5.3.7 Start Becoming the 'Call Handler of Choice'

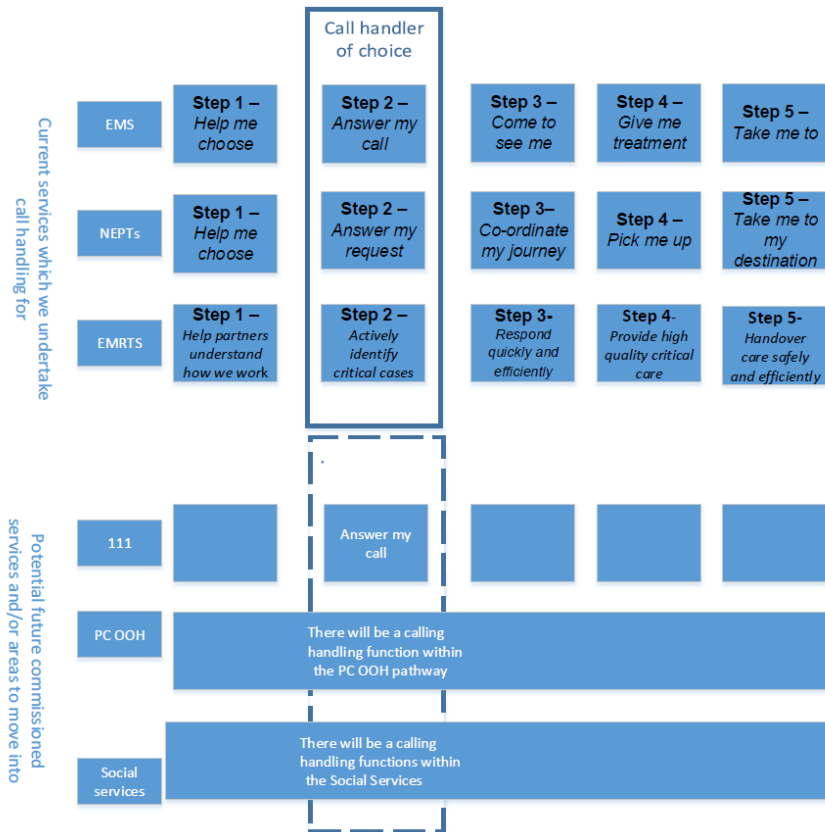
There are a range of services which currently have a call handling element to them and which form part of the CAREMORE commissioning approach.

By ceasing to look at the five step commissioning pathways in isolation, it is apparent that there is an opportunity for the ambulance service to become the call handler of choice.

This means we could begin looking at call handling as a discrete service provision under the umbrella of the wider function of the ambulance service. This offers the opportunity to provide an even better service and drive through greater value and efficiencies to the wider health and social care system and importantly the users of the services.

In addition this opportunity could offer the following benefits which we want to explore in more detail:

- Supports people in getting the right information in their first and only call and maximise the chances of them staying and/or receiving care in their home;
- Improves our ability to provide unscheduled care services wherever and whenever it is needed;
- Increases our ability to co-ordinate all of the journeys a patient might need whether that be emergency conveyance, repatriations, discharges or planned appointments, and improves patient experience by knowing they are at all times dealing with one organisation and point of contact.



5.3.8 Supporting Delivery of Major Condition Plans

We continue to identify and prioritise five major condition national plans where we will focus our attention over the life of this plan. These include; End of Life, respiratory, diabetes, stroke and cardiac.

To progress our role in these plans detailed work programmes continue to be developed. Current copies can be requested by clicking [here](#). Many of these are also articulated across our five steps in section xxx and xxx. It is important that our work across the national plans are not seen isolation and separate from delivering our core services across the five commissioning steps. They are intrinsically linked.

The table below provides the high-level actions which we will be taking over the course of year one in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Delivering Excellence		
Year	Actions	Headline Outcome Measures
Year 1	Develop and approve a WAST Public Health Plan	*Outcome measures for 'help us to stay healthy' to be developed 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
	Develop and approve Older People's Framework	
	Stocktake of all current pathways available across Wales to paramedics to refer to alternative community services	
	Stocktake of current initiatives around engagement and education	
	Year 1 actions in PECI Sensory Loss plan	
	Embed cohort of APPs in South Wales, evaluate impact. Take case for further investment back to EASC	
	Evaluate pilot of APP prescribers	
	Roll out 111 service to AB and Cwm Taf	
	Evaluate pilot of Level 1 Falls Assistant services and secure funding to recurrently roll out across Wales	
	EPCR Final Business Case (FBC) submitted and approved	
	Implementation of mental health and dementia improvement plans	
Years 2&3	Develop national approach to referrals to a range of community services as part of Older People's Framework	
	Agree consistent model for engagement and education	
	Year 2 and 3 actions in relation to sensory loss	
	Online portal for NEPTS bookings, linked to hospital system	
	Further expansion of APP workforce	
	Roll out 111 to remainder of Wales and procure new joint system	
	Develop, test and roll out a model for Level 2 falls response across Wales	
	Implement and realise benefits of new EPCR system	

6. Our Enablers



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

In order to deliver our goal for ambulance services in 2030 it is important that we retain focus on the delivery of what we do in the 'here and now'. If we fail to deliver now for the people of Wales, we will lose credibility with our partners and stakeholders and this will hamper our ambition to deliver more in the longer term. Sections 6.1.1 and 6.1.3 set out our priorities for our core service delivery in EMS and NEPTS respectively, and Sections 6.1.2 and 6.1.4 consider our response to the Amber and Carter Reviews, as they provide a guide on our improvement journey.

We deliver both our EMS and NEPTs services against a commissioned five step clinical model and yearly commissioning intentions issued to us by the Chief Ambulance Services Commissioner.

In the sections below we take each pathway step in turn and;

- Identify what commissioning intentions we have been set and,
- Consequently what work we will be taking forward over the life of this plan to deliver on those commissioning intentions.

As a national service however we recognise that the needs of local populations vary between, for example, our north and south populations, our rural and urban populations and the young people in Wales compared to the older generation.

With this in mind our approach to delivering on many of the commissioning intentions will not only vary from Health Board area to Health Board but also need varying degrees of support and collaboration with those health board populations as the ultimate providers of health care services for their populations. Thus whilst the activities outlined below offer some headline activities we have also developed a suite of documentation with health boards (as part of the Commissioning process overseen by the CASC) which outlines what local activities we are taking forward across Wales to deliver on the commissioning intentions we have been set. For more information on the range of these local activities please click here.

6.1.1 Our EMS Services



Step 1: Help Me Choose

Specific Commissioning Intentions:

- More calls to '111' NHS Direct and less conversions to 999 from 111 and NHS Direct.

Work is on-going within our NHS Direct Wales (NHSDW) service to continue to improve our offer to the public. In particular, we are working on increasing the number of **symptom checkers** available on-

line, liaising closely with and learning from NHS England, who have a greater number. Work is also required in terms of improvements to the website itself which will undertaken in Years 2 and 3.

Step 2: Answer My Call

Specific Commissioning Intentions:

- 999 call answer times by time band to be produced
- Less 999 and HCP calls and more calls transferred to '111' 'NHS Direct'
- Time to allocation for Red calls to reduce
- The volume of calls assessed and closed by the clinical desk to increase

Recurrent funding has been confirmed as part of this IMTP for an expansion of our clinical desk from 32 to 48 w.t.e. Recruitment commenced in November 2018, and it is anticipated that we will have a full complement of staff in place by the beginning of 2019/20. The aim is that this expanded number of staff will be able to consistently assess a greater volume of calls, increasing our combined '**hear and treat**' rate. In Year 1 of the plan we will be looking to embed this change and see our 'hear and treat' rate improve to around 12%, in line with performance levels seen in ambulance services across the UK.

In Years 2 and 3, we will be looking to build on these changes, by considering opportunities to link the clinical teams across NHSDW and the EMS Clinical Contact Centre (CCC), and will also to determine whether there may be benefits to expanding the range of clinical professions who operate as part of these teams.

The **Computer Aided Dispatch (CAD) system** is key to both step 2 and step 3 of the EMS clinical pathway. We implemented the new CAD system in November 2017, with Phase 1 delivering implementation of the CAD system and infrastructure without significant change to process and application. We have now recruited additional project management support which will allow us to implement Phases 2 and 3 in parallel over Year 1 of the plan. Phase 2 will see the addition of new modules and new functionality which will allow us to realise a range of important benefits, including:

- Enabling the use of the GoodSAM First Responder App
- Improving electronic links to other Ambulance Services, Police and Fire
- Improved major incident and escalation capabilities
- Improved workflows for managing calls.

Phase 3 is a review and redesign of the workforce within the EMS CCC, concentrating resources where they are needed most, once the new CAD and modules are fully implemented.

Step 3: Come to See Me

Specific Commissioning Intentions:

- Less incidents requiring attendances at scene and more incidents resolved by phone
- Multiple vehicle arrivals at scene to reduce for Amber and Green Incidents
- The percentage of incidents where the first arriving vehicle is the ideal to increase
- Red performance to be maintained and the 95th percentile to reduce
- Amber 95th percentile times to reduce across each health board area

Key to improvements in this step of the pathway is our ability to increase the availability of staff and vehicles to respond in a timely way to calls, and reduce the long waits that some of our amber patients, in particular, experience. **Section 6.1.2** sets out in more detail how the **Amber Review** recommendations will be taken forward in collaboration with our Commissioner and Health Boards. However, we already know what we need to do internally to make improvements in vehicle availability. Key programmes of work include:

- **Reducing handover to clear delays:** an action plan has been developed, which will see a focus on ensuring accurate data collection, daily scrutiny of performance at local and national levels and escalation where necessary, and a 25% improvement target set for each team.
- Increasing staff availability through **reduction of sickness levels:** Actions being taken in this area are set out in more detail in section xxx
- More accurately **matching resources to demand:** we are continuing work on **roster reviews** which will ensure that roster patterns are matched to expected demand in each local area. A formal project mechanism is in place to take this forward. In addition, we are widely 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.
- Implementation and maintenance of **robust escalation processes:** these have been put in place through the winter of 2018/19 in relation to both long delays experienced outside hospitals and also longest call delays
- Maintaining and improving **red performance:** whilst we maintain overall red performance targets across Wales, we have experienced some dips in performance in Hywel Dda and Powys areas. We will undertake targeted work in these areas, utilising Optima Predict for example, to model the optimum numbers and locations for each response vehicle.
- Reducing demand through collaboration: We have invested in a **Tri-Service Demand and Intelligence Hub** with South Wales Police/ Gwent Police and South Wales Fire and Rescue. The collaboration is intended to reduce variation/ duplication and waste and plan for joint working initiatives.

Gaining an enhanced understanding of the ‘**resource per incident**’ utilised, benchmarked against other UK ambulance services, may help us to identify further improvements for example in reducing multiple vehicle arrivals and increasing the proportion of incidents where the first arriving vehicle is the ideal response.

There is an ambition to increase and expand alternative response mechanisms. This includes an expansion of our **Cycle Response Unit capability** into other urban areas (service already in place in Cardiff), which is being considered as part of the discretionary capital allocation for 2019/20. In addition, we will continue to fully embed and promote the **Good SAM app**, opening this up to an increased range of staff and other emergency services.

Step 4: Give Me Treatment

Specific Commissioning Intentions:

- Less attendances at scene
- 95th percentile call to door times (STEMI & Stroke) to reduce across each health board area
- Clinical Indicator performance to improve, and be above 95% in all health board areas (except ROSC)

Our clinical teams will be working to review the clinical effectiveness and appropriateness of all of the current **clinical indicators**, will introduce action plans to improve performance where that is required, and will also look to work with commissioners to look at new areas of clinical practice with a view to introduction of additional indicators, aligned to the impacts of the Band 5/6 investment.

There are opportunities to enhance Community First Responder (CFR) and Uniformed First Responder (UFR) availability across Wales. Our Volunteering Strategy will look to potentially enhance CFR availability, which is outlined in more detail in **Section xxx**. In relation to UFR availability, discussions have commenced with the Fire Services in Wales, and through a strategic board, we will explore with them how their contribution can be maximised and how they can deliver their service in line with our patients’ needs.

There are many elements of the Mental Health Improvement plan which the Senior Operational leaders will be working with our Quality and Safety team on and further details are available in Section xxxx

Step 5: Take Me to Hospital

Specific Commissioning Intentions:

- Less conveyances and more conveyances to other locations ie non-Major EDs
- Handover to clear times to reduce across all health board areas

We are starting to roll-out our ‘Fit to sit’ policy, which is encouraging the use of taxis to take appropriate patients from scene, who are then ‘fit to sit’ in the Emergency Department waiting areas, in the same manner that non-ambulance arrivals would sit and wait. This is a sensitive issue, and we will continue to work closely with Health Board colleagues on its implementation, and to continue to monitor numbers and impact.

Working closely with our commissioner and Health Board partners we are also looking to develop a transfer and repatriation service which forms part of this step. For more information on this proposed service please see Section xxxx

Continue to provide the best possible care, outcomes and experience to our patients - EMS Services			
	Actions	Time	Headline Outcome Measures
Year 1	Undertake a review of performance against each of our performance targets and commissioning intentions to confirm actions to be taken	Q1	<ul style="list-style-type: none"> • Red performance to improve for all Health Board areas (with a back stop target of 65% of incidents responded to in 8 minutes).
	Increase the number of symptom checkers available on the NHSD(W) website	Q4	
	Fully embed the expansion of the clinical desk and realise the anticipated benefits	Q2	<ul style="list-style-type: none"> • Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas. • Improved performance against clinical indicators
	Implementation of Phase 2 CAD	Q3	
	Implementation of Phase 3 CAD	Q4	
	Implementation of a 90 day plan to reduce handover to clear delays	Q1	

	Completion of roster reviews in Cwm Taf and AB	Q1	<ul style="list-style-type: none"> • Reduction in lost handover to clear hours • Achievement of Welsh Government target for dementia training of staff • Increase in planned v actual UHP to 95% • Reduction in sickness levels to 6.3% in Year 1 across the organisation • Reduction in complaint response times • Reduction in number of serious incidents relating to time delays
	Implementation of 9 point action plan to reduce sickness levels	Q4	
	Use of Optima Predict to model the optimum resource deployment to minimise response times	Q4	
	Review of clinical indicators and performance	Q3	
	Implementation of the Mental Health and Dementia Improvement Plan	Q4	
Years 2&3	Review and improvement of the NHSDW website		
	Consider opportunities to link the clinical teams from NHSDW and EMS CCC		
	On-going implementation of 9 point action plan on sickness		
	Completion of remaining actions from Amber Review programme		
	Undertake benchmarking work on resource per incident		

6.1.2 The Amber Review: Our Response

We know that there is more that we, and the wider system, can do to address the challenge of long waits for some of our 'amber' patients. As an organisation, we welcomed the work that was undertaken as part of the Amber Review, and the spotlight that it shone on the improvements that need to be made across the board.

The review made a number of recommendations, and addressing these in full collaboration with partners is a key deliverable for us over the life of this plan.

Summary of Amber Review Recommendations

Measures of quality and response time should continue to be published although they need to reflect the patient's whole episode of care.

Measures should be developed in collaboration with patients.

There should be a programme of engagement to ensure clarity on the role of emergency ambulance services and how calls are prioritised and categorised.

There must be sufficient numbers of clinicians in the contact centres to ensure patients receive the most appropriate level of care.

The ambulance service must ensure that planned resources are sufficient to meet expected demand.

The ambulance service must deliver against its planned resource.

Health Boards must take appropriate actions to ensure that lost hours for ambulances outside hospitals reduce.

The longest waits for patients in the community must reduce.

We therefore fully support the Commissioner's intention to establish an Amber Review Programme Implementation Group which will drive the recommendations forward and ensure momentum is not lost. This will be particularly important in the light of the political interest there has been in the review and its' recommendations. The Programme brief is still in draft form, but it is expected to recommend a 12 month programme of work that:

- Provides assurance to stakeholders on the recommendations of the Amber Review;
- Provides oversight and direction for the 'further work' as outlined in the Amber Review.

We are clear that there is a significant work programme for us internally to take forward the recommendations specific to WAST. We will finalise our own programme plan and structure, which will link in with the programme structure we are developing to ensure delivery of our overall IMTP as outlined in **Section xx**. Many of the specific areas of work for WAST are set out in **Sections xxx and yyyy**.. and include work to review and revisit escalation procedures in relation to long handover delays, implementation of a 90 day handover-to-clear plan within WAST, and implementation of a 9 point sickness plan to reduce abstraction rates.

However, whilst the Amber review considered and analysed many factors affecting the system, it was not established to forecast future demand patterns, to anticipate the impact of our strategies to produce a 'shift left' in system response, to establish and model reasonable and realistic levels of improvement in efficiency in WAST and Health Boards, or to identify the level and type of resources required to meet specified quality and response time standards.

In parallel with, and complementary to the on-going work, we are therefore working on a proposal for Health Boards and WAST to jointly commission a forward looking strategic Demand and Capacity Review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance and quality for all categories of emergency calls against forecast demand for the next 5 years.

The review will have seven main components:

- Forecast all incident demand by type and location over the next 5 years;
- Agree the required levels of quality and time performance for each type of patient;
- Model the required resources to deliver required quality and performance by hour of day, day of week and geographical location;
- Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment;
- Identify and model unscheduled care system efficiencies;
- Model the impact of planned service changes affecting patient flows;
- Model required resources for Clinical Contact Centres including call handing and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements

A paper will be presented to EASC in February 2019 and it is anticipated that this will be endorsed. The work will be overseen by a senior Collaborative Steering Group and will complete in the summer of 2019.

The table below provides the high-level actions which we will be taking over the course of year one in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

**Continue to provide the best possible care, outcomes and experience to our patients -
Amber Review**

	Actions	Time	Headline Outcomes
Year 1	Participate fully in the Amber Review Programme Implementation Group	Q3	<ul style="list-style-type: none"> • Resources aligned to demand • Reduction in amber response times
	Develop and deliver a robust internal action plan to address WAST recommendations	Q1	
	Report regularly to the Strategic Transformation Group and Board on progress	Q4	
	Collaborate with CASC and Health Boards to undertake a Demand and Capacity Review	Q2	
Years 2&3	Continue to work on actions arising from the Demand and Capacity Review and Amber Review		

6.1.3 Our NEPT Service

We have made great progress in terms of improving and transforming our NEPT service, but there remains more work to be done to deliver on the Cabinet Secretary's expectations within the recommendations of the NEPTs business case and to deliver on the commissioning intentions as set out by EASC.

The NEPT services are commissioned by EASC through the NEPTS Quality and Delivery Assurance Framework, based around a five step model of service delivery. The aim of the five step model is to focus on patient flow and to provide a clear framework for the delivery of the service in line with patient need. The detailed response to each of the commissioning intentions are set out in the attached EASC templates.



Our priorities for the service over the life of this IMTP are described across these five steps where appropriate, and include actions which will improve the quality of the existing core service for our patients and users, but also seek to develop and expand the service offer in line with our long term goals and aspirations. We will:

Transfer of NEPTS work to WAST

The transfer of Health Board commissioned NEPTS work to WAST will be completed in the next year, allowing us to fully implement and maximise the benefits of the plurality model. This will create better value for money and allow better coordination of these services across Wales. In addition, there are clear benefits for patients and service users, who will receive a comfortable, safe and timely NEPTS service that meets their clinical and individual needs. The transfer of work will improve the quality of service by ensuring that both WAST and non-WAST providers deliver services in line with the new framework.

Further work is progressing with the Commissioner in terms of the longer term financial sustainability of the NEPTS service and how this delivers both the continued enhancements and efficiencies required within the previously approved business case and within existing or future resource envelopes.

Step 1: Help Me Choose

Specific Commissioning Intentions:

- Ensure NEPTS specific engagement activity can be identified

The valuable NEPTS resource needs to be focussed on patients who are eligible for transport as described in WHC 2007(05). We know that for a variety of reasons, we continue to transport patients who are not eligible, and we are committed to working with Health Boards to agreeing and implementing in partnership a **patient assessment tool** which correctly assesses and identifies eligible and non-eligible users. This will allow us to focus our resource on the patients who really need it and

to meet genuine increases in demand appropriately. This will be a sensitive change that we will handle carefully in partnership with the Commissioner and Health Boards.

However, we are conscious, in line with our long term strategy, that we do not simply wish to be a transport provider, but that we have a wider role to play in meeting our users' transport needs, so that they are able to access the health care services that they require. We are therefore establishing a **patient support service** from existing resources who will support patients and service users to find alternative transport solutions. This will involve us working closely with Health Boards, Local Authorities and third sector partners to increase our awareness of and develop alternative methods of transport to care, improving our ability to signpost appropriately.

We also aim to improve our **patient experience** by implementing the Dementia and Patient Experience and Community Involvement Improvement plan.

Step 2: Answer My Request

Specific Commissioning Intentions:

- Improve the quality of booking information
- Produce call numbers and time bands for Powys and Ty Elai call centres

Our main priority under this step of the process is to develop and implement a consistent and high quality method of accessing NEPTS provision for patients and Health Care Professionals (HCP) who use our service. We currently operate 3 of our own WAST call centres, but there are separate centres in Powys and Ty Elai, and for HCPs, in some areas they can also book transport through the hospital liaison offices or by using online booking services. There are different processes in place in most of these areas, which leads to an inconsistency of approach, difficulties in providing standardised data and a variance in the information on the outcomes of our booking process. This can lead to poor experience from a patient perspective and may contribute to the numbers of booked journeys which are cancelled or aborted.

In Year 1 we will review the call taking and booking processes for patients across our own centres, and design a new process that will be consistently applied. We would then anticipate, in discussion with Powys and Cwm Taf Health Boards to then be able to transfer their call taking services into ours to deliver one service and process for the whole of Wales. For patients this will mean that there will be just one number that they call and a consistent approach each time they call. There will be some changes for our staff, with calls being taken by the next available operator, wherever they are based, and we will work closely with them to implement these changes.

In Year 2 we will undertake the same programme of work in relation to HCP bookings.

Step 3: Coordinate my Journey

Specific Commissioning Intentions:

The CAD system is critical to the coordination of patient journeys, and is now due to be renewed. In the next year, we will identify the specification and develop the business case for a **new CAD system** that will support the transformation of the NEPTS service as described in the NEPTS Business Case

Review allowing us to drive efficiency and value in the service. Once approved and procured, we will implement the new system in Year 2 of this plan.

Our current CAD has no form of integration with Health Board PAS or booking systems to allow for appointment bookings that require transport to be electronically forwarded to the NEPTS CAD or to allow for a one click cancellation of transport when appointments are cancelled or rearranged. Currently, this can result in transport being dispatched on the wrong dates or dispatched when an appointment has been cancelled or rearranged.

To support this development, in year 2 we will undertake a review of HB appointment booking systems to help inform the development of a schedule of requirements for integration between HB appointment booking systems and WAST CAD system. We will implement agreed actions from the review in year 3.

Our staff, and in particular, our volunteering staff are also key to this step of the pathway, and as described in **Section xxx**, WAST will be looking to **redefine and potentially enhance volunteer capability**, through the development and approval initially of a Volunteering Strategy.

A key part of our service is the provision of **liaison teams** to provide a physical link at key hospital sites between patients, crews and hospital departments. In the next year we will review the current operating model for the provision of liaison services and implement a new model that improves existing communications pathways and improves operational efficiency.

Step 4: Pick Me Up

Specific Commissioning Intentions:

- Reduction in aborted journeys.
- Reduction in social journeys.
- Reduce failed discharges

We will continue to invest in making **our fleet** as modern, efficient and environmentally friendly as possible to ensure we maximise patient and staff experience whilst also meeting Welsh Government emissions targets. **Section xxxx** contains more detail on the priorities within the Fleet Strategic Outline Plan.

We are also conscious that there is much we can do to improve the service we provide for the transport of **bariatric patients**. This is a specialist service, provided currently on an ad-hoc and un-coordinated basis. In the course of Year 1 we will develop a case for the development of discrete service that will meet the needs of this group of patients, for consideration by our Commissioners.

There will be an on-going focus on reviewing our performance against **NEPTS quality indicators** as per the requirements of the NEPTS Quality Framework, with a clear plan being developed to identify areas for improvement.

Step 5: Take Me Home

Specific Commissioning Intentions:

- Reduce on the day cancellations

There will be an on-going focus on reviewing our performance against **NEPTS quality indicators** as per the requirements of the NEPTS Quality Framework, with a clear plan being developed to identify areas for improvement.

At present, both NEPTS and EMS provide elements of a **discharge and transfer service** for patients in hospital but this varies across times of the day, days of the week, and geographical locations. There is no consistent approach or model, and in some instances, in the absence of a WAST provided service, Health Boards have commissioned their own services. It is our ambition to engage with Health Boards and our Commissioner on a new model for a national discharge and transfer service, that will meet their needs and will ensure that patients can be discharged in a timely, safe and high quality way. In Year 1, we will articulate and develop a model which we would then look to secure funding for and start to implement in Years 2 and 3.

The table below provides the high-level actions which we will be taking over the course of Year One in order to begin moving this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Continue to provide the best possible care, outcomes and experience to our patients		
	Actions	Headline Outcome Measures
Year 1	Transfer of ABMU NEPTS activity - Q1	<ul style="list-style-type: none"> • 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 journey
	Transfer of AB NEPTS Activity Q1	
	Transfer of Cwm Taf NEPTs activity - Q3	
	Transfer of BCU Activity Q2	
	Transfer of Powys Activity Q3	
	Agree and implement approach to patient eligibility with Commissioner and HBs - Q4	
	Implement a patient support service - Q4	
	Agree and implement new call taking and booking process for our call centres - Q3	
	Transfer calls from Powys and Ty Elai to WAST and apply consistent process - Q4	
	Develop specification and business case for new CAD system Q4	
	Develop a case for the development of a specialist bariatric service Q4	
Year 2 & 3	Articulate potential models for a national transfer and discharge service for discussion with CASC / EASC Q2	
	Review of HB appointment booking systems - integration between HB appointment booking systems and WAST CAD Start to roll out national transfer and discharge service	

6.1.4 The Carter Review: Our Response

The Lord Carter of Coles' Review, '*Operational Productivity and Performance in English NHS Ambulance Trusts*' was published in September 2018. Whilst the review focused on English Trusts some of the learning can be translated to Wales. We undertook a self-assessment against each of the recommendations, and it was clear that we were already undertaking or planning to undertake related actions. Much of the sentiment which is articulated in the report is therefore embedded throughout this plan. However, some of the specific points from the review which our Assistant Directors will be taking forward as additional projects include:

- Mental Health data capture – exploring opportunities arising from the ePCR
- Capturing PROMS & PREMS) – exploring opportunities arising from ePCR
- Agree a standard approach to conversion specification for vehicles to take advantage of cost savings
- Review the way in which ambulances are procured to increase purchasing power
- Agree a standard load list of equipment
- Consider fuel purchasing arrangements with other blue light services
- Consider opportunities for robotic process automation, machine learning algorithms & AI to support NHS operating model and sustainable savings.

The table below provides the high-level actions which we will be taking over the course of year one in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Continue to provide the best possible care, outcomes and experience to our patients Carter Review		
	Actions	Headline Outcome Measures
Year 1	Review list of potential further areas of work as above and develop work programmes as appropriate	
	Undertake further self-assessment in Q3 to determine progress	

6.3 Enable our People To Be The Best They Can Be



We have made significant progress, working together with trade union partners over the past three years, towards making the Trust a leading ambulance service and a great place to work. Some of our more notable achievements include creation of the Trust’s shared behaviours, successful negotiation and implementation of a Band 6 role and deal for paramedics living and working in Wales, national recognition for our innovative approach to recruitment and the introduction of Learning and Celebration Events and Annual Award ceremony designed to recognise the valuable contribution of our fantastic staff. This past three years has provided us with a great basis upon which to further transform and develop our services and people.

We have also set out an exciting vision for the future of work at the Welsh Ambulance Service. Taking what we have seen, heard and read we have turned this into a set of five challenging but achievable strategic ambitions in relation to People and Culture 2030 and the context to our IMTP priorities and our plans for 2019/20 – 21/22. Over this next three years we will continue to build our brand as an exemplar employer, and our ambition to be recognised as an *exceptional place to work, volunteer, develop and grow*.

As we move increasingly towards being seen as a provider of ‘out of hospital’ healthcare services, rather than a transportation service, and expand our out of hours service offering, we will need to ensure our future workforce is **sustainable, agile, highly skilled and capable**. Key to enabling this will be the transformation of our education and training provision to ensure our clinicians are developed and supported to work at the top of their scope of practice, maximising the impact they can have delivering, collaborating and co-ordinating the provision of care across the wider healthcare system, building community resilience in a variety of settings and roles. We will also need to prepare our workforce to be agile and ready to work alongside increasing levels of **technological sophistication** as we develop our systems and equipment and move towards greater digitisation of our services.

In preparing for the future, developing and implementing our workforce strategies and delivery plans in respect of our identified priority areas - education and training, health and wellbeing, leadership and management development and volunteering - we will also address the workforce risks and challenges coming over the horizon and those already identified through the Amber Review into our services and the national Carter review.

Below is a brief overview of the key strategic actions identified to deliver our strategic priority to make WAST an exemplar employer. Further detail of this, and of the workforce risks referred above can be found in section xxx.

Enable our people to be the best they can be 'great staff experience creates great patient experience'			
	Actions	Timescale	Outcome Measures
Year 1	Deliver an improvement in resource availability at all levels		<ul style="list-style-type: none"> Achieve target sickness reduction to 6.3% March 2020. Maintain low levels of frontline vacancies (below %) and improved UHP and relief capacity / overtime reduction.
	Develop and approve leadership and management development strategy		
	Approve a health and wellbeing strategy		
	Approve a transforming education strategy		

	Refresh our commitment to volunteering and approve strategy		<ul style="list-style-type: none"> • Reduction in incidence of bullying and harassment.
Year 2 / 3	Continue plans to deliver an improvement in resource availability at all levels		<ul style="list-style-type: none"> • Improvement key indicators of staff survey. • To include improvement in key indicators related to staff personal safety and attendance and wellbeing. • Improvement in CPD rates and 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 KPs.
	Implement leadership and management development strategy		
	Implement a health and wellbeing strategy		
	implement a transforming education strategy		
	Implement volunteering strategy		

For more detail on our five strategic and transformational WOD ambitions see our 'Long Term Future of Work: Our Strategic People & Culture Ambitions 2030 and our People and Culture Strategy 2019-2022' (when approved).

6.4 Whole System Partnership and Engagement



We are committed to playing our part in the delivery of **A Healthier Wales**, with its focus on the delivery of a whole system approach to health and social care, in the context of health, well-being and the prevention of illness.

At the core of this approach is system-wide partnership and engagement, predicated on integrated planning and delivery, spanning the health and social care interface. It requires a new approach to working with partners, based on shared ambitions and delivery plans in which each partner has a discrete but inter-related role.

This approach to working in partnership to deliver better services for the people of Wales is reflected in our long term strategic framework, which recognises that our relationships with partners will need to look quite different by 2030 if we are to deliver our ambition. We must start developing those relationships now.

Our range of partners will also need to expand, focusing not only on those with whom we deliver services or have shared care of a patient, but also partners who are supporting us to develop new solutions, for example in the technology arena.

In the same way, our relationship with our **patients and wider public** will be very different. Our focus will be on education, self-care and support in the community when it is needed. We will focus on building resilient communities through an advanced programme of engagement, starting with children as soon as they enter the formal education system, through to working with employers to train their people in CPR and defibrillation. We will work and support the full range of age groups, cultures and communities, to ensure that the people of Wales are confident in basic life support skills.

To create these resilient communities, we will work closely with local authorities and agencies, third sector and community groups to ensure we are supporting and sharing the spread of life-saving and first aid skills across our communities.

Some of this work has already started, for example through our Restart a Heart and Shoctober initiatives which provide children with training in basic life support. However, we are currently in discussion with Welsh Government about how to systematise the inclusion of these life skills within the Welsh curriculum, working in partnership with third sector agencies. It is in this way that we will see Wales develop not only the skills of its young people, but also the resilience of its communities and its health service workforce of the future.

This approach will also mean **our people** working in a different way at different times in their career, or undertaking more than one role; for example, delivering care to patients in their own home one week, while teaching local children about CPR the following, in a structured pattern of work that means colleagues have the opportunity for diverse and satisfying working lives. This diverse approach to work also extends to those other patient-facing roles, e.g. call handlers, and our people who work in corporate teams.

As a result, our training of staff will look different, with an emphasis on collaborative training across the public service and beyond, and the rotation of employees across organisations. Our people will have the skills to work across and with other organisations through a different approach to role design and academic and occupational training.

Our people won't expect to work in one environment. They will expect to collaborate with other professionals and the wider community and will be flexible as to where and how they work, with a focus on making every contact count for patients. This will include a significant focus on prevention and the wider public health agenda, something which will be reflected in the forthcoming public health

plan for the organisation, which will set out the role the Welsh Ambulance Service can play in the prevent

This will mean a collaborative approach to sharing information and to referring patients to a range of services that best meet their needs, regardless of where and how those patients are. Social prescribing, with a focus on reducing loneliness and isolation and building community capacity will be as important as clinical interventions for many of our patients, and our teams will be central to delivering this, in collaboration with a wide range of partners.

In short, the concept of delivering the quadruple aim as outlined in A Healthier Wales, underpins both this integrated medium term plan, and our long term strategy, covering as it does:

- Improved population health and well-being
- Better quality and more accessible health and social care services
- Higher value health and social care and
- A motivated and sustainable health and social care workforce

All of these areas are reflected in our plans, and all require us to work with partners in new and/or different ways.

Similarly, our relationship and engagement with the people we serve will need to be refocused to ensure that their voice and experience influences our service developments, while ensuring we provide patients with the information and support they need to manage their health and wellbeing.

There are other plans signposted within this document which will require us to work in a refreshed model of partnership, including with our commissioners, in order to be successful. These include our emerging public health plan (see pp xxxx); our plans to extend advanced paramedic practice and the roll-out of our APP model (see pp XXX); our commitment to being the provider of the 111 service (see pp XXX) and our new training strategy (see pp XX).

Whilst it is important that we develop a long term approach to partnership and engagement it is also important we maintain those existing relationships which we have. Three significant relationships that we must ensure we maintain and strengthen are;

Strategic Planning Partnerships

Over the life of this plan, we expect the following service changes to take place which we must engage (and be engaged) upon- see table below.

Year	South-East	Central-West	North
2019/20	<ul style="list-style-type: none"> • Paediatric, Obstetric & Neonatal changes • Bridgend CBC transition • Interventional Radiology 		
	<ul style="list-style-type: none"> • Major Trauma network 		
2020/21	<ul style="list-style-type: none"> • Grange Hospital 	<ul style="list-style-type: none"> • Shrewsbury & Telford Future Fit 	
2021/22		<ul style="list-style-type: none"> • Hereford and Worcester regionalisation of stroke services 	

It is vital that we are an integral part of service change project and programme boards so that we can work collaboratively to understand the clinical, resource and activity implications for our services and so that we can provide the appropriate conveyance, transfer and repatriation services across both EMS and NEPTS.

We need to work closely with the Chief Ambulance Services Commissioner (CASC) and EASC to 'test' the commissioning process and ensure the appropriate resources follow these changes. Initially the planned demand and capacity review will support us in this process.

Whilst these represent the known service changes (with dates) which we will need to respond to, there are a plethora of other changes on the horizon which could prove material during the life of this plan. A particular service development which we need to be aware of and closely engaged with is the model being developed for thrombectomy. As no service currently exists in Wales, WHSCC will be looking to commission services from English providers.

Whilst we recognise the time critical nature of transfers means the work will often need to be undertaken by EMRTS, we must remain cognisant of the potential implications on our service too, particularly prior to decisions about EMERTS expanding into a 24/7 service.

Many of these service changes are a shift towards a more regional model of service provision following 'hub and spoke' models of care. A consequence of this model is an increase in transport activity with patients often having to travel slightly further for initial specialist care and then repatriation back to their local DGH for ongoing care and/or rehabilitation. We will have a key role to play in delivering this activity, but it represents 'new' activity which will need to be commissioned.

As part of developing a sustainable solution we will look to work with our commissioner and health board partners to explore and develop, over the life of this plan, a fully costed and commissioned *transfer and repatriation* service which will span aspects of both our EMS and NEPT services. It is likely we will want to work with EMRTs on this too. This is referenced in Section xxx

Emergency Medical Retrieval Service (EMRTS)

EMRTS Cymru is a pre-hospital critical care service for Wales. It is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales. The service ensures that all of the Welsh population will be able to access critical care within 30 minutes by air and 60% within 30 minutes by road.

A key service enhancement of EMRTS is the proposed expansion of hours from a 12 to a 24 hour service. A fully costed proposal for staged 24 hour operation has been submitted to Welsh Government for their consideration and as a service we are supportive of this proposal as it is highly complementary to our long term goal of delivering excellence.

There has always been a strong partnership between the Welsh Ambulance service and EMRTS and we will look to strengthen this relationship over the life of this plan.

Our Blue Light Partners

We work in close partnership with all other Welsh police and fire and rescue services across a breadth of areas. For full details of all the activities we have ongoing and/or planned with our blue light partners please request a copy of the Joint Emergency Service Group (JESC) directory of services (January 2019). Many of these support the 'shift left of activity' agenda.

We recognise the ongoing strategic importance of working with our blue light partners and are committed to furthering these relationships. Our collaborative priorities include estate co-location estates and co-responding. Please see section xxx for more details.

We have also identified specific opportunities by working collaboratively on the intelligence we gather. More information on this can be found in section xxxx.

Whole system partnership and engagement			
	Actions	Timescale	Outcome Measures
Year 1 Actions	Implementing our new Engagement Framework, with a refreshed focus on public, patient, stakeholder and employee engagement.		<ul style="list-style-type: none"> • Increase in number of new pathways with Health Boards • Membership of at least three RPBs, • At least one joint appointment in place • Increased number of shared facilities with other public service/third sector
	Revisit our 17/18 and 18/19 collaborative priorities of estates, training and emergency service collaboration to ensure they remain fit for purpose for the duration of the IMTP cycle.		
	Develop and implement our approach to working with Regional Partnership Boards, to ensure we are working collaboratively on pan system initiatives		
	Work with our commissioner and health Board partners to scope a transfer and repatriation service to support health board strategic service change		
Year 2 & 3 Actions	Identify two key projects on which to focus our collaborative efforts, with key milestones for delivery and a framework for benefits realisation.		
	Assess the overall impact of our engagement framework and refine for the following three year period.		
	Start to Implement a transfer and repatriation service.		
	Dependent on year one outcomes, diversify attendance at Regional Partnership Boards and in other partnership arenas, to help our people develop the skills they need to work collaboratively across organisational boundaries		

6.5 Ensure the Design & Infrastructure of the Organisation are at the Forefront of Innovation & Technology



6.5.1 Technological Innovation

The field of technological innovation is exciting, complex and developing at a rapid pace. We also recognise that there are huge opportunities for us to exploit in this area and is why our Board approved the creation of a “Director of Digital” post which will be advertised early in 2019/20.

The recently published Carter Review explored the productivity of Ambulance Services in England, and emphasised the importance of the ‘digital ambulance service’ to meet the changing needs and expectations of service users and integration within the wider health system. The review recognised that further focus is required to ensure that ‘ambulance services are at the forefront of technological innovation’ and that ‘new technology is rapidly adopted’.

Embracing technological innovation is a key objective of the trust’s long term vision for 2030 to improve the quality of care we provide to our patients, resilience of our critical systems and to enable our workforce to be the best that they can be.

We have identified four themes that underpin our strategic ambition to be at the forefront of Innovation and Technology

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Embracing technological innovation is a key objective of the trust’s long term vision for 2030 to improve the quality of care we provide to our patients, resilience of our critical systems and to enable our workforce to be the best that they can be.

We have identified four themes that underpin our strategic ambition to be at the forefront of Innovation and Technology.



Theme 1:

We will **reduce our carbon footprint** by having a more **environmentally friendly** (low-emission) fleet powered by the **latest alternative sustainable fuels**.



Theme 2:

We will **embrace cutting edge technology** to improve and enhance the care we provide to our service users



Theme 3:

We will **transform the way we capture, share and utilise patient and clinical information**.



Theme 4:

We will **transform the way we communicate** with our service users, workforce and stakeholders.

6.5.2 Service Improvement and Innovation

WAST have historically used a collection of improvement and project techniques, similar to other NHS and public sector organisation. In order to accelerate improvement and innovation within the UK healthcare sector, governments and other bodies have created several improvement specialist entities along with development of structured project management techniques. This rich array of tools and techniques has provided many approaches for our staff to undertake improvement work, yet this has led to variation in how these are undertaken and an inconsistency in the governance and support.

To address this a WAST Improvement & Innovation Framework has been designed to support all our staff with an interest in an improvement or innovation, developing a proposal for 'test-of-change' and to seek further information/expert advice on a particular improvement/innovation technique or strategy. Our commitment to further develop expert improvement advisors and quality coaches to support staff across the Trust with improvement is core to WIIN.

To support the embedding of this framework a WAST Innovation and Improvement Network (WIIN) has been established and WIIN portal will be launched end March 2019. To access a copy of the framework and a link to the emerging portal please click [here](#).

In addition the Trust is also a full partner in the "Project A" initiative. Project A is a twelve month programme of ambulance improvement across the UK, allowing a cross section of frontline staff to share their experiences, gather a reflection of insights into the way urgent care works on a daily basis, and explore ideas from the frontline that lead to improvements across ambulance services. Our staff and volunteers, along with other UK Ambulance Service colleagues, contributed to more than 600 ideas that were submitted via the ideas platform and tweet chats during the summer 2018. WAST staff are now leading a national "Project A" piece of work showcasing our approach to managing fallers.

Whilst our Long Term Strategic Framework outlines our vision and ambitions for 2030, this IMTP articulates the work and projects that we will be progressing over the next three years to take this forward. These are set out in the table below and all align to either one or more of the four technological themes described above or link to our approach to service improvement and innovation.

Ensure the design and infrastructure are at the forefront of innovation and technology			
	Action	Timescale	Outcome Measures
Year 1 Actions	Look to Increase the number of low-emission hybrid vehicles being used across the Trust		
	Pilot Solar Panel charging technology on operational vehicles to provide on-board power		
	Engage with Blue Light partners to explore opportunities to utilise drone technology for on-scene incident surveillance		
	Establish a group to explore the application and benefits of the latest technology, including <ul style="list-style-type: none"> Artificial Intelligence technology Autonomous vehicle technology Clinical Diagnostic Equipment (e.g. Point of Care testing) 		
	Explore and pilot Telehealth / Video Technology opportunities to improve communication and support patient care and clinical decision.		
	Fully implement the Electronic Patient Clinical Record solution (completion date 20/21?)		
	Agree and deploy our approach to communicate with our people using digital platforms, including evaluating and agreeing approaches to BYOD vs further roll out of WAST digital devices , the further extension of wi-fi enabled ambulances and the use of digital/video engagement platforms to provide real-time interaction e.g, Zoom		
	Launch and develop the WIIN platform (WAST Innovation and Improvement Network)		
Year 2 & 3	Explore opportunities to integrate systems with the wider health system		
	Work with industry leads to identify and pilot non-diesel powered operational vehicles		

We believe there are four highly important underpinning components to our ability to place innovation and technology forefront of our thinking. The following section of this plan explores those four components.

6.5.3 Health Informatics

The focus of this team in short term will be to build upon and further develop the work from the previous year. While there are a multiplicity of tasks to undertake to support our overall objectives, detailed below are the highest priority themes which it is anticipated will make a significant difference to the organisation and the wider healthcare community. It should be noted that the Directorate's local development plan outlines further actions, while any actions outstanding from the 2018/19 IMTP will also be picked up, where they remain appropriate.

The following sections outline over the next three years what the teams areas of focus will be.

Ensure the design and infrastructure are at the forefront of innovation and technology- Our Health Informatics capabilities

		Timescale	Outcome Measures
Year 1 Actions	CAD Enhancements project -Support the changes to the CAD system		
	EMS and NEPTS Commissioning framework - understand the reporting requirements for the AQI's		
	Enterprise Business Intelligence Solution Qlik Sense - Continue design, development and testing of Dashboards in accordance with customer requirements		
	Optima Implementation project - Agree and deliver a programme of forecasting/prediction work and develop architecture around Optima.		
	Implementation of the national 111 programme - Continue with the rollout of the 111 service across Wales and its respective reporting strategy.		
	Service Reconfiguration Framework - Engage with stakeholders externally in the wider reconfiguration of services across all Health Boards.		
	Implementation of the Directory of Service (DoS) - Refresh of the current DoS to make it a more fit for purpose solution and scalable for the future expansions.		
	CAS replacement project - Provide governance guidance and support to the formal tender process to replace existing NHSDW and GPOOH software systems with a new baseline solution. Support Implementation and migration of new system across WAST.		
	Implementation of an Electronic Patient Care Record - Approval of business case (Q4 2019/20) and Implementation (Q1 – Q4 2020/21).		
	National data resource development - We will work with health, social care and blue-light partners to improve data sharing, including the national data resource (NDR) programme to increase two way exchange of health information for service improvement, performance and transformation initiatives.		

6.5.4 Information, Communication, Technology (ICT)

The second core component is our Information, Communication and Technology (ICT) team. It is vital that we maintain and improve our ICT infrastructure. The following sections outline over the next three years what our areas of focus will be. These activities are aligned with the themes of the Welsh Governments Informed Health and Care (A Digital Health and Social Care Strategy for Wales).

Ensure the design and infrastructure are at the forefront of innovation and technology- Our ICT					
	Information for you	Improvement and innovation	Supporting professionals	Planned Future	Outcome Measures
Year 1	Implement opportunities for patients to access services electronically (NEPT & NHSDW).	Progress electronic information exchange building on implementation of the new CAD.	<ol style="list-style-type: none"> 1. the implementation of new functionality in the C3 CAD 2. Preparation / mobilisation of Airwave services. 3. Support for 111 programme 4. Support to ECPR procurement 5. Extend the roll-out of the mobile and agile working through use of tablet devices / vehicle Wi-Fi. 6. Extend access for clinicians to the Welsh Clinical Portal. 	Invest in building a secure, robust and resilient ICT infrastructure.	
Year2 & 3	Build on previous work to scale out alternative access channels, a revised website and continue to work with the national programmes around Directory of Service and electronic patient access. Review and revise our patient access capabilities delivering new systems and capabilities to our patient facing services.	<p>Improve information sharing and collaboration.</p> <p>Work with NWIS and national programmes to increase two way exchange of information</p> <p>Continue to work with partners across health, other public sectors, suppliers and the public to identify opportunities to increase information sharing.</p>	<ol style="list-style-type: none"> 1. Continued preparation and mobilisation of Airwave. 2. Support and complete 111 rollout 3. Implementation of the new ECPR 4. Development of NEPTS CAD a business case and subsequent implementation 5. Complete migration of services onto the ARP CRS and MDVS solutions and migration onto the new ESN delivered by the national ESMCP programme. 	<ol style="list-style-type: none"> 1.Improve and enhance the ICT infrastructure 2. Greater use of mobile and remote working technologies . 3.Review opportunities to replace systems and technologies 	

6.5.5 Infrastructure (Our Fleet)

The third component is our fleet department. We are currently in the second year of delivering the 10 year Strategic Outline Programme (SOP) that was endorsed by Welsh Government in 2018/19. Please click [here](#) to request a copy of the fleet SOP.

The SOP articulates the Trust’s vision to for the delivery of Fleet Services up until 2028/29 and focuses upon the following three key work streams:

1. **Fleet Replacement:** the process to procure new vehicles based upon an agreed fixed asset life cycle
2. **Vehicle Maintenance:** ambition to provide all vehicle maintenance ‘in house’ and fully embed a robust planned preventative maintenance system on a time based servicing.
3. **Make Ready:** the plan to implement the ‘Make ready’ solution across Wales to ensure vehicles are prepared and re-stocked for safe and clean transportation of patients.

The following section of this plan outlines the key initiatives that will be delivered over the next three years to support implementation of the SOP, to test and embrace new technology and continue to drive continuous improvement of Fleet services.

Ensure the design and infrastructure are at the forefront of innovation and technology- Our Fleet			
	Action	Time	Outcome Measures
Year 1	Continue to deliver the Fleet Apprenticeship scheme		
	Ensure the Make Ready and Fleet work streams are in alignment enabling a single point of management and a reduced risk of duplication with regards to all elements of the SOP.		
	Progress the purchase of the new combined fleet workshop in South East that will replace Blackwood, Blackweir and provide services to the Cwm Taf Health Board area.		
Year 2 & 3	Put into place arrangement to integrate Solar Panels into the Vehicle Specification.		
	Commence construction of the combined fleet workshop in South East		
	Pilot a dedicated ‘Fleet Desk’ in South East to improve the day to day management of operational vehicles		
	Develop the Vehicle Telematics data to support economical driving and reduce wear and tear on the vehicle.		
	We will explore opportunities to introduce maintenance bays to accommodate all electric, hybrid and alternatively fuelled vehicles.		
	Develop a plan to progress development of ‘In House’ maintenance provision across Mid & West Wales, identify opportunities for co-location with MRD roll out : <ul style="list-style-type: none"> • An increased efficiency of both maintenance and restock/cleaning at one time • Reduced vehicle down time • Improved efficiency of AFA and MRD staff on same site 		

	<ul style="list-style-type: none"> • Clinical staff not tied up in noncore duties such as cleaning driving and stocking 		
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6.5.4 Infrastructure (Our Estate)

Our estates priorities for the life of this plan are set against our Board and Welsh Government approved Estates strategic outlines programme (SOP). This SOP describes a “Make Ready” concept being implemented on a hub and spoke model basis with appropriate sizing, scope and siting of facilities. Please click [here](#) to view a copy of our estate SOP.

To help us move toward delivering our SOP we have mapped out our programme of work for the following three years which looks like;

	Action	Time	Outcome Measures
Year 1	<ul style="list-style-type: none"> • Complete the development of a replacement workshop facility for Blackweir and Blackwood as detailed in the Fleet SOP, • Maintain ISO14001 accreditation, develop plans as part of the decarbonisation • The re-location of administrative functions off the former Cefn Coed Hospital Campus, Swansea • A replacement of Blackweir ambulance station to allow a ‘make ready’ solution for the capital of Wales, with business case for major capital to be approved • Re-location of the support functions at the former HM Stanley site in St Asaph to a modern office facility • Review the arrangements for station cleaning across Wales with a view to developing a consistent approach, in partnership with trade union partners • Prepare a revised SOP for submission to Welsh Government, which will set out the next set of priorities for investment, with the priorities to be discussed and agreed in partnership 		
Year 2	<ul style="list-style-type: none"> • Progress works as part of the decarbonisation of the public sector, this will require technological initiatives and work practice such as agile working. • To continue with the improved relations with blue light partners and others to realise joint working opportunities, • Develop agreements to introduce solutions for reactive and pre-planned maintenance • Continue with joint procurement opportunities with other public sector organisations where appropriate 		
Year 3	<ul style="list-style-type: none"> • Review the administrative estate, especially within the south east • To progress the development of workshop facilities to allow in house maintenance as detailed within the Fleet SOP 		

7. Our Golden Threads



7.1 Quality at the heart of everything we do

In 2030, 'Delivering Excellence' will mean that the WAST has put patient experience and outcomes and the quality of care at the heart of everything we do. Analysing quality data and information and being a listening organisation by embedding patient, carer and staff feedback from their experiences of receiving and providing care will be central to achieving a high quality service.

For the life of this plan we have identified eleven core quality *themes* which we need to further progress;

Health and Care Standards:

- will be meaningful to everyone and are translated and embedded across the Trust

Trust Quality Strategy:

- Review in line with the Welsh Government Quality & Governance Bill and engage in partnership.
- Embed the duty of Quality and duty of Candour.
- Quality and Governance Bill is integral to all WAST business functions. Evaluation of the Trust compliance with the Duty of Quality and Duty of Candour

Please click [here](#) to request a copy of the Trust Quality strategy

Quality Assurance:

- Develop business case relating to the concept of electronic audit tool to provide mechanism for compliance assurance and inform improvement priorities and learning. Inform platform for QlikSense reporting.
- Apply QlikSense to a identify trends and themes across the Trust at every level to inform improvement priorities, continuous professional development and education, as well as IMTP/LDP planning. Implement electronic solution to undertake auditing process
- The electronic audit tools and Patient Record data is informing quality assurance and improvement priorities.

Risk Management Strategy:

- Implement the e risk assessment and registers (datix modules) across the Trust. Embed a governance process in the Trust that supports the E risk tool in line with the maturing Board Assurance Framework. Develop staff guidance for Risk Management process. Develop risk assessment training package for staff in WAST. The trust will ensure that a positive Risk Management Culture exists to support the duty of candour required of the Organisation under the forthcoming Quality Governance Bill.
- Electronic risk assessments inform Trust Risk Management process to inform risk maturity. Risk assessment training embedded as a core training requirement.
- The Trust has achieved its risk assurance milestone

Please click [here](#) to request a copy of the Trust risk management strategy

Health and Safety Improvement plan:

- Deliver the priorities for year one with H&S assurance dashboard for: 1) Board Leadership; 2) Effective Communication; 3) Partnership and Collective Responsibility; 4) Governance; 5) Training and Education; 6) Staff well-being and welfare; 7) Benchmarking for sharing and learning. All Board members objectives embrace H&S and achieve IOSH Leading Safely training. Establish H&S champions network across WAST
- Maintenance of the plan and embed the H&S electronic audit and continuous professional development for H&S. Embed H&S assurance dashboard.
- Priority actions embedded and assurance measured.

Please click [here](#) to request a copy of the Trust health and safety improvement plan

Safeguarding annual report and annual plan:

- Implementation of the Safeguarding electronic referral process across Trust services. WAST is represented at all NHS Wales Safeguarding Boards. We will undertake a training needs analysis including how to support staff who are required to deal with distressing situations
- Evaluate effectiveness of the electronic safeguarding referral process. Review all training programmes for Safeguarding compliance with safeguarding competencies and VAWDASV agenda referral process is embedded as core business. All WAST staff and volunteers will receive safeguarding training as business as usual.
- Review the national 2018 safeguarding guidance and competencies for healthcare staff and design appropriate implementation plan

Please click [here](#) to request a copy of the Trust safeguarding annual report and annual plan

Infection Control Improvement Plan:

- Launch Safe, Clean Care Campaign and assessment of compliance with vehicle cleaning standards. Review priorities in IPC improvement plan.
- Evaluate effectiveness of Safe Clean Care. Implement assurance framework for vehicle cleaning standards and scale up across Make Ready Depots
- Safe Clean Care embedded and compliance with standards for vehicle cleaning are business as usual

Please click [here](#) to request a copy of the Trust Infection Control Improvement Plan.

WAST Public Health Plan:

- Finalise the development of the plan for approval May of 2019
- Design Implementation plan and evaluation to monitor the benefits and impact of the plan

Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan:

- Embed the PTR Scrutiny panel for assurance for learning and improvement. Use Datix system intelligence to inform improvements.
- Identify the themes and trends from PTR scrutiny panels to inform WIIN priorities for improvement projects and learning for staff CPD

- Increase recognition of themes and trends from concerns (through QlikSense) at every level in the Trust to inform priorities for improvement and learning. Expand capacity with staff skills with Root Cause Analysis training to maximise capability.

Please click [here](#) to request a copy of the Trust Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan

Patient Experience & Community Involvement:

- Implementation of the national service user experiences framework
- Deliver a continuous engagement model with patients, their carers/families and public
- Embrace the Commissioners for Children and Older People objectives including the principles of the UN Rights of the Child and ageing well in Wales programme.
- Compliance with national standards for Learning Disabilities, Sensory Loss and BAME
- Create resources for the general public to promote self-care and health promotion (including NHS Direct Wales website content, information leaflets/booklets, audio and film/video resources).

Mental Health and Dementia:

- Be an active member of NHS Wales Mental Health Network Board, the T4MH Partnership Board and the Crisis Care Concordat, and in the rest of the UK through UK Ambulance Project A.
- Our new long term mental health strategy will take into account the broad societal challenges (rapid rises in dementia prevalence, increases in common mental health problems and complexity), and will ensure that the public receive the very best service possible, and where possible experience more joined up services when they are in crisis. We will:
 - Ensure that mental health and dementia improvement is a focus across the Trust
 - Ensure mental health and dementia learning for new entrants to WAST and staff in post,
 - Develop, implement and evaluate a distress brief intervention programme for people who are in crisis but fall below threshold for mental health services (with LHBs, Police, Welsh Government)
 - Scope the potential for a world first – an advanced paramedic practice in mental health and dementia programme, including academic study and practice placements in crisis/dementia teams
 - Explore how we can integrate all mental health ‘hear and treat’ services in Wales e.g. CALL mental health helpline, Police Triage, local single point of access services, including using a single, standardised mental health and assessment triage platform
 - Develop options for an improved mental health act (including Section 136) conveyance offer with local authorities, health boards, the police and Welsh Government

The Trust has developed improvement plans for the corporate Quality functions for the organisation and continuously reviews progress against the milestones through the Trusts Quality Steering Group. These plans align with national strategy as well as statutory and regulatory requirements of the Trust

7.2 Value and Efficiency in everything we do

In this section we articulate what we mean by value. We recognize it means many things to many people. Two potential definitions are set out below:

- **Delivering services and service change that ensure value for money.** All future Trust business cases, whether these be for external capital investment funding or for internal due diligence, decision making and good governance processes will seek to ensure that such value benefits are clear and central to any determination of preferred options. Return on investment evaluation will be improved, and the Trust will consider what further enhancements it may need to its business case processes following recent updates to national WG Infrastructure Investment Guidance.
- Value based healthcare that drives **quality and sustainability by continually focusing on and measuring outcomes** that matter to patients and carers alongside understanding the true cost of care.

Value and efficiency is one of our guiding principles, and this means that we have ensured it is expressed throughout this plan. For example where section xxx references the procurement and embedding of a new EPCR system for the Trust, this will be done with an underlying theme of value and efficiency being at the core of our business case.

There is not the need to repeat this all here. Instead this section focuses on some of the processes which we will look to put in place to ensure we are *applying* value and efficiency to all we do.

Value (Financial Efficiency)

We will focus, as a minimum, on the following programmes of work, along with the continuing drive to ensure front line resources are maximized and the Trust continues to seek to shift resources “left” in terms of the 5 step ambulance pathway, in line with the recently published Amber Review.

- Improvements will be made to the way that the Trust understands its cost base and its cost behavior as services change and additional efficiencies continue to be planned and delivered. This will include a further enhancement of cost benchmarking, both within Wales and across the ambulance sector within the UK.
- Ensure procurement efficiencies are maximised, in conjunction with NWSSP.
- Improve efficiency in stock inventory and asset tracking, through RFID.
- Map any gap analysis against Global Digital Exemplars in NHS England and agree action plans to close.
- Consider whether any other corporate functions could be “contracted out” in conjunction with NWSSP.
- Establish how, through working collaboratively with partners within the NHS, but also more broadly with other emergency services, we can work more efficiently providing both financial and operational benefits.

Value Based healthcare

We will further explore the concept of value based healthcare within the unscheduled care, out of hospital and ambulance sectors.

We will look to place a greater focus on outcomes rather than outputs and the need to ensure and evidence improving cost when compared to outcomes that matter to the patient.

Areas where we will focus on initially during the life of this plan include:

- Falls prevention and the nationally recognised falls framework;
- How value is deemed in relation to the continuing improvements required in respect to the maintenance of our fleet;
- Further work with ICHOM will continue to see what areas of improvement can be jointly explored, as well as with the Bevan Commission, with the Trust being one of only two organizations in NHS Wales selected to host a finance specific Bevan exemplar project.

We are, however, not seeking to progress this in isolation but rather complementary with;

- The principles which underpin the NHS Wales wide drive for Efficiency, Healthcare Value and Improvement.
- The prudent healthcare agenda and our ongoing commitment to ensuring prudent healthcare runs through our entire service.

7.2.1 Research and Development

Core to underpinning a value based approach to the health care which we provide is having sound evidence upon which to base our services and over the life of this plan we will be looking to ensure all of developments are ground in good research and evidence. To ensure this it is vital we have good links with academia and hence section xxx references our ambition to gain University status.

Our research and development functions are delivered by HCRW@WAST (Health and Care Research), which is part of the Health and Care Research Wales arm of Welsh Government.

The table below summarises the research portfolio for 2019/20 and beyond. You can also request a copy of our R&D annual report clicking [here](#)

Research Trial	Expected Completion Date
TIME: Take home Naloxone Intervention - <i>Multicentre Emergency setting Feasibility Trial.</i>	30/06/2020
STRETCHED: Strategies to manage Emergency Ambulance Telephone Callers with sustained high needs - <i>An Evaluation using linked Data</i>	30/12/2021
PHECG 2: Use and impact of the Pre-Hospital 12-lead Electro Cardio Gram in the primary PCI era - <i>Mixed method study (PHECG-2)</i>	30/11/2019
INFORM: Improving care for people who Frequently call 999: co-production of guidance - <i>an Observational study using routine linked data and mixed methods</i>	30/09/2021
ARRIVE: Ambulance paramedics responding to urgent patient requests in general practice for home Visits- <i>Evaluation development</i>	30/09/2020
EDARA: Evaluating the Diversion of Alcohol-Related Attendances	
OHCAO: Epidemiology and Outcome from Out of Hospital Cardiac Arrest	
Pre Hospital STUMBL: Small scale pathway Portfolio Study which is being conducted to support/develop a multicentre Randomised Feasibility Study- <i>Qualitative study</i>	Nov 2018
Pre Hospital STUMBL: Multicentre Randomised Feasibility Study evaluating the impact of a prognostic model for the management of Blunt chest wall trauma patients in pre-hospital care.	2019-2021
PARA VR: Development of prototype for Virtual Reality Training for Paramedics	2018-2019
KESS MSc: Feasibility of conducting a Randomised Controlled Trial (RCT) of Resilience Intervention Training in undergraduate paramedics and Emergency Medical Technicians.	2018-2019
End Of Life Care	2019
ACCELERATE	2019-2020
RAPID 2: Paramedic Fascia Iliaca Compartment Block. Follow-on study of RAPID Trial which was led by WAST	2019-2021
What is the understanding and awareness of Adverse Childhood Experiences (ACEs)	2019-2021

8. Our supporting Plans

8.1 Finance

Our financial plan for 2019-22 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance. The updated plan focusses in more detail on the 2019/20 financial year with the following two years being indicative of our assumptions in relation to income and expenditure, and which incorporate our operational plans and ambition for this period.

WAST receives the vast majority of its income through a commissioning arrangement, led by the Chief Ambulance Services Commissioner, who acts on behalf of all Welsh Health Boards on the commissioning of Emergency Ambulance Services. This arrangement is conducted through the Emergency Ambulance Services Joint Committee (EASC) which is responsible for developing collective commissioning intentions and plans and agreeing the resourcing to deliver these. Funding for ambulance services is incorporated as part of the allocations made to NHS organisations by the Welsh Government. It is expected that national, NHS wide, planning assumptions, including funding uplifts, will be equally relevant to commissioning agreements and the financial plan for WAST has been developed on this basis.

Other income will continue to flow to the Trust, including that direct from WG for Resilience, direct from HBs for some locally agreed schemes and service delivery, some cross border income and some technical funding from WG. Whilst under a commissioning framework with EASC, funding for the NEPTS service continues to flow direct from Health Boards, with a separate funding arrangement via ABUHB also in place with regards to the roll out of the 111 service in Wales.

8.1.1 Key Income assumptions

There are some key financial assumptions within the Trust's three year financial plan which include as part of the Welsh Government budget uplift:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of 2019-20 pay award costs;
- Further funding to support the A4C pay award (2018-19 recurrent costs and 2019-20 increases) and the recurrent effect of the 2018-19 DDRB award;
- A fair share of the £45 million – equating to broadly 1% of discretionary HCHS – as additional growth funding from the £60 million funding for A Healthier Wales, for investment in new and emerging developments to contribute to and help deliver the Healthier Wales agenda as part of the wider system;
- Ring fenced funding will be provided in full to support the increasing cost profile of the Band 6 paramedic business case and the continued roll out of the 111 service.

Confirmation has been received from WG that this approach means that all main funding streams will receive a minimum 3% uplift in 2019-20, with an expectation that 3% is passed on, as a minimum, to joint commissioners and providers. It is recognised that 1% of this (as identified above) which represents c£1.7m for WAST, is specifically targeted to support new initiatives that align with the implementation of "A Healthier Wales" and as such a range of proposals for investment have been developed for further consideration with our commissioners. These proposals include the further implementation of the Falls Framework, Joint Response models with blue light partners, development of Mental Health and Dementia and Older Persons Strategy as well as further developing NEPTS. All

proposals have also been mapped against the EASC provided commissioning intentions, especially focussing on how HCP calls are treated, ED avoidance, and development of alternative pathways and reducing hospital handover times.

In addition the following assumptions have been made:-

- Additional funding of **£2m**, over and above the budget and Allocation Letter uplifts has been assumed, to support the full year cost of some of the additional capacity agreed as part of the winter plans for 2018/19. This is following discussions with WG which confirmed that this funding, provided non-recurring by WG in 2018/19 will then need to be reoccurringly provided from core allocations via the commissioning arrangement with EASC. Specifically this includes
 - Additional Clinical Desk capacity £0.8m.
 - A first tranche of delivering on the Advanced Paramedic Practitioners (APP) business case – 20 APPs - £1.2m
- Additional funding of **£3.246m will be required in 2019/20 to support the next stage of implementation of the APP business case**, assuming this is implemented in full from 1st April 2019. A source of funding to do so is required and needs confirming before such further investment and implementation can proceed. As such, this has not yet been fully included within the Trust's financial plan, with the working assumption being this would be "neutral" from a financial gap perspective in that costs will only be incurred once funding for this is confirmed, and such funding will only be required to cover additional costs incurred. Future year's impact of the APP business case and resulting requirements are expected to be refreshed following the upcoming Demand & Capacity (D&C) review, following the Amber Review.
- The full costs of the **increase in employers pension costs**, estimated at up to £6m, will be funded on a national basis by Welsh Government as will any liability arising from the ongoing legal ruling in relation to payment for holiday pay entitlement on voluntary overtime which has been calculated at £1m per annum, plus potential backdating. These are all clearly NHS wide issues.
- It is expected that the additional costs of service change Pan Wales and system wide Major Service change programmes in which WAST participates will be funded to reflect the financial impact on services in the future. As part of this it will be vital that the full potential to maximise benefits from collaborative working are considered, particularly in the context of significant increases in demand. Specifically these include Paediatric, obstetric and Neonatal (PON) service changes which will be live in 2019/20 and is in the region of £200k (Cwm Taf LHB specific), and the Grange University Hospital development in Cwmbran, service reconfiguration which is yet to be quantified. Again, where possible, the likely impact of such changes over the next 3 – 5 years will also be considered as part of the D&C Review.
- The wider financial impact of the outcomes of a revised D and C Review, and the emergent intelligence from optima will need to be considered alongside any recommendations in relation to capacity and service change.

For NEPTS, this will include the current baseline plus funding uplifts, with a recognition that this will increase for future transfers of work from HBs. Further work is progressing with the Commissioner in terms of the longer term financial sustainability of the NEPTS service and how this delivers both the continued enhancements and efficiencies required within the previously approved business case and within existing or future resource envelopes.

For 111, this will continue to include agreed funding to match the additional costs of delivering the continued roll out of 111, and any costs associated with the procurement of the new 111/GPOOHs system, this funding will continue to be routed through Aneurin Bevin LHB.

The table below presents our (current) assumptions in relation to how the expected uplifts will be applied in relation to the baseline income that WAST receives from Welsh Health Boards and Trusts.

Uplift assumptions	2019-20				
	Baseline	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	0.8				0.8
ESMCP	0.0				0.0
Band 6 paramedic - per WHC (2017) 053	1.6				1.6
APP - partial Business Case	1.2				1.2
Total EMS	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)	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

Alternative funding sources

We will continue to explore opportunities to develop services, many in collaboration with our commissioners and other partners, that may attract additional funding from other specific central budgets including; Digital revenue investment, prevention, Mental Health and Learning Disabilities, Clinical Plans and Value Based Healthcare, Transformation programme and Substance misuse.

8.1.2 Expenditure

The Trust's expected cost base movement has been scrutinised along with the current and future expected levels of expenditure. Our plan is based on the recurring costs from 2018/19 uplifted for inflation plus known pressures including business rates and rents, fuel, maintenance costs of medical equipment, transport and ICT costs. This list is by no means exhaustive but provides a detailed flavour of some of the areas of cost pressure that the Trust will need to look to manage. Specific costs base movements quantified at this stage include:-

- Inflationary cost pressures, pay and non-pay, statutory compliance issues – c£5.4m.
- A range of net cost pressures required to be incurred in order for the Trust to deliver on this plan, or as a consequence of capital and other investment decisions, which are to be delivered from within the existing (uplifted) resource envelope. Examples include increased costs of rent and rates, fuel and transport costs and medical and surgical equipment maintenance costs. This is inclusive and in alignment with relevant revenue impacts identified with our Estates and Fleet SOPs and subsequent business cases.

Years 2 and 3

We have taken a strategic approach to the development of a Medium Term Financial Plan which has enabled the organisation to address both immediate financial requirements but reflects our commitment and flexibility to adapt to service change. It is evident that the effects of service change and the resultant financial impacts must be considered at a system wide level and that as part of this

our resource and investment plans reflect the principles which underpin A Healthier Wales. This includes in conjunction with the Trust's commissioners. Similarly there will continue to be a drive to further increase efficiency, to ensure value for money and to maximise the benefits of the resources available.

Whilst the allocation letter from Welsh Government provides only for 2019/20 we have assumed that there will be similar levels of uplift for the following 2 years, together with an expectation that the costs associated future pay inflation will be met in full. Similarly there is assumption that top sliced funding to support paramedic band 6 and the further roll out of 111 will increase in line with agreed future profiles. On this basis we have made corresponding assumptions in relation to the expenditure changes for future years.

Summary of 3 year revenue financial plan

The table below sets out a summary of the assumed in year key, material revenue cost changes described for each of the years 2019/20 to 2021/22 which has been revised to reflect our updated planning assumptions.

Summary of assumed financial changes	2019-20			2020-21			2021-22		
	R	NR	Total	R	NR	Total	R	NR	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Brought forward recurring deficit/surplus	0.0		0.0	0.0		0.0	0.0		0.0
Income changes									
Future years inflation	-3.5		-3.5	-3.9		-3.9	-4.2		-4.2
Healthy Wales	-1.7		-1.7	-2.0		-2.0	-2.1		-2.1
2018/19 pay deal	-2.0		-2.0	-4.4		-4.4	-3.9		-3.9
APP	-1.2		-1.2			0.0			0.0
Band 6	-1.6		-1.6	-1.6		-1.6	-1.2		-1.2
Clinical Desk	-0.8		-0.8			0.0			0.0
ESMCP	0.0		0.0	-0.4		-0.4	0.9		0.9
Service Change	-0.2		-0.2						
Other income changes	0.5		0.5	0.0		0.0			0.0
Assumed increase in funding for 111 (via ABUHB)	-1.0		-1.0	-1.0		-1.0	-1.0		-1.0
Total income changes	-11.5	0.0	-11.5	-13.3	0.0	-13.3	-11.5	0.0	-11.5
Expenditure changes									
Unavoidable costs - Inflation, statutory compliance etc	5.4		5.4	5.8		5.8	5.4		5.4
APP	1.2		1.2	0.0		0.0	0.0		0.0
Contingency Reserve	0.5		0.5	0.5		0.5	0.5		0.5
Healthy Wales	1.7		1.7	2.0		2.0	2.1		2.1
Continued capacity			0.0	0.5		0.5	0.5		0.5
Non-recurring savings delivery / gains	0.0		0.0	0.3		0.3	0.0		0.0
Cost pressures	2.1		2.1	2.2		2.2	2.3		2.3
Reduction of non-recurring costs	-1.0		-1.0	0.0		0.0	0.0		0.0
Assumed increased 111 costs	1.0		1.0	1.0		1.0	1.0		1.0
Additional Depreciation funding	0.0		0.0	0.0		0.0	0.0		0.0
Band 6	1.6		1.6	1.6		1.6	1.2		1.2
Service change	0.2		0.2	0.0		0.0	0.0		0.0
Clinical Desk	0.8		0.8	0.0		0.0	0.0		0.0
ESMCP			0.0	0.4		0.4	-0.9		-0.9
Total expenditure changes	13.5	0.0	13.5	14.3	0.0	14.3	12.1	0.0	12.1
Sub total deficit / -surplus (inc bfw d)	2.1	0.0	2.1	1.0	0.0	1.0	0.6	0.0	0.6
Efficiencies / service re-design / gains									
Planned accountancy gains (profit on disposal)									
Potential savings	-2.1			-1.0		-1.0	-0.6		-0.6
Non recurring savings	0.0			0.0		0.0	0.0		0.0
Total efficiencies / service re-design / gain	-2.1	0.0	-2.1	-1.0	0.0	-1.0	-0.6	0.0	-0.6
Total deficit / -surplus			0.0			0.0			0.0
Recurring deficit/surplus carried forward			0.0			0.0			0.0

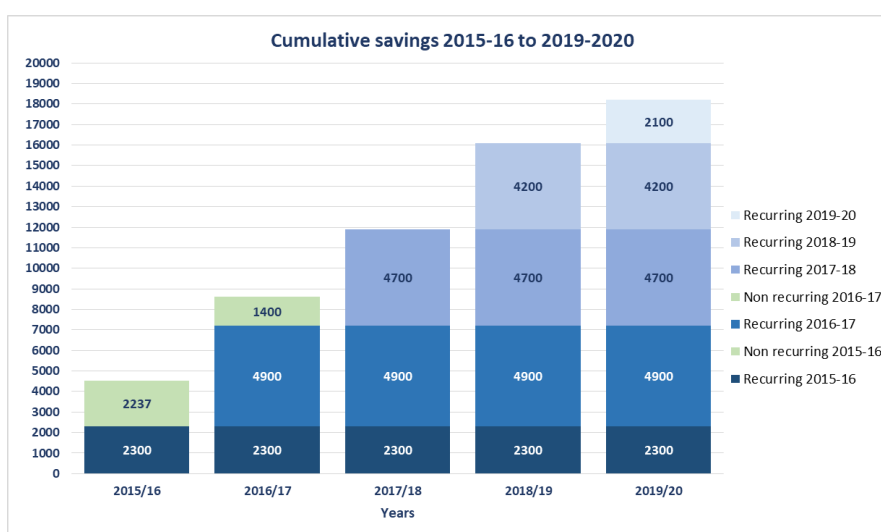
Resulting financial outlook

The revised table of assumed financial changes above indicates that a minimum of **£2.1m (circa 1.5%) of savings** and cost containment measures will need to be delivered to achieve financial balance in 2019/20, assuming all of the funding identified earlier within this plan is agreed and received, or some of the costs identified as needing specific additional funding do not materialise, some of which, if so, may have a potentially significant service impact. This level of minimum savings is achievable, but is not without risk and the need for continuing robust management to ensure delivery, especially in the context of that already achieved by the Trust over recent financial years.

8.1.3 Our approach to Savings Delivery

We have demonstrated our 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. We are committed to the transformation of our services to facilitate value based healthcare and which optimising the use of resources, both with in WAST and on and NHS Wales basis.

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



To continue to deliver year on year savings of this level is clearly a challenge. However, opportunities remain which the Trust will continue to seek to maximise in order to deliver on its statutory financial duties. For 2019/20, these areas of continuing opportunity for the delivery of savings have been assessed 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.

8.1.4 Summary of financial risks

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both our ambitions and savings targets. We have strengthened our financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

A summary of the key risks to the delivery of the Medium Term Financial Plan includes:

- Funding assumptions in relation to pay awards, other cost pressures and general uplifts are received in line with that assumed within this plan. This should be low risk given the WG and Commissioner assurances and support provided to this plan;
- Specifically the assumption that, to balance in 2019/20, the total additional cost of the final changes to employers pensions contributions are funded in full – this is likely to be a significant cost for both the Trust and the wider NHS (and public sector) in Wales;
- Outcome of legal ruling on holiday pay on voluntary 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;
- 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;
- That the Bridgend locality boundary change has no detrimental financial impact on the Trust;
- Delivery of cash releasing savings and efficiencies.

8.1.5 Capital

The capital programme has been developed in parallel with our service, estate and fleet plans. The Trust is in a good position with WG endorsed 10 year SOPs for both fleet and estates, along with a number of business cases aligned to these either being considered by WG or in varying stages of development. This Trust has also demonstrated value for money from the investments it has made from its discretionary capital allocation over recent years.

Discretionary Capital

The Trust is assuming a continuation of a discretionary capital allocation of at least £5.8m from which it will fund a range of estates, ICT, medical equipment and other schemes.

The organisation has recently strengthened its overall approach to capital planning, with the establishment of an Internal Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. The is all then taken to the Trust Board's Finance and Resources (FRC) Committee, and Trust Board for approval.

Details of a range of upcoming proposed capital schemes and resulting expenditure can be seen in the capital section of this plan.

Costs of Capital

The costs of capital have been included as £14.929m in accordance with the allocation value presented within WHC (2018) 50.

8.2 Workforce



8.2.1 Our People and Culture Story

The majority of our workforce delivers patient centred services within our Operations Directorate, which includes our Clinical Contact Centres (including NHSDW and 111 services) and our Non-Emergency Patient Transport Service (NEPTS). Our patient facing services are also supported by colleagues working within our corporate and support functions (approximately 500 staff) and our valued extended volunteer workforce, including over 1,000 Community First Responders (CFRs) and circa 300 Volunteer Car Drivers.

We have seen a positive increase in the number of female staff employed over the past three years, from 25% to 43%. However, we have seen only a very small increase in our BME workforce, from 18 to 25 staff (less than 1% of the overall workforce). This is despite building community links and working to improve the overall experience of our BME staff. We recognise that more work is needed to both increase BME representation within the organisation, and to widen access to careers within the service and to the paramedic studies with Swansea University. We have identified some further resource in 2019/20 to enable us to make greater progress towards our ambitions to increase diversity, and the Trust's Strategic Equality Plan, *Treating People Fairly* will be refreshed in 2020.

We have also seen an increase in the number of staff aged 50+, from 34% 3 years ago to 40% in 2019. The challenge of an ageing workforce, increasing longevity and expectations of a longer working life are strong drivers to continue to focus on the health and wellbeing of our workforce. Delivery of a broad Health & Wellbeing Strategy is one of our key strategic actions described further below.

Following a period of relative stability among the Executive Leadership Team, the past few months has seen turnover around the top table, with the arrival of a New Chief Executive in September 2018 and changes to a number of Director roles. During year one of this plan, we will be looking to recruit substantively to interim Directors posts, including the creation of a Director of Digital Transformation to develop and drive the strategy to deliver the technological transformation ambitions set out earlier. We will also be implementing proposed changes to Executive Portfolios. Succession planning to Director level posts continues to present a challenge, as we increasingly see the gap between the salaries of Director posts in smaller trusts and those of Senior Managers and Assistant Directors in the larger health boards closing, and Welsh salaries failing to keep pace with those of English counterparts. This requires the support of Welsh Government in addressing such challenges going forward.

8.2.2 Factors driving our workforce planning (demand)

We currently employ almost 3,400 staff (3178 WTE as of 31/12/18) which has grown from 3,185 staff over the past 3 years. This growth is also reflected in the size of the paybill which has increased from £89,316,455 to £97,304,001 over three years. This growth results from a number of investments made by Commissioners and Welsh Government in our front line EMS, strengthening of clinical leadership and the roll out of 111 services, and is reflective of increasing confidence in the organisation's ability to deliver.

With demand on our services continuing to increase year on year, we need to be increasingly innovative and develop new workforce plans and initiatives which support the aspiration to expand our place within the wider system, as described in section 5. In 2018/19 we introduced our workforce

planning toolkit based on the 6 step model of workforce planning to support the workforce planning process. The Trust is also making use of workforce supply forecasting methods and is preparing for Optima (modelling software) to be available to assist prediction of workforce demand. Further work will be done to continue to embed robust workforce planning processes across the organisation over the next three years.

The following developments are key drivers of our workforce plan. These reflect some of the narrative referred to in Section 5 of this plan (where further detail is contained).

- **Future of Advanced Practice**

As our service models develop to better meet the needs of our patients, we have explored and utilised the benefits of advanced practice enabling our workforce to develop and grow through their careers and expand their offerings to patients. The potential impact of further roll out of the Trust's Advanced Paramedic Practitioner business case from 2019/20 is a significant development, requiring further investment of £3.246m to deliver an increase of 50 – 60 advanced practitioners across Wales. As full investment has not yet been confirmed, these numbers are not yet included in our financial or workforce plan numbers. However, consideration has been given to how the Trust would deliver this ambition in terms of supply of qualified advanced paramedic practitioners, including the potential impact on future education commissioning numbers, and our plans have been adjusted accordingly to mitigate any potential future risk.

Non-medical prescribing is an additional and very much linked aspiration that links to the expansion of advanced practice across the organisation and has the potential to be a strategic enabler for the organisation, supporting even more people to live well at home.

- **Expansion of the Clinical Desk and Hear & Treat in CCCs**

We have increased the number of clinicians triaging calls within our CCCs and have asked our clinicians to work differently with our blue light partners, including locating our staff out of police control centres across Wales. This has had a positive impact on our performance by reducing conveyance to hospital and improving patient experience and has led to further investment in this area as part of our 2018 Winter plans, with an additional 16 WTE posts. We will continue to monitor the benefits of this investment to increasing hear and treat rates and conveyance over the coming months.

- **Further roll out of 111**

We are currently the host for the 111 pathway which has resulted in an increase in our workforce establishment of 35.87WTE Call Handlers and 22.89WTE Nurses within the NHSDW/111 service to date. Over the duration of this plan as 111 rolls out across Wales we anticipate an increase of 74.92WTE Call Handlers and 43.85WTE Nurses. These numbers are reflected in our workforce plan numbers.

Over this next few years, we will develop an OD plan designed to further integrate the NHSDW and 111 services and teams, and to improve attraction, recruitment and retention of staff required to sustain delivery of the NHSDW/111 service across Wales. This will include the continued development and implementation of a professional Nursing Career Framework, which includes the development of a Band 5 Clinical Adviser role, Band 8a Specialist Nurse role (advanced practitioners) and rotational opportunities to support enhanced Nurse triage skills.

- **Forecasting Capacity and Demand – Emergency Medical Services (EMS) Skill Mix**

Previous demand and capacity exercise undertaken by ORH on behalf of the Trust identified a potential underlying workforce gap of approximately 205.5 WTEs to fill current roster relief lines to meet existing demand and a further circa 70 WTE to meet future demand up to 2020.

Following the conclusion of the 2018 Amber Review, it is proposed and agreed with Commissioners to run a fresh demand and capacity exercise based on up to date demand projections, and taking account of skill mix developments and opportunities such as advance practice roll out. The output of this exercise will be reviewed against our existing workforce plans and will be reflected in our workforce plan for 2020/21 onwards.

- **Non Emergency Patient Transport Services (NEPTS)**

Further detail of our future plans and challenges facing the NEPTS service can be found in section XX . A small increase in baseline establishment of the NEPT Service as a result of the transfer of work between Health Boards and WAST in 2018/19 has been taken account of. No further increases in WTE have been identified or included in our workforce plans at this time, and any change will be addressed in line with future planned transfers of work. The role and contribution that volunteering plays within the provision of the service has been identified as a potential risk to sustainability (particularly within the North), and needs to be redefined as part of a future look at demand for services and capacity to deliver. This is the subject of ongoing dialogue with Commissioners.

- **Nurse Staffing Level (Wales) Act 2016**

We have responded to Nurse Staffing Level (Wales) Act 2016 in a number of ways including the focused development of our Nursing Career Framework (2018), the development of our workforce for the 111 service implementation and, evidence of the nursing staffing levels to support the first expansion phase and implementation of the clinical desk in the clinical contact centres while working with commissioners to maximise the future expansion of this service. We will continue work in partnership to develop the nurse staffing levels guidance as part of the Act for our services in out of hospital care (i.e. 111 service and clinical desk). We will also continue to lead our focus on effective staff well-being and retention strategies with the learning from the NHS Wales Staff Survey and explore the potential for a nurse (staff) bank in the future as our service expands.

- **External Developments and the impact of Brexit**

As described within the finance plan (at page XX) it is expected that any external factors such as major service changes being led by Health Boards or regions of Health Boards, where they impact upon service delivery and capacity, will be funded accordingly. The use of the Optima system will enable us to better understand and assess the impact of these projected developments in future.

The issue of Brexit is not expected to impact on our workforce significantly. We will continue to ensure those staff identified as affected are supported and understand how they will be impacted, and that the impact of Brexit on delivery of our services is monitored closely over the next 12 months and risks mitigated accordingly.

8.2.3 Factors affecting our workforce availability (Supply)

There is no doubt that our workforce are highly motivated to provide the best possible care to our patients. However there are a number of factors that can affect their productivity and availability to

respond to the demands on our service, as highlighted in both Carter and Amber reviews. A number of these are highlighted below along with actions we will be taking to address them.

- **Education Commissioning**

We will continue to work with Health Education and Improvement Wales (HEIW) to ensure we are commissioning the required number of education spaces to meet our future workforce requirements. Our plans are based on scenario planning and forecasting assumptions to ensure we are able to provide sufficient workforce supply. The commissioning numbers requested for academic year 2020/21 are provided within the technical template plan and are described in further detail in our People Strategy along with the plans to mitigate a future fallow year which comes as a result of the introduction of the 3 year degree in Paramedicine (and withdrawal of the 2 year diploma course).

- **Effective Workforce Planning and Timely Onboarding Processes**

We will continue to embed robust workforce planning processes across the organisation to ensure anticipate our safe staffing requirements in a timely way, and our future supply chain. This includes the need to ensure effective succession planning, timely recruitment and on-boarding processes, improvements to job evaluation timescales and effective change management processes.

- **Rosters, over runs and timely meal breaks**

It is increasingly important to ensure that our staff are in work at the right time in the right place to meet the increasing demands on our service. We will complete our ongoing roster reviews in Cwm Taf and Aneurin Bevan Health Board areas, informed by the previous demand and capacity findings and plan for future changes that may come as a result of a planned fresh demand and capacity review in 2019. We must be more agile, build readiness and understanding among the workforce to respond positively to the need to change rosters with changes in demand; making greater use of technology (e.g. modelling software and self rostering systems) to ensure that we can both review our demand profiles and align our rosters and workforce accordingly on a more frequent basis, and encourage greater ownership of working patterns with individuals.

We will also continue to work together with trade union partners to ensure the health and wellbeing of our staff is prioritised, creating greater flexibility in our systems to respond to short notice requests for leave and time off in lieu, further improving the levels of staff receiving timely meal breaks for rest and refreshment and ensuring they can finish work on time as far as possible.

- **Recruitment *#RemarkablePeople***

We will continue to build on our brand as a great employer and ensure we recruit 'remarkable' people, with the right values and behaviours, into our services. Our approach to recruitment will focus on the increased use of social media and other modern, evidenced based approaches to attract the best people, improve candidate experience and overall ensure we are seen as the ambulance employer of choice. We will also prioritise and plan initiatives that ensure we are widening opportunity and access to less represented members of our communities (BME, armed forces, disabled candidates etc.).

- **Attendance at Work**

Whilst the imperative to improve attendance among our workforce is a key priority, over the past few years we have been unable to deliver sustainable reductions in sickness absence. In 2018/19 we developed a nine point action plan which set out some short and longer term actions. We will continue to progress the actions identified to secure a tangible improvement in the management of long term

sickness cases, and longer term, a shift in culture, attitudes and health of our workforce that we believe is required to reduce the frequency of absence.

To monitor and drive improvement, we will also set variable improvement targets on a sliding scale across the Trust with the aim of delivering a reduction in the sickness rate to 6.3% in year one, 5.9% in year two and 5.45% in year three. Based on current benchmarking, this would place us in the mid-range of ambulance services, and is believed to be a realistic target range. It is estimated these improvements will deliver savings of approximately £400k in year one, with a subsequent additional £100k in years two and three.

8.2.4 Workforce Plan Assumptions

In light of the above, we have made the following assumptions in forecasting our future workforce needs and our education commissioning numbers.

A number of key workforce planning assumptions have been made within our three year plan, linked to the financial assumptions made (which can be found at page XXX). These include:

- Impact on our baseline starting WTE position for 2019/20 of the additional funding of £2m agreed to increase capacity on the clinical desk (16 WTE) and the first tranche of delivering on the Trust's Advanced Paramedic Practitioners (APP) business case (20 WTE) in 2018/19
- Increase of baseline WTE frontline relief capacity paramedics as a result of a decision of the Executive Management Team to convert overtime spend to substantive posts in 2018 (35 WTE)
- Increase of WTEs (74.92WTE Call Handlers and 43.85WTE Nurses) in line with funded roll out of the national 111 Service over the next three years
- No planned increases in WTE's for NEPTS to deliver the current baseline of work. (Note this may change as the role of volunteers within the provision of NEPTS is redefined and as future transfers of work from Health Boards are progressed).
- Any further identified growth in WTE numbers linked to service developments, both WAST (such as the advanced practitioner business case) and as a result of developments across the wider system, will only be shown where there is an identified and agreed line of funding to accompany the development.
- Efficiency and productivity gains will be delivered in line with agreed targets or identified opportunities, including a reduction in sickness absence rates on a sliding scale, further shifts in skill mix between Band 5 Emergency Medical Technician 3 and Band 6 Paramedics, a review of administrative and corporate services structures, and further improvements in meal break compliance and reduced overruns as a result of the implementation of actions arising from the 2018 Amber Review.

8.2.5 Workforce Risks and Challenges

No plan is without risk, and below is a summary of the key risks identified as they impact on our planned workforce numbers and developing strategies. Further detail of the actions being taken to mitigate and plan for these risks can be found in our [People Strategy and Delivery Plan](#):

- Failure to deliver required efficiency and productivity improvements, particularly attendance improvement targets, and reputational risk linked to the national picture.
- Failure to realise clinical benefits of the previous Band 6 Paramedic investment and impact of not meeting compliance requirements on Band 6 competences / further skill mix implications of paramedics opting / moving to EMT3 and potential financial impact on investment received.
- Financial, and potential industrial relations risk, presented by the ongoing tribunal case of *Flowers v East of England Ambulance Service* (holiday pay)
- Failure to secure required level of funding to further roll out APP Business case and realise benefits
- The NEPTS baseline capacity to meet demand and continuing transfer of work
- Potential corporate growth meet increasing demand, as highlighted as a risk in the 2018 WAO Structured Assessment, including make ready and occupational health.
- Out of date job descriptions for many of our groups of frontline staff and growing expectations of staff and TUs regards review, of out of date job descriptions, including impact of the clinical team leader review
- Roll out of prescribing rights for advanced paramedics (financial risk)
- Introduction of degree requirement for paramedics; supply & commissioning to avoid the fallow year

What actions we will take:

Enable our people to be the best they can be - <i>secure efficiency and productivity improvements to deliver an increase in workforce availability and stable, safe frontline services</i>			
	Action	Timescale	Outcome Measures
Year 1 actions	Deliver the actions within the Attendance Improvement Plan		Reduction in sickness absence rates to 6.3%.
	Complete implementation of revised rosters within Cwm Taf and Aneurin Bevan Health Board areas.		
	Measure the benefits of the Band 6 paramedic investment and ensure compliance with competence requirements		
	Demand and capacity review of EMS services; impact assess projected requirements on existing and future workforce capacity		
	Plans for roll out of advanced paramedic practitioners (subject to funding approved) and expansion of 111 Service across Wales		
	Seek further improvements to overruns, delays and meal break compliance through IQT Improvement Project approach		
Year 2 & 3 actions	Deliver the actions within the Attendance Improvement Plan and secure a reduction in sickness absence rates to 5.9%		
	Fully realise the benefits of the Band 6 paramedic investment		
	Prepare for further expansion of advanced paramedic practitioners and 111 service across Wales (subject to funding approved)		
	Scope and plan for potential implementation of self rostering systems		
	Deliver the actions within the Attendance Improvement Plan and secure a reduction in sickness absence rates to 5.45%		
	Ensure recruitment plans take account of the need and opportunity to over recruit to help mitigate the expected 'fallow year' in supply of qualified paramedics		
	Prepare for further expansion of advanced paramedic practitioners and 111 service across Wales (subject to funding approved)		

Making WAST a great place to work

Great employee experience leads to great patient experience. There is a wealth of [evidence](#)¹ available to support this statement, and if we continue to focus our efforts on improving the employee (and

¹ [Engage For Success](#) UK Government

volunteer) experience, our patients will benefit. Our actions and priorities in this regard are informed by our [2018 NHS Wales Staff Survey](#), which highlighted good progress had already been made, but also a number of key areas for further improvement, including:

1. *Team-working*
2. *Senior Manager and Executive visibility and confidence.*
3. *Communications (between managers and staff).*
4. *Management of Change.*
5. *Experience of harassment, bullying and abuse has increased in line with NHS Wales*

In responding to these, and other challenges and priorities set out throughout this Plan, we will focus on delivering improvement through the following strategies:

1. Leadership and Management Development
2. Health & Wellbeing
3. Transforming Professional Education and Training
4. Volunteering

8.2.6 Leadership and management development

The scale of change to come may not be unprecedented, but the added challenge and expectation created by [A Healthier Wales](#) of leaders working and influencing across the wider health and social care system and public services, presents an added layer of complexity to our leadership challenge over the next few years. Consistently, the [evidence base](#)² is clear on how leaders can ensure that colleagues provide the best care in a system: trust people to make decisions (patients and colleagues); focus on team working and effectiveness, partnerships and collaboration; be compassionate; take every opportunity to live and breathe the desired behaviours and culture.

Demographic diversity is also a real challenge for the organisation, and an appropriate leadership response is required. From multi-generational colleagues through to greater ethnic diversity and increased respect for individual beliefs and ways of being, the role of the leader moves from forcing a singular set of values and culture to support individuals to reinforce a shared set of behaviours, promoting trust and facilitating colleagues to understand and celebrate difference.

However, there are a number of indicators, including the workforce response to flu vaccinations and our NHS Wales Staff Survey 2018, which point towards there still being a challenge to engage and secure high levels of trust between frontline staff and senior leaders. We will therefore prioritise the implementation of our Leadership and Management Development Strategy over the next three years to address these challenges and continue our positive journey of culture change.

² *Caring To Change* Kings Fund (2017) – West, M et al

Enable our people to be the best they can be - <i>We will implement our Leadership and Management Development Strategy</i>			
		Timescale	Outcome Measures
	Scope and agree key measures and develop a baseline to evaluate the Strategy against		
	Identify current and future leadership & management positions and hard to fill leadership and management posts		
	Agree the appropriate diagnostic tools to be used		
	Adopt the agreed succession planning and talent management approach outlined in the Strategy		
	Design interventions to identify and develop aspiring leaders managers at all levels		
	Design & Deliver Bespoke Development and Assessment centre		
	Design and Deliver Development opportunities for: <ul style="list-style-type: none"> ○ EMT & Board Development ○ Deputy / Assistant Director level ○ Heads of Service, Area and Locality Managers 		
	Continue the delivery of the Team Leader Development Programme (Inc. Silver IQT)		
	Provide skills development to undertake meaningful quality PADR discussions		
	Develop a coaching network		
Year 2 & 3 actions	Design and Deliver Development opportunities for: <ul style="list-style-type: none"> ✓ EMT & Board Development ✓ Deputy / Assistant Director level 		
	Deliver Open development centres		
	Design interventions to identify and develop aspiring leaders managers at all levels		
	Continue the delivery of the Team Leader Development Programme (Inc. Silver IQT)		
	Develop a coaching network		
	Deliver Bespoke Development and Assessment centre		
	Provide skills development to undertake meaningful quality PADR discussions		
	Develop a coaching network		
	Resign and deliver a cross directorate and organisation Team Leader Development Programme (Inc. Silver IQT)		
	Design interventions to identify and develop aspiring leaders managers at all levels		
Design and Deliver Development opportunities for: <ul style="list-style-type: none"> ○ EMT & Board Development ○ Deputy / assistant director level 			

8.2.7 Supporting our people to enjoy a long, healthy, happy working life.

Over the coming years, we will all need to adapt and cope with changes to the social, political, technological and economic environment at a pace that has not be required before. Some staff will relish the opportunities that this provides, whilst for others the changes will be highly challenging. This is likely to create demands and stress which will impact on the overall health and wellbeing of us all. Combined with the implications of increasing longevity in a workplace designed on 20th Century practices, rising levels of carer responsibilities (and already stretched health and social care resources unable to support), increasing levels of stress related sickness absence, predicted rises in levels of obesity, cancer, cardiovascular disease and musculo-skeletal disability among the population of Wales the impact for individuals is predicted to be significant.

In response, we will develop a broad Health and Wellbeing Strategy that takes account of the physical, financial and mental wellbeing needs of our workforce, as well as their personal safety and work environment, their motivation, engagement and design of work. The potential for developing our in house occupational health and wellbeing resources will follow to ensure that we understand and can respond to the needs of individual members of staff.

Within this Strategy we expect the following key actions:

Enable our people to be the best <i>they can be</i> - <i>We will develop and secure approval for a Health & Wellbeing Strategy and implementation plan</i>			
		Timescale	Outcome Measures
Year 1 actions	Secure Board approval for the HWB Strategy and support for an implementation plan		
	Design and launch a campaign aimed at reducing the incidence of violence and abusive behaviour towards #TeamWAST		
	Scope potential expansion of the Occupational Health & Wellbeing Service, to include use of telehealth and other technology		
	Implement home working models of remote working to enable a more flexible approach to responding to high levels of demand		
Year 2 & 3 actions	Scope the potential for introduction / expansion of self rostering systems for field and CCC operations		
	Develop Business Case for the expansion of the Occupational Health Service (subject to appetite of Trust to expand)		
	Refresh and renew the Trust Strategic Equality Objectives and Plan		
	Consider potential scope and appetite to offer a Single OH Service for Wales in longer term		
	Consider application for Platinum Corporate Health Standard Status		

8.2.8 Transforming professional education and clinical training

Our ambition to be a leading ambulance service can only be delivered if we evolve and transform our future education and training provision to ensure we are able to maximise the potential impact of our frontline workforce on the experience and health of patients in and out of hospital.

We see the development of *Technology Enabled Learning* playing a key role in the future design and delivery of education. We intend to enable immersive and virtual learning environments while recognising the need to create local, equitable access to high quality, learner centred education opportunities in a fit for purpose environment. We will continue to explore the benefits of co-locating our educational provision with academic and other partners in future. We are also working with our academic partners to plan for the introduction of the degree in paramedicine as entry level for a newly qualified paramedic, and to widen participation and access by further expanding our apprenticeship and learning from pre-degree pilot schemes run in England aimed at encouraging individuals from BME backgrounds into Paramedicine.

We will also embed our recently developed nursing and midwifery career framework and paramedic career frameworks which set out opportunities for development of advanced practice skills and internal rotations in WAST to maximise the skills of registered nurses and paramedics, and encourage progression from student to Nurse or Paramedic Consultant posts with rotations for staff in WAST and across Health Boards.

Our ambitions will be further articulated in our Transforming Professional Training and Education Strategy, for which we aim to secure Trust Board approval early in 2019, and then move swiftly to implement.



Enable our people to be the best <i>they can be</i> - <i>We will develop and secure Board approval for our Transforming Professional Education and Training Strategy and implementation plan</i>			
		Timescale	Outcome Measures
Year 1 actions	Secure funding and support for the establishment of locality learning cells across the Trust		
	Secure funding for introduction of virtual technology into training spaces in the North		
	Secure improvement in compliance with CPD requirements		
	Deliver an action plan to move the Trust towards University Status		
	Commence student nurse placements, enhance practice coach model within NHSDW & 111 Service, and introduce rotational posts with health boards.		
Year 2 & 3 actions	Consider options to grow our Apprenticeship opportunities		
	Realise and measure benefits of Band 6 competence delivery		
	Ensure fit for purpose training environments with appropriate technology and kit identified 3 regions of Wales (C&W, SE and North)		
	Achieve University Status for the Trust		

8.2.9 Refreshing our commitment to Volunteering

The Trust acknowledges that our volunteers play an important role in improving people’s experiences of care, building stronger relationships between services and communities, improving public health and reducing health inequalities. The requirement of volunteers is radically changing and there are huge opportunities for volunteers to help transform health and social care services across Wales.

Identifying new volunteer opportunities will be fundamental in supporting the expectations of: the Wellbeing of Future Generations Act and delivering A Wales of Cohesive Communities (local volunteering opportunities, dementia-friendly and build social networks); and the vision described by Welsh Government’s plan for Health and Social Care: *A Healthier Wales*. This plan identifies that a seamless whole system approach to health and social care is required with a particular focus on community activities and regular contact with friends and neighbours which will help people to stay active, and reduce loneliness and isolation, supporting mental and physical health. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves. A whole system approach will enable all of these people and teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect.

We are committed to refreshing our commitment to Volunteering through the development of a strategy that enables us to maximise the impact of the contact colleagues, paid and unpaid, make in their communities and to support our services. We will:

Enable our people to be the best <i>they can be</i> - <i>We will refresh our commitment to volunteering with the Trust Board and develop a strategy that enables us to achieve our agreed ambitions</i>			
	Action	Timescale	Outcome Measures
Year 1 actions	Develop an ambitious Volunteer Strategy that outlines the future recruitment strategy to attract new volunteers that are representative of the communities they serve		
	Review on-boarding processes		
	Implement ESR to store volunteer data		
	Standardise mileage allowance		
	Develop Volunteer policies/handbook		
	Review current resource and structure to manage volunteers across WAST		
Year 2 & 3 actions	Work towards Investing in Volunteers (LiV) Quality Standards		
	Improve engagement and communication with volunteers		
	Investigate collaborative working opportunities with St John and Review current informatics / data		
	Develop approaches (culture and process) to support colleagues to use work time for broader “public good” as part of a Corporate Social Responsibility programme		
	Work in partnership with blue light services to develop a Cadet scheme		
	Implement First Responder on Scene level 3 qualification (FRoS)		

Although our workforce plans and strategic actions are ambitious, we are confident they are necessary to achieve our the Trust's strategic priority to make WAST a great place to work, where we enable our staff to be their best, transforming education and creating positive experiences of learning, training, working and volunteering. At the heart of our strategies is the belief that great staff experience leads to great patient experience and by recognising the unique needs, talents and contributions of our staff we are confident that our patients and the communities that we serve will benefit by receiving care of the highest quality.

Much of our success to date has been based upon a strong message of 'Go Together, Go Far' and the encouragement and expectation of working together with our Trade Union Partners. This is a message we will continue to promote and embed throughout this plan. In year one of the plan we will refresh and reinforce our commitment to partnership working, review our facilities arrangements and developing a model for consultation and partnership engagement that we can promote in development of our management teams and local representatives as part of our leadership and management development strategy. We believe the continued strengthening of these relationships is critical to our future success.

8.3 Performance

The Trust is held to account externally on its performance against two key sets of metrics:

- Welsh Government targets; and
- EASC commissioning intentions.

In previous years, there have been commissioning intentions for EMS only, but in 2019/20 we will see a set introduced for NEPTS and a set may be introduced for 111 in future years.

The Welsh Government targets and EASC commissioning intentions are set out in section xxx. Performance against these is currently reported monthly to our Executive Management Team, to every Board, to every EASC and to the half yearly JET meetings.

More detail on the performance of the Trust during any point during 2018/19 can be found in public documents which include the Integrated Performance report which forms part of Trusts Board papers and Annual Quality Indicators (AQI) which are published by EASC.

Moving into 2019/20, it is important to us that we are able to both;

- Monitor performance of this IMTP and ensure that the eight priority themes which we have committed to are delivering positive change across the organisation.
- Demonstrate delivery of all Welsh Government Ambulance targets and Commissioning intentions which have been issued by EASC.

In section four in our Strategy Map, therefore, we have drawn both these elements together to allow seamless scrutiny and assurance of both our promises in this plan and the requests asked of us by both Government and our Commissioners.

In responding to our commissioning intentions, we have submitted a number of templates to the Commissioner, which signal our support to work towards the improvements that are required. All of the actions set out in this plan will contribute, but during Quarter 1, we will undertake a forensic piece of work to review performance against each commissioning intention, through a series of engagement workshops with key operational and corporate staff. This will then allow us to ensure that we do indeed have actions in place that will address each one.

We will also be doing some additional work to improve performance management across the Trust during the life of this plan, and this will include;

- Continuing to roll out QlikSense at pace, with a focus on delivering dashboards that support the delivery of quality and performance improvements, in particular, Amber performance
- Develop improved Board/committee level reporting, focusing on the headline outcome measures and by exception, detailing actions being taken to mitigate any deviation from expected trajectories.
- Start to improve our approach to forecasting by working with the university sector.

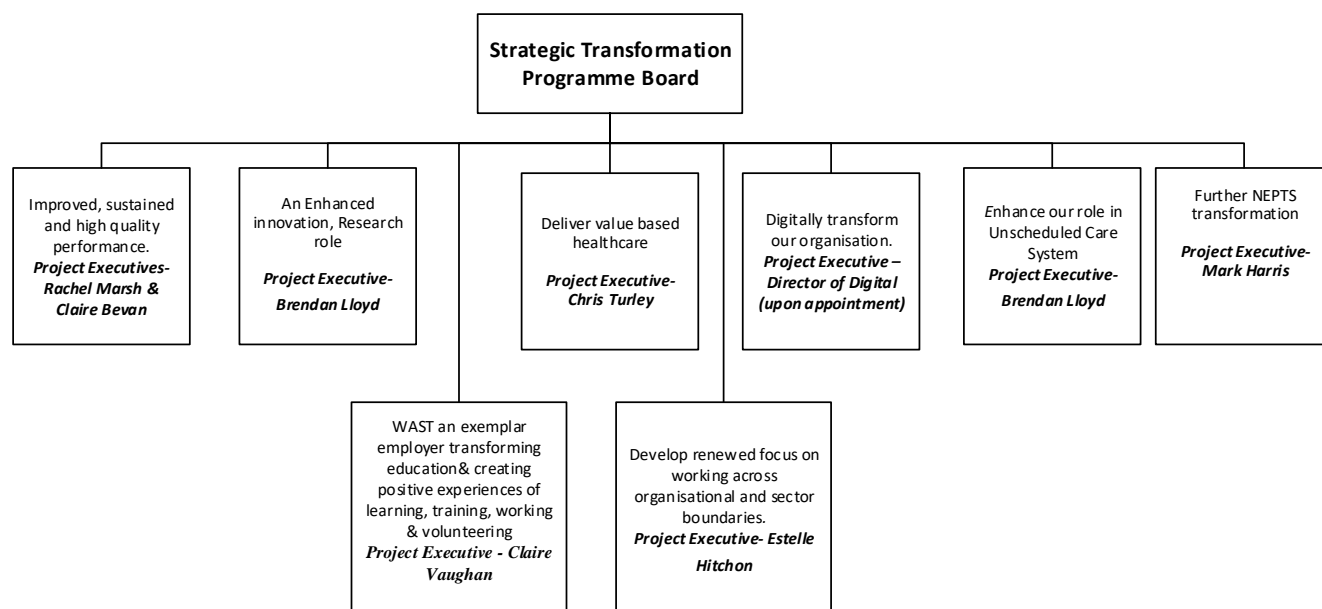
9. Plan Delivery

We recognise that writing a good plan represents only half a job compete and there is an absolute requirement to deliver on the promises and commitments which we make in this plan.

On this basis, we are very clear how we will both monitor progress, risks and benefits associated with the plan, and how we measure the impact of the plan.

Last year our IMTP was tracked by the IMTP Delivery and Assurance Group (iDAG). Whilst the process received substantial assurance by an internal audit in 2017/18 we want to ensure that *form follows function*. Having taken into consideration that in this plan we have eight broad priority themes which have a scope across the three years of the plan, a decision has been taken to move away from using IDAG as a mechanism to monitor delivery. Instead we will be establishing a strategic transformation programme board which will be chaired by the Chief Executive.

Each of the priority themes will have its own project structure and will report into the programme board as shown in the diagram below.



Each project has additional documentation which outlines the work it will be progressing and expected timescales. To request a copy of the current project documentation can be found by clicking [here](#). As part of the delivery of these programmes of work we will be considering early on in the plan the resources required to provide adequate programme and project management support.

Governance arrangements for the programme of work are fully aligned and linked with overarching organisational approach to risk management and in addition the Strategic Transformation Board will report quarterly to Trust Board on progress whilst its activities will also form a core part of the joint executive team (JET) meetings which we have with Welsh Government and the formal meetings with have with the CASC as part of EASC structures.

In previous years we have also set ourselves a suite of performance ambitions to assure ourselves that the actions we are taking are having an effect. This plan takes a more sophisticated approach and for each project we have identified a number of targets which we are committed to achieving by way of demonstrating / measuring the impact the plan is having. These targets can be found in section 4 of the plan.

10. IMTP Reference Library

If you wish to view any of the documents listed throughout this plan please contact the Planning & Performance Team on

AMB_Planning_And_Performance@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	2.2
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

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

MEETING	Trust Board
DATE	29 January 2019
EXECUTIVE	Interim Deputy Director of NEPTS
AUTHOR	Nicola Bowen, Head of Transformation, Gemma Mainwaring, Finance Business Partner. Phill Taylor, General Manager SE Wales. Jo Williams, Planning and Performance Business Partner
CONTACT DETAILS	Email: Nicola.Bowen3@wales.nhs.uk Tel: 01633 626210
CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	CRR 49 (Commissioning: Quality and Delivery Assurance Framework for NEPTS)
QUALITY THEME	
HEALTH AND CARE STANDARDS	
REPORT PURPOSE	To request Trust Board approval to transfer non-WAST NEPTS work from Hywel Dda UHB.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	19 December 2018	Consideration of Transfer Document and governance arrangements
Finance and Resources Committee (FRC)	10 January 2019	Endorse Transfer Document and support transfer of work.
Trust Board	29 January 2019	Final approval for transfer of work.

WELSH AMBULANCE SERVICES NHS TRUST

TRANSFER OF NON-WAST NEPTS WORK TO WAST

SITUATION

1. The purpose of this paper is to request that the Trust Board approve the transfer of non WAST NEPTS work from Hywel Dda Health Board to WAST on 01 March 2019. The paper details the process undertaken to transfer the Hywel Dda UHB work, confirms the financial value of the work set to transfer and the development of the Transfer Document.

BACKGROUND

2. The NEPTS business case set out the recommendation to establish a new commissioning process and for WAST 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 (now termed the 'plurality model').
3. At the same time, it was confirmed that EASC would act as the commissioner for all NEPTS services provided through WAST and other providers (to be commissioned via WAST), and that a Quality and Delivery Assurance Framework would be designed and implemented in order to support this, in the same way that has been developed for EMS and EMRTS.
4. In support of the transfer of work from Hywel Dda UHB, the third work package to transfer, a significant amount of work has been done to gather and collate information, to seek legal advice, and to develop the Transfer Document. This builds on the previously known information provided by the health boards during the development of the schedules in support of the Quality and Delivery Assurance Framework in October 2017.
5. It also builds on learning from the previous Cardiff and Vale UHB and Velindre NHS Trust transfers.
6. An overall programme plan for the transfer of all work from every health board continues to be reviewed and refined, as the lessons from each transfer are considered in order to update the actions and timescales associated with this programme of work.

ASSESSMENT

7. WAST and Hywel Dda have worked in collaboration to ensure that all the information required to support the transfer of work is available, and is as accurate as possible. This has comprised discussions regarding the scope of the work, detailed discussions regarding the financial and contractual

arrangements and principles, and the development of a detailed Transfer Document, which forms **Appendix 1** of this paper.

Scope of the Work Transferring

8. The work to transfer from Hywel Dda UHB is comprised of the following and is detailed fully within the transfer document:

In Scope of Transfer

9. All commissioned non-emergency ambulance transport services, which are contracted via a Service Level Agreement (SLA) as per Appendix D in the transfer document. These existing SLA's comprise of agreements that have agreed contracted values and agreements that have no agreed values and support ad-hoc purchasing.
10. The TUPE of staff and associated funding for 3 staff who manage the day to day management and coordination of commissioned non-WAST NEPTS providers.

Out of Scope of Transfer

11. The commissioning and management of taxi services for the conveyance of all categories of services, i.e. NEPTS patients, non-NEPTS patients, health board staff, documents or equipment.
 - Withybush Hospital – Switchboard staff and operations.

Future Transfer

12. The transfer of commissioning responsibility and associated funding aligned to the commissioning of Powys Teaching Health Board call centre, for the booking of non-emergency patient transport.

Total Transfer Value

13. The total value to transfer to WAST for NEPTS activity is £1,112,153. This comprises 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 into WAST of £63,675. The table below identifies the nature of the transferring work with the associated activity and financial values which has all been provided by the Transport Manager and health board commissioning lead for NEPTS at Hywel Dda Health Board. All values have been formally verified by the Finance Lead for HD UHB and WAST.
14. The methodology used to calculate spend with external NEPTS providers has been calculated using April – November 2018 actual costs, forecast forward using the run rate for the remaining 4 months of the financial year 2018/19.

Principles of Transfer

15. The transfer principles define the arrangements for the future management of the transferring commissioning responsibility.
16. A suite of consistent transfer principles have already been agreed via NDAG, which reflected the principles of the NEPTS Business Case. The principles are replicated throughout all transfers of health board activity but there will be some local variation based on the scope of transferring activity.
17. The final transfer value has been agreed and formally verified by HD UHB finance lead and WAST finance lead.
18. TUPE of health board staff to WAST. The TUPE consultation process has concluded and all 3 staff members affected have agreed to transfer to WAST.
19. The commissioning process for ad-hoc requests has been agreed with HD UHB and the process currently in place will remain the same post-transfer.

Table 1. Transferable Financial Values, Activity and Principles

NEPTS Provision	Annual Value	Activity (Journeys)	Transferring Financial Principles
All Wales Ambulance	£510,138	(6,288) Journeys non weighted	SLA Agreement until March 19. SLA to transfer to WAST to be managed. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Ceredigion Royal Voluntary Service	£90,000	(3,230) Journeys non weighted	Fixed Contract of £90,000 until March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Social Services Carmarthenshire	£55,000	(2,168) Journeys non weighted	Fixed contract of £55,000 until March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Social Services Pembrokeshire	£65,181	(2,316) Journeys non weighted	Annual contract of £63,500 however varies slightly due to overtime. End date March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.

St Johns Cymru	£93,656	(762)	SLA Contract, £86,700 pa plus overtime. End date March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
British Red Cross	£33,383	(174) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Adrian Davies	£35,295	(461) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Gerwyn Davies	£20,918	(288) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
David Jones	£25,339	(363) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
M4 Service	£28,623	(284) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Just Wales	£90,945	(2,484) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.

Total Spend External Providers	£1,048,478	(18,818)	
Transport Manager Band 6	£42,955	1.0WTE	Staff will TUPE from Hywel Dda to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of this figure each month. This figure will be uplifted in 19/20 & 20/21 to reflect the pay award funding which is within Hywel Da UHB funding allocations.
Transport Administrator Band 3	£20,720	1.0WTE	This relates to 2 part time members of staff. They will TUPE from Hywel Dda to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of this figure each month. This figure will be uplifted in 19/20 & 20/21 to reflect the pay award funding which is within Hywel Da UHB funding allocations.
Total Staff Spend	£63,675	2.0WTE	
Grand Total	£1,112,153		

Mitigation of Financial Risk

20. It was reported to FRC, a provisional date of 11 February 2019 had been proposed for the transfer of work. Following a meeting with HD UHB on 17 January 2019, the proposed date for transfer has now been set for 01 March 2019 after a request from HD UHB to undertake the transfer at month end.

21. In the financial information that has been provided by Hywel Dda it is apparent that Non WAST NEPTS spend has increased year on year. Therefore, in order to provide the necessary assurances to WAST over any future increases in activity, discussions with Hywel Dda have been held to gain the required assurances, The outcome of the discussion was an agreement that:

- a. In the case of decreased activity following the transfer, Hywel Dda would not seek to reclaim any contribution from WAST. The efficiencies achieved will be re-invested in service provision, in line with the principles in the business case.
- b. In the case of increased activity following the transfer, Hywel Dda would accept the increased cost of this, and WAST would therefore re-charge the health board accordingly.

22. In support of this principle, it is acknowledged that robust monitoring of demand and service delivery will be required, with monthly performance monitoring meetings being established between WAST and HDUHB.

TUPE Transfer of Staff

23. There are 3 members of staff currently employed by Hywel Dda UHB that, in accordance with the business case recommendations, will require TUPE transfer to WAST.
24. These individuals work specifically on the booking of patient transport and will, following transfer, become part of the WAST NEPTS team to ensure the seamless continuation of current service provision.
25. The TUPE transfer is being managed in partnership between WAST and HDUHB, with HR leads from both organisations managing the consultation and transfer process, with the support of WAST and HDUHB operational and commissioning leads.

Issues acknowledged by FRC to be concluded before transfer completion date

26. It was acknowledged by FRC 10 January 2019 that the transfer of work arrangements were making good progress and a number of further actions needed to be completed prior to presentation for Trust Board approval on 29 January 2019.
27. Previously outstanding actions have now been completed and are outlined below:
 - a. **TUPE transfer of staff** – as noted above, the consultation process has closed and all 3 members of staff affected by the transfer have agreed to TUPE across to WAST.
 - b. **Accommodation arrangements for transferring staff** – the 3 staff transferring will be based in Carmarthen Locality Office. Furniture and IT/telephony infrastructure is now in place to facilitate a smooth transition.
 - c. **Operational arrangements for service** – as part of the transfer, there is a necessity to change the existing contact number. The new number is now in place and will be used by HCP staff only to book transfers and discharges. There will be no change to the booking process for patients.
 - d. **Final confirmation of expenditure from Hywel Dda UHB** – Confirmation of expenditure has been received from HD UHB and has been verified by both HD UHB and WAST finance leads and the value of the transfer of work is agreed at £1,112,153 based on the methodology outlined in section 14 above.
 - e. **Discussion between Hywel Dda UHB and providers:** HD UHB, as the current service commissioner, confirmed at a joint-meeting on 17 January 2019, they have informed all providers of the transfer of work to WAST. Whilst contracts do not exist to be 'novated', there are Service Level Agreements and Memorandums of Understanding in place. SLA's

and MoU's have been reviewed by NWSSP legal and procurement teams and WAST will continue to work with providers according to these agreements.

- f. **Development of provider framework** – whilst the suppliers will transfer into the commissioning arrangements through WAST, there was a need in the short to medium term to develop a provider framework to ensure that the governance around procurement is robust, and that suppliers comply with the standards required. This work is ongoing in parallel to the transfer of work and it is anticipated that the framework will be in place February 2019.

28. All the above outstanding pre-transfer actions and issues have now been completed and resolved in collaboration with HD UHB.

Governance Arrangements

29. NHS Wales Shared Services Partnership Legal Services have considered the principles outlined in Transfer Document and have confirmed that they are fit for purpose.

30. Hywel Dda Health Board have acknowledge the contents in the Transfer Document and have agreed the principles of the document. This will be subject to formal approval by their Executive Team in February 2019

31. The WAST Executive Management Team has considered the transfer document and accompanying SBAR at their meeting on 19 December 2018; EMT recommended the paper for FRC for consideration and endorsement.

32. The WAST Finance and Resources Committee considered the transfer document and accompanying SBAR at their meeting on 10 January 2019. FRC recommended the paper for Trust Board approval pending clarification of the above items

33. Following approval of this paper and Transfer Document by the Trust Board, WAST write formally to the HD UHB to confirm the transfer. Hywel Dda UHB will then need to provide formal written confirmation to current suppliers, to outline the new arrangements in advance of the transfer date of Friday 01 March 2019.

RECOMMENDED

That Trust Board:

Notes the change of transfer date now proposed for 01 March 2019.

Approves the transfer of non WAST NEPTS work from Hywel Dda UHB to WAST.



**Transfer Document – Non-
Emergency Patient Transport
Services**

**Hywel Dda University
Health Board**

Version 0.1
December 2018

Version Control

Version Number	Date	Author	Comments
0.1	05.12.2018	Phill Taylor	
0.2	18.12.2018	Phill Taylor	Updated with comments from CRG members
0.3	24.12.2018	Phill Taylor	Updated following consultation with HD UHB staff. Updated following revision to WAST's internal formal sign off process.
0.4	22.01.2019	Nicola Bowen/Gemma Mainwaring	Updated following consultation with HD UHB staff and following finalisation of the Finance figures.

Document Approval Route

Version Number	Date	Approver
0.2	19.12.2018	WAST EMT
0.3	10.01.2019	WAST FRC
	29.01.2019	WAST Board

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1. Introduction

This document has been produced to describe the arrangements for the transfer of non-emergency patient transport services (NEPTS) management responsibility from Hywel Dda University Health Board (HD UHB) to the Welsh Ambulance Service NHS Trust (WAST).

2. Background

The 2013 McClelland review of ambulance services in Wales recommended that “the patient transport services (PCS) should be locally responsive, cost effective and provided on clear eligibility and accessibility criteria; and that work should begin to disaggregate PCS from the EMS element of the Welsh Ambulance Service delivery.”

Following the review, work began to explore the “The Future of Non-Emergency Patient Transport Services in Wales”. This culminated in the submission of a business case to the Minister for Health and Social Services and the announcement in January 2016 that the Emergency Ambulance Services Committee (EASC) would commission Non-Emergency Patient Transport Services (NEPTS) for health boards in Wales.

As part of the implementation of the NEPTS commissioning arrangements the roles of EASC and the Health Boards in the commissioning of NEPTS have been defined. The role of EASC being to ensure WAST deliver NEPTS services in line with the National Collaborative Commissioning: Quality and Assurance Delivery Framework and Health Boards funding NEPTS directly to WAST.

The business case also outlined that the Welsh Ambulance Services NHS Trust (WAST) would remain as the major provider of NEPTS but would also deliver services using a “plurality model”¹ and that the management of NEPTS would be disaggregated from that of EMS.

3. Purpose

The purpose of this document is to define the arrangements for the transfer of the management responsibility for existing non-emergency patient transport services commissioned by HD UHB to WAST, in-line with existing commissioned services between HD UHB and WAST that is planned to take place on the 1st March 2019.

¹ WAST to become the sole commissioner for non-emergency patient transport services of behalf of NHS Wales,

4. Process

As part of planning for the transfer of non-WAST NEPTS activity, each Health Board was asked by the Chief Ambulance Service Commissioner (CASC) to provide detailed information regarding their existing NEPTS providers including value, activity and contractual arrangements' start/end dates.

This information was needed to ensure that WAST could, in partnership with Health Board colleagues and the CASC, create a robust plan and obtain a thorough understanding of what arrangements are currently in place. This baseline would then enable the identification of actions required. It was also an opportunity to identify any risks related to the transfer of work process. The term novation is used where a formal contract is in place, and the management of that contract transfers to another organisation. The term novation is not applicable in this instance, as the transfer of work does not involve the transfer of any formal contracts from HD UHB to WAST. An overview of information initially obtained from (HD UHB) is outlined in the National Collaborative Commissioning: Quality & Delivery Assurance Framework for Non-Emergency Patient Transport Services (NEPTS) O2 Schedule, Operational Delivery for Each Organisation Pre-Plurality Model. (Appendix A).

A detailed project plan (Appendix B) has been developed to underpin the transfer of work from HD UHB to WAST. The health board was selected as the third health board to transfer to WAST, so that lessons could be learned from previous, less complex transfers.

The process has been underpinned by a detailed list of questions and answers (Appendix C), which has been generated by health boards, and which WAST has responded to. This document has been agreed and verified by the NEPTS Delivery Assurance Group (DAG), which supports the development of the Commissioning Quality and Delivery Assurance Framework, and which is overseen by the CASC on behalf of all health boards. This document will be incorporated within the Framework, and provides the guiding principles for the transfer of work.

5. Legal & Procurement Overview

In order to develop the Health Board NEPTS Transfer process, WAST has sought legal and procurement advice from NHS Wales Shared Services Partnership (NWSSP) in relation to the transfer information provided by HD UHB.

In order to establish a legal overview of the NEPTS landscape throughout Wales, WAST instructed NWSSP Legal & Risk services to undertake an internal audit review of the initially

known contractual information. In addition to this, legal clarity has been sought from NWSSP Legal & Risk services prior to any action being taken around the novation or transfer of any NEPTS contract or agreement specific to a health board. This information is incorporated within the Project Plan document. (Appendix B).

Further to the evaluation undertaken by NWSSP Legal & Risk services, NWSSP Procurement Services, have conducted an evaluation on the options available for the novation or transfer of existing contracts or agreements.

Additionally, NWSSP has supported WAST in the development of a supplier framework in order to commission services outside of WAST, in line with the NEPTS Business Case.

The outcomes of the evaluations conducted by NWSSP Legal & Risk and Procurement Services identified that health boards/Trusts who commissioned **non-WAST** NEPTS providers via a contract and/or health boards that utilise a limited number of **non-WAST** NEPTS providers through a service level agreement (SLA) would be able to immediately transfer/novate to WAST under existing terms and conditions.

Health boards/Trusts who do not commission non-WAST providers via a formal agreement and utilise services on an ad-hoc basis **would not** be suitable for transfer, until WAST had developed a supplier framework in order to procure non-WAST resources in-line with procurement and governance standards.

The outcomes of both evaluations conducted by NWSSP Legal & Risk and Procurement services, combined with the information obtained from health boards/Trusts has directed WAST in developing this transfer process.

6. Risks & Issues

WAST centrally hold a Risks and Issues Log in relation to the overall transfer of work from health boards to WAST. The Risks and Issues Log is a live document and is updated continuously. Risks and issues identified as high on the transfer of work Risks and Issues Log are included on the WAST Corporate Risk register and shared with CASC for incorporation into the CASC risk register.

The Transfer of Work Risks and Issues Log is reviewed and updated monthly via WAST's NEPTS Commissioning Review Group. Membership of the group consists of representatives from NEPTS management team, planning and performance, finance, human resources,

patient experience team and health informatics. Risks identified as high are updated on the WAST corporate risk register by the Deputy Director NEPTS. All risks are shared with the CASC by the NEPTS Planning and Performance Business Partner for incorporation in the CASC risk register.

The NEPTS Commissioning Review Group will identify appropriate action to mitigate or remove identified risks and issues.

7. Scope of Transfer of Work

This section sets out those services/activities which are within the scope of the transfer process, and those which are not. This has been agreed in partnership between WAST and HD UHB, in line with the principles and recommendations outlined within the original business case.

From the information obtained from health board representatives, the following information outlines what is in and out of scope to be transferred to WAST:

8. In Scope

The following information sets out what will be within scope for the transfer of work from HD UHB to WAST during 2019.

A. Informal Agreements already in place

These are the agreements that have (or had) an informal agreement agreed. These agreements were implemented by health boards on a local basis, directly with suppliers via a Service Level Agreement (SLA) without going through a competitive tender process. (Appendix D).

B. Ad-hoc Services

These agreements are informal and are used by Health Boards on an ad-hoc basis without any contractual agreement and quality standard in place. (Extra Contractual Journeys, Section 11, B and Repatriations, Section 11, C).

C. Staff

The TUPE of staff and associated funding for 3 staff who manage the day to day management and coordination of commissioned non-WAST NEPTS providers.

9. Out of scope

The following information sets out what will be out of scope for the initial transfer of work but may be considered for future transfer.

A. Taxi Services

The commissioning and management of taxi services for the conveyance of all categories of services, i.e. NEPTS patients, non-NEPTS patients, health board staff, documents or equipment.

B. Switchboard Services

The Switchboard staff and operations associated with Wwithybush Hospital.

10. Out of scope (but to follow)

A. Powys Call Centre Commissioning

The transfer of commissioning responsibility and associated funding aligned to the commissioning of Powys health board call centre, for the booking of non-emergency patient transport.

11. Transferring Services

A. Extra Contractual Referrals (ECR)

This refers to ad-hoc requests for the conveyance of patients who are medically suitable to be conveyed by non-emergency patient transport services. The services commissioned via the term ECR's are for the commissioning of shift fill [a resource commissioned to be available for an agreed shift length] or single journey requests that are not currently commissioned via the Welsh Ambulance Services NHS Trust.

ECR transport requests are requested in advance of the journey or period of operational support taking place. Additionally there will be a requirement to accommodate 'on the day' ECR requests. ECR journey requests can be for the conveyance of patients to any destination within the United Kingdom.

B. Repatriations

In addition to ECR's as ad-hoc journeys, WAST will support HD UHB in the arrangement of transport for "repatriations". Repatriations consist of 2 groups of patients:

- Patients who formally reside outside of Wales and require transport from a HD UHB medical facility to alternative facility as agreed by the patients commissioning CCG/Trust.
- Patients who reside within HD UHB but require transport from a CCG/Trust outside of Wales to an alternative facility as agreed by the patients commissioning health board, HD UHB.

The arrangement and coordination of a patient's clinical requirements i.e. patient bed, clinical support staff, etc. will remain the responsibility of HD UHB. WAST will support HD UHB with the identification of suitable transport for the conveyance of these patients. WAST will be responsible for the payment of sub-contractors, booked via WAST and WAST will recover charges directly from the patients commissioning CCG/Trust.

C. Specialist Services

This refers to any specialist services commissioned by HD UHB for the conveyance of NEPTS patients.

12. Transfer of Financial Resource

The total value to transfer to WAST for NEPTS activity is estimated to be up to £1,112,153. This comprises 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 into WAST of £63,675. The table below identifies the nature of the transferring work with the associated activity and financial values which has all been provided by the Transport Manager and health board commissioning lead for NEPTS at Hywel Dda Health Board. The information include in Table 1 was generated from HD UHB financial submission (Appendix E) and consultation with HD UHB representatives.

Table 1. Transferable Financial Values, Activity and Principles

NEPTS Provision	Annual Value	Activity (Journeys)	Transferring Financial Principles
All Wales Ambulance	£510,138	(6,288) Journeys non weighted	SLA Agreement until March 19. SLA to transfer to WAST to be managed. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.

Welsh Ambulance Services NHS Trust
Non-Emergency Patient Transport Service (NEPTS)

Ceredigion Royal Voluntary Service	£90,000	(3,230) Journeys non weighted	Fixed Contract of £90,000 until March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Social Services Carmarthenshire	£55,000	(2,168) Journeys non weighted	Fixed contract of £55,000 until March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Social Services Pembrokeshire	£65,181	(2,316) Journeys non weighted	Annual contract of £63,500 however varies slightly due to overtime. End date March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
St Johns Cymru	£93,656	(762)	SLA Contract, £86,700 pa plus overtime. End date March 19. To transfer to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
British Red Cross	£33,383	(174) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Adrian Davies	£35,295	(461) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Gerwyn Davies	£20,918	(288) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
David Jones	£25,339	(363) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
M4 Service	£28,623	(284) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.

Welsh Ambulance Services NHS Trust
Non-Emergency Patient Transport Service (NEPTS)

Just Wales	£90,945	(2,484) Journeys non weighted	Ad hoc journeys, no agreement. To be managed by WAST post transfer. Hywel Dda will be invoiced by WAST for 1/12 th of the total projected external spend for all suppliers of £1.048m monthly as a fixed amount.
Total Spend External Providers	£1,048,478	(18,818)	
Transport Manager Band 6	£42,955	1.0WTE	Staff will TUPE from Hywel Dda to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of this figure each month. This figure will be uplifted in 19/20 & 20/21 to reflect the pay award funding which is within Hywel Da UHB funding allocations.
Transport Administrator Band 3	£20,720	1.0WTE	This relates to 2 part time members of staff. They will TUPE from Hywel Dda to WAST. Hywel Dda will be invoiced by WAST for 1/12 th of this figure each month. This figure will be uplifted in 19/20 & 20/21 to reflect the pay award funding which is within Hywel Da UHB funding allocations.
Total Staff Spend	£63,675	2.0WTE	
Grand Total	£1,112,153		

Operational expenditure and activity will be reviewed monthly by WAST and HD UHB at the NEPTS review group monitoring meetings. In addition to this, WAST expenditure for the delivery of non-emergency patient transport services in relation to each health board/Trust will be reported to EASC on a monthly basis, in-line the reporting requirements set out in the National Collaborative Commissioning: Quality and Assurance Delivery Framework.

To note: Whilst reviewing current and historic health board expenditure as part the due-diligence process, it has been identified that HD UHB non-WAST expenditure has exceed the annual health board transport budget and continues to increase year on year.

In the event that the annual expenditure exceeds that of the agreed transferable value from HD UHB to WAST. HD UHB will maintain liability for the additional expenditure if this is incurred due to increase in demand or due to service changes, as the liability would have previously been met by HD UHB prior to the transfer of management responsibility for NEPTS providers.

As outlined in the NEPTS Business Case and in the spirit of national collaborative commissioning, efficiencies made through the national commissioning of non-emergency patient transport services will be reinvested in the delivery of enhanced patient services and all-Wales service improvements. Service improvements are identified under the commissioning intentions and within the Quality Assurance Framework and will be monitored by the Delivery Assurance Group (DAG) on behalf of EASC.

The annual financial agreement will be uplifted with the agreed value of the additional work to be transferred to WAST and this will form part of the recurring baseline income.

A. Due-Diligence

In establishing the transferable resource envelope WAST have undertaken the reconciliation of internal WAST data against data submitted by HD UHB. In addition to this, WAST have instructed an internal audit to provide assurance around the process undertaken by WAST to establish accurate health board/trust information in relation to the transfer of work.

13. Future Management Arrangements

A. Commissioned Services

Day to day management of the contract will be routed through the Operational Manager for WAST and through the NEPTS Health Board Lead for HD UHB. Regular meetings should take place as agreed in Section 16 A. to ensure that there is a forum to discuss local issues and to ensure that all parties are content with the way in which the service is operated. All organisations should ensure an escalation route is available, should local discussion be unable to resolve issues.

B. ECR & Repatriations

WAST will facilitate the requests for resources for “ECR” and “Repatriation” journeys via the NEPTS Brokerage Hub.

- When booking ad-hoc transport, the NEPTS Brokerage Hub will liaise with appointed NEPTS Health Board Lead for HD UHB.
- Ad-hoc NEPTS Journeys can be booked via the NEPTS Brokerage Team on: TBC
- Monday to Friday 09.00 to 17.00.

14. Operational Management Arrangements between WAST and Service Providers

WAST will ensure all commissioned service providers are able to deliver services in-line with the agreed service specification and the care standards defined in the National Commissioning Quality and Delivery Assurance Framework for Non-Emergency Patient Transport.

WAST will ensure best value in the procurement of non-emergency patient transport service providers by demonstrating a robust and transparent procurement process.

New providers working on behalf of WAST will be required to adhere to the NEPTS Generic Service Level Agreement, in conjunction with existing SLA agreements transferring ownership from HD UHB to WAST.

WAST will provide reasonable support and guidance to the Service Provider to resolve any areas of non-compliance.

WAST will provide copies of appropriate WAST policies at the beginning of the agreement and provide copies of new policies and updates promptly throughout the duration of this agreement.

WAST will provide IT support for the use of Mobile Data Unit.

15. Financial Arrangements Between WAST and Service Provider

WAST will provide payment for the provision of services on receipt of a correct invoice from the service provider.

WAST will not fund the provision of any services other than the provision of the services required to be performed under the agreements set in in (Section 11 - Transferring Services).

Any changes or variations to the charging mechanism must be agreed in writing by WAST and the Service Provider.

16. Monitoring

A. Monitoring Arrangements (WAST & HD UHB)

Representatives from HD UHB and WAST will attend monthly Performance Review Meetings. The key agenda items for these meeting will include:

- Activity monitoring
- Financial monitoring
- Quality monitoring (including recorded incidents and complaints performance);
- Service developments;
- Management issues.

In addition to the Performance Review Meetings WAST will submit monthly NEPTS Activity Reports to EASC, which will encompass all HD UHB activity [where information is available]

B. Monitoring Arrangements (WAST, HD UHB & Service Providers)

The Provider will attend Quality Performance Review Meetings on a quarterly basis with the WAST and HD UHB the key agenda items for these meetings will include:

- Activity achievement to target/KPIs;
- Funding issues;
- Quality monitoring (including recorded incidents and complaints performance);
- Service developments;
- Management issues.

The Provider and WAST shall ensure that the appropriate personnel are in attendance at the Review Meetings in order that the agenda items can be fully addressed.

The Provider will attend periodically meetings with the users of the service as nominated by the WAST in conjunction with UHB. These meetings will inform the drive to improve quality of service delivery within the parameters of the Contract.

17. Communications

This process has been managed as a partnership between WAST and HD UHB, supported by the NEPTS DAG. However, it is acknowledged that further communication will be required within both organisations, and with external service providers, to ensure that the process is transparent, and that any concerns/issues are promptly considered and managed.

It is anticipated that both WAST and HD UHB will ensure that internal communication with staff and stakeholders, including Trade Union Partners, is managed in a consistent and

thorough way to ensure that all interested parties are kept informed of progress. In the short term, there is not anticipated to be any significant impact on staff, but processes may need to be adapted. This will be considered and communicated.

It is further anticipated that HD UHB will ensure that external suppliers are kept informed of process, and are engaged with both HD UHB and WAST to ensure a smooth transition to the new arrangements.

18. Management of Complaints and Concerns

WAST will be responsible for managing any complaint or concern under the NHS Wales Concerns Procedure 'Putting Things Right' but will expect the HD UHB and Service Provider to support WAST through provision of any information relating to the complaint or concern including, but not limited to, personal statements and journey information.

All incidents should be recorded on the WAST Datix system within 24 hours of incident.

19. Dispute Resolution

Both parties will work on a basis of co-operation, and will arrange to discuss with the other party as soon as any problems or disputes arise. Both parties will attempt to resolve any difficulties through negotiation at an early stage, and each will make themselves available with reasonable notice to discuss the issues under dispute.

If there is a dispute between the parties concerning the interpretation or operation of this Agreement then either party may notify the other that it wishes the dispute to be referred to a meeting of the responsible Managers for WAST and the Service Provider to resolve negotiating on a basis of good faith.

If after 28 days (or such longer period as the parties may agree) of the date of notice the dispute has not been resolved, either party may notify the other that it wishes to dispute to be referred to a meeting of the WAST Deputy Director of NEPTS and a Senior Officer of the Service Provider to resolve negotiating on the basis of good faith.

If after 28 days (or such longer period as the parties may agree) of the date of the notice the dispute has not been resolved then either party may notify the other that it wishes to refer the dispute to an independent arbitrator.

If an independent arbitrator is appointed, the parties shall pay the arbitrator's fees in equal shares, and agree that they will be bound by the decision of the arbitrator. The dispute

resolution procedure set out in this clause shall not delay or take precedence over the provisions for termination set out.

20. Variation

The terms of this agreement may be varied with the mutual agreement of both parties. Such variation will be recorded in writing.

21. Applicable Law

The agreement shall be governed by and construed in accordance with the law of England and Wales.

22. WAST Responsibilities

WAST will be responsible for receiving bookings from HB UHB staff, allocating appropriate resource to carry out the work and for overseeing the delivery of the patient transport (whether provided by WAST or an external provider).

WAST will ensure that patients are conveyed in a timely and safe manner, which should not adversely impact on the Health Board's ability to manage its clinics and appointments in the most efficient way possible.

WAST will, as a minimum, commit to maintain the same levels and quality of service as those currently provided.

WAST will support the health board in providing timely and appropriate patient transport for discharges and transfer to ensure that the patient flow through the system can be maintained.

WAST will establish day-to-day operational arrangements with HD UHB (see Section 14) and will ensure that escalation arrangements are put in place for serious concerns.

WAST will continue to participate in the collaborative commissioning arrangement, and continue to abide by the Commissioning Quality and Delivery Assurance Framework requirements.

In any case where neither WAST nor the current commissioned provider is able to deliver the work required, WAST will seek alternative provision from a framework of providers which will

be established. It is not anticipated that this situation will arise in the short term, as the contract will novate on a 'business as usual' basis.

23. Hywel Dda UHB Responsibilities

HD UHB will be responsible for ensuring that WAST is informed of any planned service changes, and will work with WAST to quantify the impact of this on resource requirements.

The Health Board will also be responsible for ensuring that appropriate representatives are available to engage with WAST on a regular basis as part of the routine operational arrangements (see Section 16) and will identify an escalation route for any serious concerns.

The Health Board remains responsible for the delivery of services to which patients are conveyed, including time of appointment and ensuring that NEPTS is kept informed of any changes in appointment arrangements, or delays wherever possible.

HD UHB will continue to participate in the collaborative commissioning arrangement, and will receive routine data reporting on this basis.

24. Continuous Improvement

WAST is committed to continually improving its services and will strive to improve performance, safety and patient experience wherever possible. The capture and accurate reporting of data will be integral to this process, and it is important that any proposed changes are evidence based and measurable, to demonstrate benefits and improvements. WAST and HD UHB will continue to work together to seek improvements, and to drive efficiencies which can then be reinvested within the service.

25. Collaborative Commissioning Quality Delivery and Assurance Framework

The Commissioning Quality Delivery and Assurance Framework (the Framework) has been developed in partnership between WAST, health boards and the CASC office. This framework provides details of the standards required for NEPTS provision, and aims to quantify the baseline activity and resource envelope associated with this. The Framework also establishes the operational arrangements will support both the transfer of work from health boards to WAST, and ongoing delivery of the NEPTS service and enhancements required.

The Framework finally provides a basis on which to capture and report data, and sets out the mechanism through which health boards will receive assurance about service provision. This will be supported by local operational arrangements. Both WAST and HD UHB have a responsibility to ensure that the information included in the Framework is kept up to date and relevant.

Appendix A

National Collaborative Commissioning: Quality & Delivery Assurance Framework for Non-Emergency Patient Transport Services (NEPTS) O2 Schedule, Operational Delivery for Each Organisation Pre-Plurality Model.



NEPTS Quality and
Delivery Framework F

Appendix B. Project Plan



Hywel Dda
Implementation Plan

Appendix C.

Transfer of NEPTS work from Health Boards to WAST

Questions and Answers

Through the development of the Transfer of Work Process a number of key questions have been asked around how the transfer of work will be undertaken and how the management of this work will progress in the future. These initial questions are answered below and additional questions and approved answers will be added as the transfer process develops.

1. Is there an assurance that following service novation, all patients eligible for NEPTS transport will continue to be conveyed, regardless of the notice period?

Following novation WAST will convey all eligible patients in line with Welsh Health Circular (2007) 005. It is also recognised that the existing activity and cost transferred to WAST from Health Boards will include an element of historic non-eligible demand that has been undertaken to meet Health Board priorities. WAST will continue to undertake this activity at transfer but will explore ways of reducing the non-eligible element in close collaboration with Health Boards over time.

Eligible bookings for outpatient appointments will only be guaranteed if booked prior to 12 pm the day before transport.

Taking bookings after 12 pm will make it extremely unlikely that additional resource could be secured at such short notice. By implementing the 12 pm cut off we will be able to deliver the service to meet patient and Health Board expectations and prevent late cancellation of the journey due to transport unavailability.

2. How will this be ensured during periods of high demand / low capacity?

The receiving of transport requests in a timely manner will allow WAST to pro-actively secure the capacity required to meet demand. As stated above eligible bookings for outpatient appointments will only be guaranteed if booked prior to 12 pm the day before transport.

WAST will secure the required capacity through better utilisation of its own directly employed staff and the securing of additional resource when required.

Key to this is the development of a supplier framework consisting of a range of suppliers across Wales which is being progressed.

3. Will all Extra Contractual Requests and Repatriations be included?

Yes these will be included. However Health Boards must ensure that these journeys are pre-booked whenever possible to allow resource to be secured cost effectively.

The inclusion of Extra Contractual Requests (ECRs) and Repatriations was a key objective of the NEPTS Business Case.

Activity and spend on these journeys will be closely monitored by WAST with any significant increase or decrease in long distance journeys identified. If this occurs then a formal review will take place between WAST and the Health Board.

4. Will 'on the day' discharge be included?

Yes, on day discharges will be included. We recognise that effective discharge is a key priority for the NHS and improving the discharge service was a key objective of the NEPTS Business case.

WAST understand that many on day discharges are unavoidable, but some are not. Therefore we will work with Health Boards to ensure that discharges that can be pre-booked are booked in advance. This will allow WAST to match capacity to anticipated demand and secure a more cost effective and responsive service.

Discharge activity will be closely monitored by WAST with any significant changes in demand identified. If this occurs then a formal review will take place between WAST and the Health Board.

5. Will any notice periods be applied?

Outpatients - As in 1 above.

Discharges - As in 4 above.

End of Life - WAST will accommodate all on-day requests for end of life transport and will provide the transport as a priority over any other request.

Enhanced Service Patients - Bookings for renal and oncology patients requiring treatment will be accepted on the day of request. However WAST will work closely with the WRCN and Health Boards to reduce on day requests that are avoidable and due to poor practices in other parts of the health system.

Our medium term aim is to develop a forecasting tool that will support the use of auto-allocation to allow up to the minute acceptance of all eligible bookings.

6. How will WAST ensure there is sufficient capacity in the system to meet all requirements, including bariatric / specialist journeys?

The receiving of transport requests in a timely manner will allow WAST to pro-actively secure the capacity required to meet demand.

As stated in 1 above eligible bookings for outpatient appointments will only be guaranteed if booked prior to 12 pm the day before transport.

WAST will secure the required capacity through better utilisation of its own directly employed staff and the securing of additional resource when required.

Key to this is the development of a supplier framework consisting of a range of suppliers across Wales which is being progressed.

7. Does WAST commit to providing extending booking hours to match current Health Board requirements? What are the plans for this?

Yes. WAST will increase accessibility by increasing booking centre availability later into evenings and during weekends. Our objective is to develop an online booking service 24/7 for patients to sit alongside the existing 24/7 online service for Health Care Providers.

8. Does WAST commit to providing extended transport availability to match current Health Board Provision?

Yes. After the transfer of funding, WAST will ensure that it has the capacity available to meet the needs of the Health Boards. This will negate the need for Health Boards to arrange their own transport out of hours.

Activity will be closely monitored by WAST with any significant changes in demand identified. If this occurs then a formal review will take place between WAST and the Health Board.

9. Once resources transfer from Health Board's to WAST, health boards will expect that WAST maintains sufficient capacity to meet demand.

The receiving of transport requests in a timely manner will allow WAST to pro-actively secure the capacity required to meet demand.

WAST will secure the required capacity through better utilisation of its own directly employed staff and the securing of additional resource when required.

Key to this is the development of a supplier framework consisting of a range of suppliers across Wales which is being progressed.

10. How will legitimate health board concerns around the NEPTS service provision be managed by the Commissioner?

Initially, local discussions should be held between WAST and Health Boards to identify a solution to the concerns.

If this does not resolve the issue then a formal meeting should be held between senior WAST managers and senior Health Board managers. Any areas that can't be resolved in this way should be raised to the Commissioner,

11. What are the plans to accommodate unavoidable late discharges (after 16:30)

As stated in 4 above, unavoidable on day discharges will be included. We recognise that effective discharge is a key priority for the NHS and improving the discharge service was a key objective of the NEPTS Business case.

Discharge activity will be closely monitored by WAST with any significant changes in demand identified. If this occurs then a formal review will take place between WAST and the Health Board.

12. What are the plans to accommodate 24/7 demand (such as accounting for unavoidable long haul repatriation journeys).

A 24/7 service is unlikely to be prudent across Wales, however the need will be regularly reviewed.

Long distance journeys that would incur overnight transport etc. would be covered. Health Boards must ensure that these journeys are pre-booked whenever possible to allow resource to be secured cost effectively.

Activity and spend on these journeys will be closely monitored by WAST with any significant increase or decrease in long distance journeys identified. If this occurs then a formal review will take place between WAST and the Health Board.

13. What are the plans to accommodate provision for early clinic attendances not currently accommodated by WAST due to operating hours

WAST operating hours will be flexible to ensure that all early/late transport requests are met. This will be across all areas of Wales, regardless of rurality.

However Health Boards and WAST must work together (under the prudent healthcare principles) to ensure maximum efficiency and flow across the whole system, for example looking at opportunities to schedule later appointments for ambulance patients wherever possible. This would minimise the impact and cost for the whole system.

14. How will funding transfer to WAST following novation?

This will be added to the monthly contract value being charged to the relevant Health Board. This will commence from the first month the transfer of activity and funding takes place.

15. What value of funding is expected to transfer to WAST following novation :

- **Value identified in business case?**
- **Value identified in baseline assessment templates?**
- **Value identified from Phill Taylor review?**
- **Value at time of novation?**

The funding from Health Boards to WAST will need to be agreed individually prior to the date of transfer but will be generally based on the most current Health Board activity and spend. However any cost taken out since the detailed analysis during 2017 would be included for transfer (i.e. previously ring-fenced NEPST spend).

Ideally in the future any clearly temporary non-recurrent funding (i.e. one off winter pressure) should be secured directly by NEPTS through the commissioner.

The 2014/15 cost figures used in the NEPTS Business Case do not reflect the current Health Board expenditure on non-WAST resources so these figures should not be used.

To minimise organisational risk it is suggested that a percentage activity tolerance could be agreed locally and activity closely monitored. Any significant changes in demand or cost should trigger a formal review between WAST and the Health Board. This will be agreed prior to the transfer of work

There is an expectation from WAST that a transfer of management resource will also be provided to support the transfer of work.

16. What calculation will be used to identify the total value to be transferred to WAST following novation? Will this taken into account the value of any over / underperformance by WAST within the current contract?

This is answered in response to question 15 above.

17. If the value of funding to be transferred is the value identified at the time of the business case, will this take account of the recent 2% uplift in the WAST contract?

This is answered in response to question 15 above.

18. When will the financial responsibility for service provision (and therefore risk) transfer from health board to WAST

A proposed date will be produced as a result of the "Transfer of Work" process undertaken by WAST. This will then be agreed with the Health Board and the commissioner.

Until transfer is formally completed financial risk will remain with the Health Boards.

**19. What process needs to be in place to review significant shifts in activity and/or service change?
To date Health Board's have taken full responsibility for managing the financial risk of NEPT expenditure.**

This is answered in response to question 15 above.

It suggests that any significant changes in demand should trigger a formal review between WAST and the Health Board.

20. If, following Novation, there is a marked reduction in NEPT demand or an underperformance against the baseline level of activity will any funding be reimbursed back to Health Boards?

This is answered in response to question 15 above.

Any significant changes in demand should trigger a formal review between WAST and the Health Board.

21. A key Health Board objective is maintaining effective hospital flow. This may involve commissioning additional ad hoc discharge services to deal with peaks in demand. Will WAST continue this after novation and how would this be enacted and coordinated?

We recognise this and a response can be seen in questions 2, 4, 6 and 8.

If demand remains approximately the same as the amount agreed at the transfer stage then the same level of service should be maintained by WAST.

If changes in demand are seen then refer to the response to question 15 above.

22. Against some existing contracts WAST have consistently delivered at the bottom agreed tolerance levels. Going forward will WAST aim to achieve its agreed targets or the lowest level allowed by any tolerance levels, if tolerance levels are implemented?

This is answered in response to question 15 above.

23. How does WAST plan to phase the novation process? One Health Board at a time or all at the same time?

We expect that the 'Transfer of Work', will be undertaken agreement by agreement.

As explained in response to question 18 this will be decided as a result of the "Transfer of Work" process undertaken by WAST.

This will then be agreed with the Health Board and the commissioner.

24. Is there a programme plan for the transfer of work? If so when will this be shared with Health Board to help inform executive teams of current progress / planned timescales

A programme plan for the "Transfer of Work" will be produced and shared.

As explained in response to question 18 this plan will be decided as a result of the "Transfer of Work" process undertaken by WAST. This will then be agreed with the Health Board and the commissioner.

Until transfer is formally completed financial risk will remain with the Health Boards.

25. How will legitimate WAST concerns around Health Board working practices (that impact on the provision of NEPTS) be managed if local resolution has been unsuccessful?

This is covered in the response to question 10.

Initially local discussions should be held between WAST and Health Boards to identify a solution to the concerns. If this does not resolve the issue then a formal meeting should be held between senior WAST managers and senior Health Board managers.

Any areas that can't be resolved in this way should be raised to the Commissioner.

26. How will winter pressures funding (or other initiatives such as the ICF) be allocated?

We would suggest that such bids are submitted on a national basis through the NEPTS Delivery Assurance Group (DAG) and coordinated by the commissioner to ensure a once for Wales approach.

27. How and when will quality measures and activity as part of the framework be shared with stakeholders?

A quarterly report based upon the measures in the framework will be distributed by the commissioner's office to stakeholders.

28. What will be the governance principles around the release of performance against the measures?

We would suggest that the commissioner will review and approve the data prior to them sharing this with stakeholders

29. What is the process through which health boards intend to gain approval of the final confirmed position to transfer to WAST and what are the timescales for this?

There will need to be an agreed mechanism to ensure that health boards sign-off their submissions and agree to the information provided as the basis for transfer.

It is anticipated that EASC will be asked to confirm the information on a health board by health board basis with some health boards possibly also seeking audit assurance. As will WAST.

30. What is the process to finalise the position on discrepancies from business case agreements?

This is answered in response to question 15 above.

31. How will WAST protect individual LHBs from being adversely affected by the need to bring other LHBs up to standard or to meet increased demand in other individual LHB areas?

As per the approved NEPTS Business case the totality of the NEPTS funding will be used to ensure all areas of NEPTS meet the same standards. The level of service experienced by an individual Health Board will not be reduced.

32. How will WAST ensure that where third party providers are used a Health Boards financial exposure is not increased now it is in a joint funding position with other Health Boards through WAST.

The use of third party providers will be a decision of WAST with no increased financial exposure to the Health Board.

33. How is the potential conflict of interest between WAST in house services and other ECR providers managed.

As part of the Transfer of Work an agreed level of ECR spend and activity will be agreed and transferred to WAST. Provided that this remains within a pre-agreed level then the cost of provision will sit with WAST not the Health Board. As part of the commissioning process WAST will be expected to demonstrate, through its brokerage process, that it is using the most cost effective provide (that meets the Quality and Delivery Assurance Framework Care Standards). This may include direct WAST resource or third party providers.

34. Will there be a baseline assessment at the point of the Transfer of Work to provide a comparator to actual performance?

Yes. A baseline has been created through the QDAF Schedules.

35. Will there be a report designed to assess the actual in year cost of services commissioned/provided through the new WAST arrangements versus what they would have been had the services not been transferred to WAST.


















No. There are no plans to do produce a specific report to compare the cost of the new service with the current. The cost of the new arrangements are expected to be cost neutral.

36. Could WAST, post Transfer of Work, decide to utilise current Health Board contracted 3rd party providers, to deliver work under the core NEPTS contract?

Yes. WAST will look at ways of using the totality of the NEPTS resource for NHS Wales to provide a higher quality service in line with the NEPTS business case and offering value for money.

Further questions will be added as the transfer for work develops.

Welsh Ambulance Services NHS Trust
Non-Emergency Patient Transport Service (NEPTS)

Appendix D. Transport Provider Contracts		
Supplier	SLAMOU	Extension Agreement
All Wales	  DDV (Weekend) - SLA DDV 1 (GGH) - SLA 01.04.2015 - 31.03.20101.04.2015 - 31.03.201   DDV 2 (GGH) - SLA DDV 3 (WGH) - SLA 01.04.2015 - 31.03.20101.04.2015 - 31.03.201	 2018.03 - Contract Extension (1yr) - AWA
Ceredigion Royal Voluntary Service	 2016.17 - RVS Renal Contract - SLA.pdf	 2018.03 - Contract Extension (1yr) - RVS F
Social Services Carmarthenshire	 SLA - Carmarthenshire Cour	 2018.03 - Contract Extension (1yr) - CCC I
Social Services Pembrokeshire	 SLA - Pembrokeshire Council Discharge Vel	
St Johns Cymru	 DDV (BGH) - SLA 01.04.2015 - 31.03.201	 2018.03 - Contract Extension - St John An
British Red Cross		
D.Adrian Davies		 D A Davies - Extension to MOU 20
I.Gerwyn Davies		 I G Davies - Extension to MOU 2018-19.pdf
D&G Transport (David Jones)		 D & G Transport Revised MOU 2018-19
M4 Services		 M4 Services - Extension to MOU 20
Just Wales		 Just Wales LTD Revised MOU 2018-19

Appendix E



HD Activity Template HD Activity Template
Main Copy - All ProvicMain Copy - All Provic



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

Treating People Fairly- 6 Monthly Update April 2018 – September 2018

MEETING	Trust Board
DATE	29 January 2019
EXECUTIVE	Claire Vaughan, Executive Director of Workforce and OD
AUTHOR	Jane Poulter, OD Manager (Equality)
CONTACT DETAILS	Jane Poulter 01792 562958 jane.poulter@wales.nhs.uk

CORPORATE OBJECTIVE	Fantastic People
CORPORATE RISK (Ref if appropriate)	CRR 22 Equality
QUALITY THEME	7. Staff and Resources
HEALTH & CARE STANDARD	7.1 Workforce

REPORT PURPOSE	Note the activities within the period April 2018 – September 2018 and proposed actions for remainder of 2018/19
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

- 1 The attached six month update report for the period April to September 2018 has been developed to improve information available of activities taking place across the Trust to promote equality, diversity and inclusion, as part of our Strategic Equality Plan (SEP) [*Treating People Fairly*](#). The Board is asked to consider and approve the report for publication on the Trust's website and circulation across the organisation. A copy of the report will also be made available in Welsh in due course.
- 2 The full Annual Report will be produced for consideration by the Trust's new People and Culture Committee and then publication in April 2019.

BACKGROUND

3. Treating People Fairly is the Trust's approach to supporting colleagues and communities as part of our commitment to delivering the spirit and requirements of the Equality Act (2010). Ensuring that everyone is able to be themselves as a colleague and receive great treatment as a member of the communities we serve is vitally important to achieve the highest possible levels of engagement (colleagues) and best quality of care (communities).
4. Treating People Fairly Strategic Equality Plan will be due for refresh, renewal and publication in 2020. Over the coming year, we will seek to engage the Trust Board and wider organisation in conversations regarding the refresh of this strategy and the commitments it makes.

ASSESSMENT

5. The Board is asked to note the range of activities ongoing, many of which are shared and lead in collaboration between the Workforce & OD Directorate and Quality & Patient Experience Directorate (PECI) teams. The update is intended to provide reassurance of the continued progress and importance of achieving the Trust's Strategic Equality Objectives.
6. The report also sets out a number of planned activities and actions for the remainder of 2018/19. The Board is asked to particularly note the intention to hold a development workshop facilitated by Uzo Iwobi, of Race Equality Council Wales, building on her involvement in our Being Our Best Day in the Summer 2018. This workshop will be aimed at Board and senior leaders in the first instance.
7. There has previously been acknowledgement of the limitations of the current resource available to co-ordinate and drive delivery of the Trust's ambitions and objectives at pace. As a result, additional resource will be made available

within the WOD Directorate (from a reallocation of existing resource) to support delivery of this important agenda from April 2019.

RECOMMENDED: The Board is asked to:

- **NOTE** the contents of the update report and **APPROVE** its publication on the Trust's website

EQUALITY IMPACT ASSESSMENT

The purpose of this update report is to share information on activities that have been happening across the Treating People Fairly agenda between April – September 2018. Therefore this report will not have an explicit impact for any specific protected characteristic group.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	Applicable throughout
Environmental/Sustainability	Not Applicable
Estate	Not Applicable
Health Improvement	Many of the PEI activities relate to this agenda
Health and Safety	Not Applicable
Financial Implications	Not Applicable
Legal Implications	Not Applicable
Patient Safety/Safeguarding	Indirectly – great colleague experience leads to positive patient experience and improved safety
Risks	CRR22
Reputational	Importance of publicising activities and importance of the Trust's Treating People Fairly work
Staff Side Consultation	Trade Union Partners are involved within our Treating People Fairly Steering Group and various activities described



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Treating People Fairly

Mid Year Report

April – September 2018



Our story so far in 2018/19
and our next steps

OUR BEHAVIOURS



I WILL BE KIND, CARING AND COMPASSIONATE



I WILL ASK AND LISTEN



I WILL BE HONEST AND OPEN WITH MYSELF AND OTHERS



OUR BEST
I WILL BE MY BEST, TOGETHER WE CAN BE BETTER



I WILL OWN MY DECISIONS

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OUR BEHAVIOURS



Introduction

Introduction

This mid year update covers the period April 18- Sept 18 and reports on some of the key pieces of work that help us to deliver Trust's Treating People Fairly. This is the Welsh Ambulance Services NHS Trust story which captures what we are doing to meet the requirements of our Strategic Equality Plan (SEP).

The SEP is broken into the five sections of:

- Dignity and Respect
- Involvement and Engagement
- Working for Us
- Being Safe
- Being Healthy and Choosing Well

Each section has a number of actions along with additional actions being designed and owned locally across the Health Board teams. We will collaboratively review and update our SEP with our stakeholders during 2019/20. This will form the basis and context for our next iteration of Treating People Fairly (2020-24) will be published by April 2020.



These objectives and ongoing work on the Treating People Fairly agenda is supported by the recently reformed Treating People Fairly Steering Group, which, in the future, is planned to report into the People and Culture Committee (which will be a new sub-committee of the Board, and is expected to hold its first meeting in April 2019.)

Our full Treating People Fairly Equality and Human Rights Strategy and Strategic Equality Plan can be found on our Trust's internet site or by clicking [here](#)



Treating People Fairly

The **Patient Engagement and Community Involvement** team continue to lead on the delivery of the public facing aspects of **Treating People Fairly** through focused public engagement and community involvement. During the last six months, the PEI team has been involved in numerous events marking Carers Week, Learning Disability Week, Dementia Action Week, Deaf Awareness Week, Sensory Loss Awareness Month and Mental Health Awareness Week to name but a few. Further details can be found [here](#).

The other key focus to the delivery of Treating People Fairly are through our links with partner organisations and the development of our culture. Some key highlights include:



In April 2018 we participated in the **NHS Employers and Inclusion Partners** event. This was the culmination of our involvement in a year long programme which included a series of four development workshops which allowed for sharing of ideas, best practice and networking amongst 34 other NHS organisations from across the UK. WAST was the first Welsh NHS organisation to be accepted onto this programme.

Claire Vaughan our Director of Workforce and OD and Jane Poulter the Trust's Equality Lead, are our key regular participants in the **National Ambulance Diversity Forum**. This UK Ambulance network allows the chance to explore Equality, Diversity and Inclusion issues and how they explicitly relate to Ambulance Services. This group receives feedback from the work being undertaken by both the National LGBT and BME Networks. WAST has members attend both these networks on behalf of the Trust.

This year has seen the start of Cohort 7's to Cohort 10's journey on the **Team Leader Programme**. The approach provides the space where team leaders get a chance to be supported and challenged about understanding, recognising and valuing difference and what it means to them in their roles with their teams and patients / public we serve.



OUR BEHAVIOURS



BME

We have had a deliberate focus this year on challenging colleagues to think about race diversity. As part of this approach, Uzo Iwobi, Chief Executive of Race Council Cymru, supported and challenged colleagues through her key note speech at our Being Our Best Day which reflected her story of discrimination and racial equality. This initial session has helped develop relationships and opportunities for working closer with Race Council Cymru and other partners to support us to create a more supportive and diverse workforce.

The **National Ambulance BME Forum** held their first National Conference during Black History Month in October. Two of our HR colleagues and our BME Inclusion Ambassador were amongst the 120 delegates from ten ambulance services who were invited to #TalkAboutRace . Feedback from this inaugural conference has been very good and we are hoping that more colleagues will be able to attend next year.



Through the expertise of the group members, one of the key developments of the National Ambulance BME Forum is the development of a BME Recruitment Toolkit to help all Ambulance Trusts across the country to increase their racial diversity.

Over the past three years we have seen only a very small increase in our BME workforce, from 18 to 25 staff (less than 1% of the overall workforce). This is despite building community links and working to improve the overall experience of our BME staff.

We recognise that more work is needed to both increase BME representation within the organisation (including in leadership roles), and to widen access to careers within the service and to the paramedic diploma course with Swansea University. We have identified some further resource in 2019/20 to enable us to make greater progress towards our ambitions to increase diversity and further improve the experience of the BME workforce - our ambitions for which are set out in our WRES action plan.



Gender

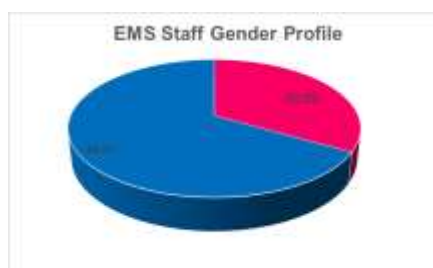
Gender:

As a Trust we published our **Gender Pay Gap** information to 31st March 18 in April 2018. Gender pay gap reporting became a requirement for some organisations, both public and private sector, from 6 April 2017

In line with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers need to publish the following information:

- Mean gender pay gap in hourly pay;
- Median gender pay gap in hourly pay;
- Proportion of males and females in each pay quartile.

The snapshot data shows that within WAST the female mean hourly rate is 3.9% lower than the male one. In other words when comparing mean hourly rates, women earn 96p for every £1 that men earn. Women's median hourly rate is 10.3% lower than men's. In other words when comparing median hourly rates, women earn 90p for every £1 that men earn. Our newly developing People and Culture Strategy will help ensure that every opportunity is taken to understand the gap, and how this can be reduced.



Understanding our Gender Data:

Over the last three years we have seen a significant increase to 43% of staff employed across the Trust being female. We have started to analyse what this actually means. Our initial focus has been EMS, where this data highlights that approximately a third of all EMS staff are female, two thirds are male.

In further depth, this pattern is reflected across the Band 6 Paramedic, AEMT, EMT and UCS staff groups. This pattern is not reflected in APP, CTL, CCC, HART and EMT3 positions where the majority of staff are male (over 78% for each staff group).

The only EMS staff group where there are more females than males is the Newly Qualified Paramedics, where two thirds are female.

Further work is being undertaken to understand the gender profile across all areas of the organisation and this will link to both our strategic workforce planning and our local recruitment practices.



LGBT



WAST continues to participate in the **Stonewall Workplace Equality Index**. This process helps us benchmark with other organisations across the UK and identify actions that we need to take to support LGBT+ colleagues within WAST. This feedback will help inform areas for improvement and actions required for the coming year.

Pride Cymru took place in Cardiff in August 2018. Support within WAST for the event has really grown over the last few years, with 2018 seeing more colleagues from our Clinical Contact Centres join in than ever before. For this year's event, as usual WAST had a stand within the 'Market Place' area which offered us a great opportunity to meet and engage with the LGBT community and share messages we wanted to about WAST working/volunteering with us, Choosing Well, listening to experiences and feedback etc.

We also had a vehicle marked up to celebrate Pride in the parade. This vehicle has kept it's 'Pride' livery and is now operational within the Cardiff and Vale Health Board area.

National Ambulance LGBT Forum Conference

Eight colleagues from across the organisation attended this year's National Ambulance LGBT Conference held in Manchester. This conference was supported by Association of Ambulance Chief Executives. It was announced at this conference that three of our staff, Gareth Thomas, Tace Richards and Jane Poulter had been awarded the brand new Gold Star of Life Award for recognition of their work in supporting the National LGBT Network in delivering it's agenda. The National LGBT forum are supporting local networks with lots of tools and resources to support LGBT colleagues.



OUR BEHAVIOURS



@wastlgbt Twitter Activity

@WASTLGBT

The LGBT Staff Network continues to use Twitter to engage with our own staff, other Ambulance Services LGBT Networks and wider LGBT communities.

@wastlgbt Twitter Summary	
April – November 2018	
Tweets	75
Tweet impressions (how many people our tweets have reached): 311,600	204 460
Profile visits number of times people have clicked on our profile	6614
Mentions people who included @wastlgbt in their tweet	322
New followers	240
Current Number of Followers	1310



Welsh Language and Disability

Welsh Language

WAST has worked closely with the Welsh Language Commissioner to ensure that our services and internal culture support and allow the use of Welsh wherever possible.

From 4th to 12th August 2018 Cardiff Bay welcomed the National Eisteddfod and the Welsh Ambulance Service embraced the opportunity to get involved. The event is seen as an ideal opportunity to promote and encourage people to use and learn Welsh locally.



We attended the event along with other Health Boards and Trusts as part of Welsh Government's NHS Wales stand. The weeklong event provided opportunities for the Trust to inform and engage with members of the public through the medium of Welsh on the various services provided. Visitors to the stand had

the opportunity to learn lifesaving CPR skills from the Trust staff and first responders.

In up skilling the Welsh language skills of its staff, the Trust has registered with the National Centre for Learning Welsh in order to provide opportunities for its staff to receive a free 10-hour online course which teaches basic Welsh suitable for use in the workplace.

WAST, in partnership with Careers Wales took part in the filming of videos aimed at 16-18 year olds relating to the benefits of using Welsh in the Workplace. Bilingual staff from the North CCC in Llanfairfechan, shared their experiences on the benefits on how being able to speak Welsh has helped them at work when dealing with Welsh speaking 999 callers.

Disability

Transforming employment prospects for those with disabilities, along with creating an inclusive workplace is a key challenge for the NHS in Wales. With around one in six working-age adults reporting a disability, health and disability issues effect the working lives of millions of people and in an ageing population, inclusive workplaces are now viewed as crucial.

Progress has already been made towards understanding what we need to do to improve the experience of our existing colleagues and create greater opportunities for others with disability. As a result and as part of our renewed focus on promoting diversity and inclusion in 2019, we will focus specifically on developing plans to better support these colleagues; exploring what it means to promote a culture of being Disability Confident; how we encourage disabled people to apply for opportunities, and support them when they do and to ensure that there are no barriers to their development and progression.



Celebration and Staff Engagement

Being Our Best

On 8th June we held our 'Being our Best' day where 150 staff from across the organisation participated in a range of activities to help them celebrate and learn. These included wellbeing workshops and breakout sessions (including those relating to dementia, race, learning disabilities, sensory loss and mental health). This has been a deliberate focus to help colleagues to understand, recognise and value difference.



Staff Awards

Alison Johnstone was the deserved winner of the Staff Award for 'Valuing Inclusion', at the Staff Awards Ceremony held in Swansea in October. This award recognises those who treat other with dignity and respect. This award recognised how hard Alison has worked to take the Dementia agenda forward within the Trust. **Andrea Tucker**, NEPTS Operational Team Leader and **Sharon Thorpe**, CTL were runners up in this category and received highly commended certificates.

North Wales Public Sector Equality Network

As part of our involvement in the **North Wales Public Sector Equality Network WAST** took part in a large Public Engagement / Stakeholder Event in May. We took part in a number of table top discussions with stakeholders from across North Wales. Most of the feedback was about ensuring that NHS services were accessible.

Big Bang Recruitment and Welcome Days

We continue to try to ensure that we recruit the best possible new colleagues through our 'Big Bang' recruitment event in Swansea. This continues to provide the Trust with a great opportunity to increase diversity and for potential recruits to have the opportunity to understand the Trust's behaviours and Treating People Fairly agenda.

In this period there were also 23 Colleague Welcome Days across the Trust. These days provide new colleagues with the opportunity to be welcomed for their individuality and explore how they will live and own the Trust's behaviours. Within this, there is a specific focus on their role to **Treating People Fairly**.



The Next Six Months...

We will continue to develop our links with the UK Ambulance, NHS Wales and Welsh Public Services networks and equality groups to ensure the sharing of ideas and learning from best practice. Specifically, we will use our networks to develop our **Transitioning Guidance** for colleagues and managers on how to best support those who may wish to transition. Initial work has been undertaken in partnership with ABMU and Powys Health Boards. Resources are being developed to help colleagues understand more about transgender issues and what they need to be aware of when supporting Transgender patients.

We will continue to take every opportunity to support and challenge colleagues to recognise, understand and value difference including as part of the Team Leader Programme, development sessions, our Awards and recognition programme and in Colleague Welcome Days.

We will facilitate a development session with a focus on race equality for all Board members and Senior Leaders with the aim that this is prior to April 2019.

We will continue to explore and analyse information both strategically and locally to help develop the best possible approaches which help us develop a more diverse workforce and culture. These include using **ESR** and colleague feedback data (e.g. the **staff survey** results). We remain committed to achieving our 85% target of Statutory and Mandatory Training as this provides the base level understanding of equality related issues.

There will be an increased focus and drive to deliver our **WRES Action plan** and further explore how we can increase the representation of BME staff within the organisation. This will include working with Swansea University, developing our recruitment information and targeting specific events. This will be supported by reviewing our **recruitment** practices. We are also looking to provide greater opportunities to listen to the experience and ideas of existing BME staff through introduction of BME staff focus groups and surveys.

We will also begin to scope and better understand our workforce profile with colleagues who identify they have a disability and look at ways of removing barriers, perceived or otherwise, to people with disabilities of working within the Trust.

The introduction of the Trust's new People and Culture Committee in April 2019 will help ensure that we maintain a focus on Treating People Fairly and ensure that appropriate resources are in place to deliver the strategy.

Get involved –

If you are interested and would like to be more involved in the Treating People Fairly work, please contact jane.poulter@wales.nhs.uk .

If you want more information on the Staff LGBT Network please contact AMB_LGBTStaffNetwork@wales.nhs.uk or look them up on Twitter @wastlgbt

OUR BEHAVIOURS





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

FINANCIAL PERFORMANCE AS AT MONTH 9 2018/19 & UPDATE ON CAPITAL PROGRAMME 2018/19

MEETING	Trust Board
DATE	29 th January 2019
EXECUTIVE	Interim Director of Finance & ICT
AUTHORS	Gwen Kohler / Edward Roberts / Chris Turley
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 nine months of 2018/19 and an update on the capital programme 2018/19
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
FRC	10 th January 2019	To note the financial performance and forecast (as at M08 – verbal update on M09 provided)
EFG	23 rd January 2019	To note the financial position (as at M09)
Trust Board	29 th January 2019	To note the current year to date financial position (as at M09) and year end forecast and capital programme update

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

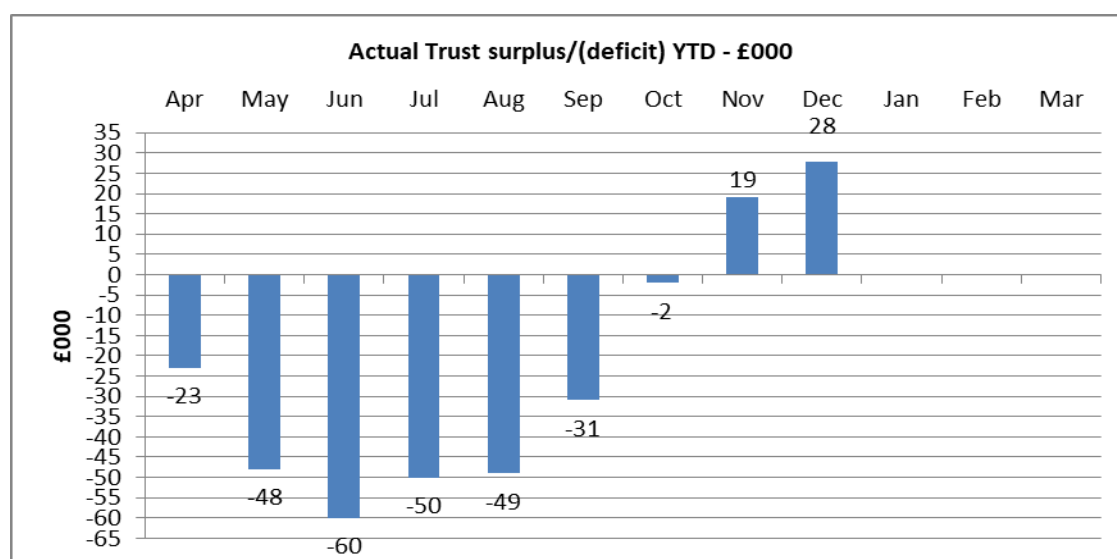
FINANCIAL PERFORMANCE AS AT MONTH 9 2018/19 & UPDATE ON CAPITAL PROGRAMME

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 December 2018 (Month 9) of the 2018/19 financial year. This is consistent with the verbal update on the Month 9 position provided to the Finance and Resources Committee (FRC) on 10th January 2019. It will also provide an update on the Trust's capital programme for 2018/19, again in line with that discussed at FRC.

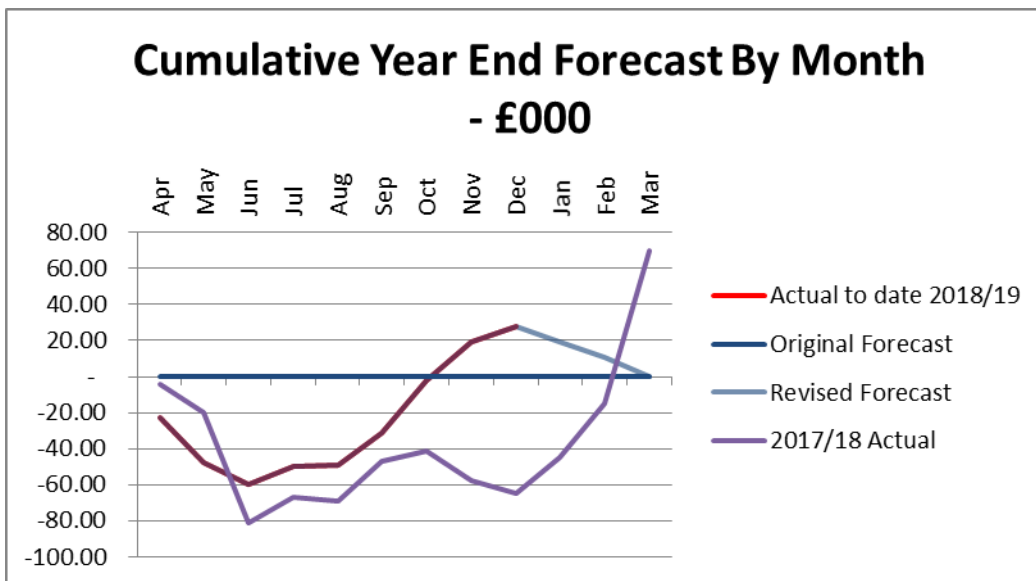
BACKGROUND

2. The year to date revenue financial position of the Trust as at Month 9 2018/19 (December 2018) is a small underspend against budget of £0.028m. This is an improvement in the year to date position this month of £0.009m. 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.



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 to inform the detailed financial planning for 2019/20 and beyond as part of the IMTP and in particular the detailed budget setting that will follow this. These include in relation to fuel due

to an upward trend in forecourt prices, causing a pressure against the baseline budget set for 2018/19, the use of Taxi services to support 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) which will help inform aspects of the 2019-22 IMTP.



ASSESSMENT

4. The Month 9 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 9 is a favourable variance of £0.385m. 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 will be 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 £1.505m. 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.
- Total cumulative Overrun expenditure reported to Month 09 was £697k which represents an under-spend of £74k. £547k spent on EMS Operations & CCC (Cumulative under-spend as at Month 9 of £56k) and £150k for NEPTS (Cumulative under-spend as at Month 9 of £18k). 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 9 is an adverse variance of £1.861m. Assumptions and main variances with this are as follows, **including some offsetting both the income and pay variances above:**

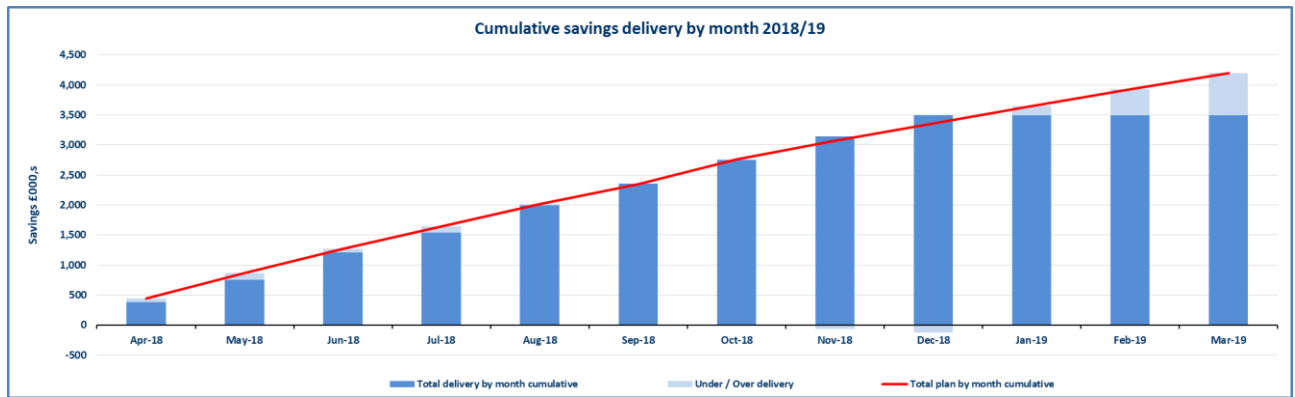
- Taxi and other vehicle hire position overspent by £282k. NEPTS share is £265k (of which some is offset by rechargeable income in BCU) with the main overspending area being the South East. Some of this is also offset by a surplus on Hospital Car Service of £87k. EMS CCC use of taxis is overspent by £17k;
- Fuel overspent by £379k (increase of £63k in Month 9) due to increased forecourt prices. Budget for 2018/19 has been devolved to directorate / Operational areas – the continuing cost pressure in this area will look to be further addressed as part of the 2019/20 financial plan, IMTP and budget setting;
- Fleet Maintenance is over-spent by £19k. The introduction of new vehicles should reduce this run rate in future months;
- Losses and Special Payments overspent by £189k (increase of £100k in Month 9 due to Quarter 3 estimates provided) and this include areas that cannot be recovered from the Welsh Risk Pool;
- Voluntary and independent sector providers are overspent by £230k. NEPTS overspent by £96k and EMS Ops by £134k of which the majority supports UCS

vacancies (reported as an under-spend in the pay position) and continuation of 'falls support' throughout 2018/19 which was introduced in Quarter 4 2017/18;

- Travel & Subsistence budget is currently under spent by £85k 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.
- ICT revenue position is currently under-spent to date by c£200k;
- Clinical Services and supplies are cumulatively overspent by £296k with the majority due to Medical and Surgical Equipment and the servicing and parts costs associated with Corpuls defibs. As discussed at previous Trust Board, measures have been put in place to ensure that all such costs are fully captured as part of future business cases, and the recurring impact of this will need to be picked up in 2019/20 budget setting;
- Pressures on Rates costs from loss of small business relief, general inflation uplifts and costs for new premises for 2018/19 has resulted in cost pressure of £268k. This area will continue to overspend to year end and at a higher rate as other business rates are due from other sourced buildings; whilst recognised as such in the business cases which supported such moves, future savings and efficiencies will need to now be identified to allow for such costs to be covered as part of 2019/20 and beyond budget setting. Continued savings on utility costs and buildings maintenance have resulted in under-spends of £78k and £77k respectively, to date;
- £400k of savings (£200k Admin Review and £200k additional income target) is held centrally in reserves and not allocated to directorate positions – however this is fully phased into the total Trust position. £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 9 cumulative financial position includes £200k of the unallocated and unachieved admin review target. Plans are now in place to commence a detailed admin review before the end of the financial year;
- Dilapidations on the former Barry Ambulance Station will result in a settlement of £129k to make good the premises in preparation for the end of the lease and this was included in the Month 8 financial performance – this is in excess of the current balance sheet value previously provided for this. Within Month 9 financial performance there has been a general increase in the provision for future dilapidations on leased buildings of £96k.

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 31st December the Trust has achieved total savings of £3.493m against a year to date target of £3.362m, an over achievement against the target of £0.131m. The year to date target represents 80% of the total annual target.
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 9 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.

14. FRC received a further detailed update on the delivery against each of the key areas within our 2018/19 savings plan, including highlight reports for each, which included details of the savings achievement, areas of non delivery, mitigating and corrective actions being explored and progressed and residual risks, along with operational, service delivery and quality impacts of achievement.

“Winter” initiatives

15. The Trust has now agreed additional funding via the Commissioner for a range of schemes submitted to improve operational performance through the winter 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 this are a number of additional schemes more recently proposed, including additional NEPTS discharge and transfers, which have also now been agreed. The Trust is progressing these on the basis that additional funding has been confirmed and will flow to the Trust to offset the additional net costs it will incur in providing these up to 31st March 2019. Any planned recurring elements will then also need to be agreed as part of the 2019-22 IMTP and financial planning process.

Corrective action

16. Whilst the Trust is in financial balance, work continues to be progressed via Budget Managers and the Executive Management Team (EMT) to discuss and deliver the actions required to ensure the continuing delivery of this in 2018/19, and also to address areas of overspend within the overall balanced position. Areas of work that are key to this include:

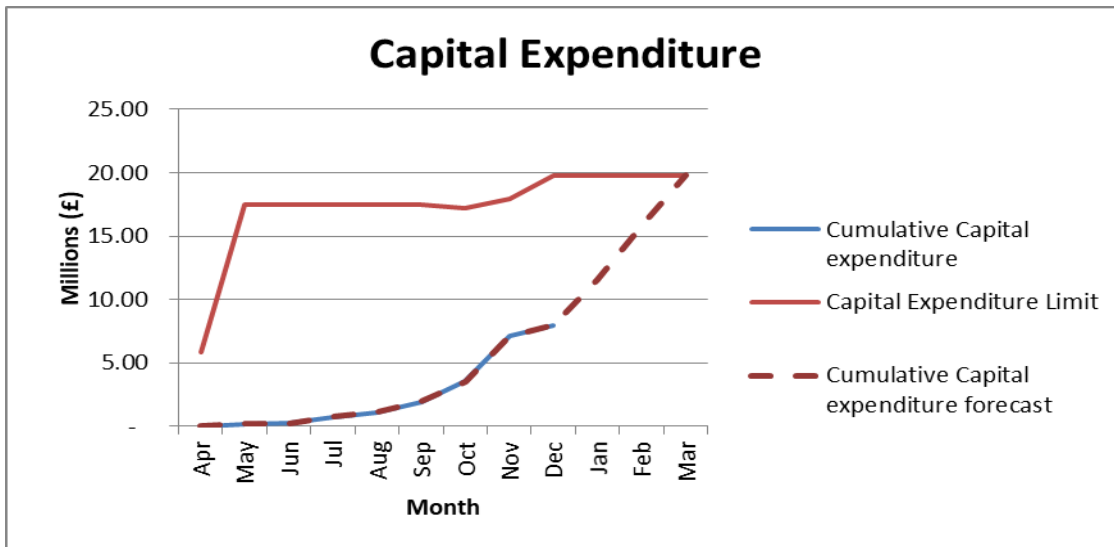
- As previously noted in relation to the NEPTS cost pressures a detailed “deep dive” into its financial position is continuing to identify how this compares to the assumptions built into the business case and analysing some of the operational challenges the service has faced since its implementation. A detailed update was presented to FRC on 10th January 2019. Discussions continue on this topic with the Chief Ambulance Services Commissioner (CASC) to which will help inform aspects of the 2019-22 IMTP;
- 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.
- Ensuring all continuing pressures that need to be are fully captured in the financial plan and subsequent detailed budget setting, for 2019/20 and beyond.

Balance sheet and update on discretionary capital programme

17. The Trust’s balance sheet at Month 9 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 9 the Trust’s current approved Capital Expenditure Limit (CEL) is £19.767m, the Trust also has to reinvest £0.018m 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 forward with spend now coming through as vehicles are being completed, this was all due to the earlier confirmation this year of fleet funding.

19. As at Month 9 the Trust has expended £7.957m or 40% of the CEL, with the majority of previously approved schemes progressing well.



Additional capital funding received

20. Included in the above total CEL value is now two additional amounts the Trust received from Welsh Government in Month 9 - £1.141m for additional discretionary items and £0.700m specifically for IM&T discretionary items.
21. FRC 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 10th January 2019, including a request to recommend to Board two specific schemes within this.
22. Given the timescales available to fully commit and spend this additional funding by 31st March 2019, there are some limitations to what can be achieved from such funding. Whilst the Trust had been progressing a range of potential areas where such additional funding could be spent, in anticipation of some further WG monies being made available, there are still some constraints in terms of what can be achieved in a relatively short space of time, from both a procurement and project / lead time perspective.
23. Notwithstanding this, a prioritisation exercise was undertaken as soon as possible following the confirmation of this additional funding, along the same lines as that employed earlier in the financial year. This used the same criteria and scoring mechanism used to prioritise the overall discretionary capital programme, and was set against a range of potential schemes previously worked up to utilise any additional funding received.
24. The results of this exercise were presented to FRC. In summary this concluded the following should be progressed from this additional funding, plus the small element of previously uncommitted discretionary capital allocation:-

Schemes	Reference	£m
Out of Hospital Cardiac Arrest Improvement Plan	1819-R2-BID036	0.915
Building and Engineering works only to form Training School at Ty Elwy	1819-R3-BID039	0.315
Glynneath Replacement Garage Door	1819-R3-BID040	0.020
Newtown Replacement Garage Door	1819-R3-BID041	0.010
Total		1.260

25. FRC were specifically asked to consider support for the two main schemes proposed from this additional funding, as follows:-

Out of Hospital Cardiac Arrest (OHCA) Improvement Plan, Reference 1819-R2-BID036

26. In late 2016, WG sought the support of the Wales Cardiac Network and its partners from across cardiac communities in Wales to produce a single plan that aligns guidance and describes a clinically agreed whole system pathway and approach to improving out of hospital cardiac arrest (OHCA) outcomes.

27. In 2017, Welsh Government released their OHCA Plan for Wales, detailing a number of objectives for improving response to and care of patients who have experienced a cardiac arrest in Wales. The Trust was highlighted in the report as a key partner supporting the delivery and achievement of most of the objectives outlined in the OHCA Plan. In response to this, and in recognising a need for WAST to review its approach to cardiac arrest management internally, the Head of Clinical Operations, Assistant Director of Paramedicine and WAST Cardiac Lead have compiled an OHCA Improvement Plan for WAST to ensure that the organisation meets these high level objectives. The objectives of the Best Practice Statements relating to OHCA have also been a key driver in the development of WAST's OHCA Improvement Plan to ensure benchmarked, high level and relevant standards are maintained throughout the plan's duration.

28. WAST respond to around 5,000 cardiac arrest calls within Wales every year, starting resuscitation attempts on approximately half of these calls. With the current arrangements and resources available to staff, return of spontaneous circulation (ROSC) is achieved in only around 11% of these attempts. 1 in 10 people will witness a cardiac arrest in their lifetime and the likelihood of achieving ROSC decreases by 10% for every minute that passes before CPR is initiated. In Wales, the significantly large rural and lower-populated areas add to the complexity of the challenge in ensuring that a person's chance of survival from an OHCA is as equal as possible in rural compared with urban locations. The need therefore to deploy as many trained resources as quickly as possible to a cardiac arrest is evident and high quality, timely and effective resuscitation technique from WAST staff informed by best practice is essential to improving the outcome of patients who suffer a cardiac arrest in Wales.

29. In order to support this best practice and to achieve the Welsh Government's objectives, WAST must implement a rigorous and high performance training programme for staff who will be responding to OHCA and support these staff with the guidelines, equipment and knowledge that will be required to improve patient outcomes and increase ROSC rates across the country.

30. The purpose of this capital scheme is to fund an OHCA Improvement Plan for WAST, primarily for the purchase of equipment to improve resuscitation techniques and enhance staff training to give patients the greatest chance of survival and ROSC. In 2017, the Medical Directorate established a Cardiac Conditions Group (CCG) to oversee WAST's cardiac-related projects and the group were sighted on the upcoming Welsh Government OHCA Plan. In early 2018 the CCG agreed that a WAST Resuscitation Faculty should be developed to undertake and disseminate high performance training throughout WAST and 15 members of the Medical and Clinical Directorate undertook SPHERE course training to improve their knowledge and skillset in responding to OHCA's. To disseminate the training to the required standard, the Resuscitation Faculty will require equipment to support their training of additional staff in best practice OHCA response technique. The Improvement Plan also

includes equipment that will support patient and staff safety in the transfer of patients requiring ongoing CPR to hospital.

Building and Engineering works only to form Training Facilities in Ty Elwy (Unit 7), Reference 1819-R3-BID039

31. The Board will be aware that the identification of a new Regional Headquarters in North Wales has been a high priority scheme under the Trust WG approved IMTP and the project to refurbish Unit 7, St Asaph Business Park (Ty Elwy) is presently nearing completion as part of the Estates capital programme in 2018/19. However, Board will also be aware that the current phase of works predominantly focusses on the first floor, with plans for much of the remainder of the building still to be agreed.
32. The purpose of this additional scheme is to convert and refurbish some of the remaining floor area on the ground floor, for use as a training facility. The Trust IMTP contains significant deliverables for staff training including modern centralised building based facilities capable of delivering the Trusts training aspirations. Fully in line with the Trust's emerging and finalising training and education strategy, forming a training facility on the Ty Elwy site as the current refurbishment works are concluding, would have numerous benefits listed below:-
- Centralised training in North Wales with proximity to Police and Fire HQ's located also on St Asaph Business Park;
 - Improved and enhanced training facilities for staff;
 - Rationalisation of existing premises reducing over utilisation at "Stations" and improving operational aspects;
 - Improved corporate identity;
 - Improved availability of training/meeting space in central North Wales; and
 - Savings will be made on travel currently made by staff to South Wales Training Centre;
 - Undertaking this work now as part of finalising the current refurbishment works on site will provide better value for money for the works required, compared to looking deliver this separately in the future. In fact this element was initially planned to also be included in the first phase of works on the Unit 7 facility, but was subsequently removed due to affordability – the additional funding now available will allow for this to now be completed this financial year.
33. Whilst supportive of both of these schemes, FRC were not in a position to fully recommend Board approval of either of these at its meeting on 10th January, as additional information to do so was requested. This included, for the OHCA scheme further details on the actual expenditure items, greater articulation of the benefits and how this fits in with the national plan, and for the training school scheme confirmation that the refurbishment will provide a future proof configuration to fulfil training requirements and clarity in terms of some of the equipment and ICT costs to fit this out, if progressed (see below). This has all therefore been progressed since the FRC meeting, with a "virtual" update and support being sought from FRC members ahead of the Trust Board meeting on 29th January. A further update on the status of this will therefore then be provided to the Board meeting and Board will be asked to agree the governance route required to then fully approve these. This all being in the context of such approvals then being required as soon as possible, to ensure that this additional capital funding can be spent by 31st March 2019.

Additional IM&T funding

34. At the same time that the above c£1.1m additional discretionary capital funding was provided, the Trust was also notified of an additional £0.7m capital funding to specifically be spent on IM&T and digital issues, again by 31st March 2019. FRC therefore also received a verbal update on the progress on plans to utilise this funding to maximum benefit, again noting the time constraints in doing so.

35. The process to determine the plans for utilising this funding has been progressed through the ICT Steering Group, which reports into FRC. Noting again the time limited nature of the type of items that can be progressed now with this funding, other areas of consideration that have been deployed in determining the priority list for this money include:-

- The ability to accelerate, where possible, any schemes which were emerging as priorities for 2019/20, thus freeing up elements of next year's capital funding for other priorities;
- The ability to replace elements of current schemes which had to be removed previously due to affordability,

whilst continuing to ensure full alignment with the Trust's IMTP and LDPs.

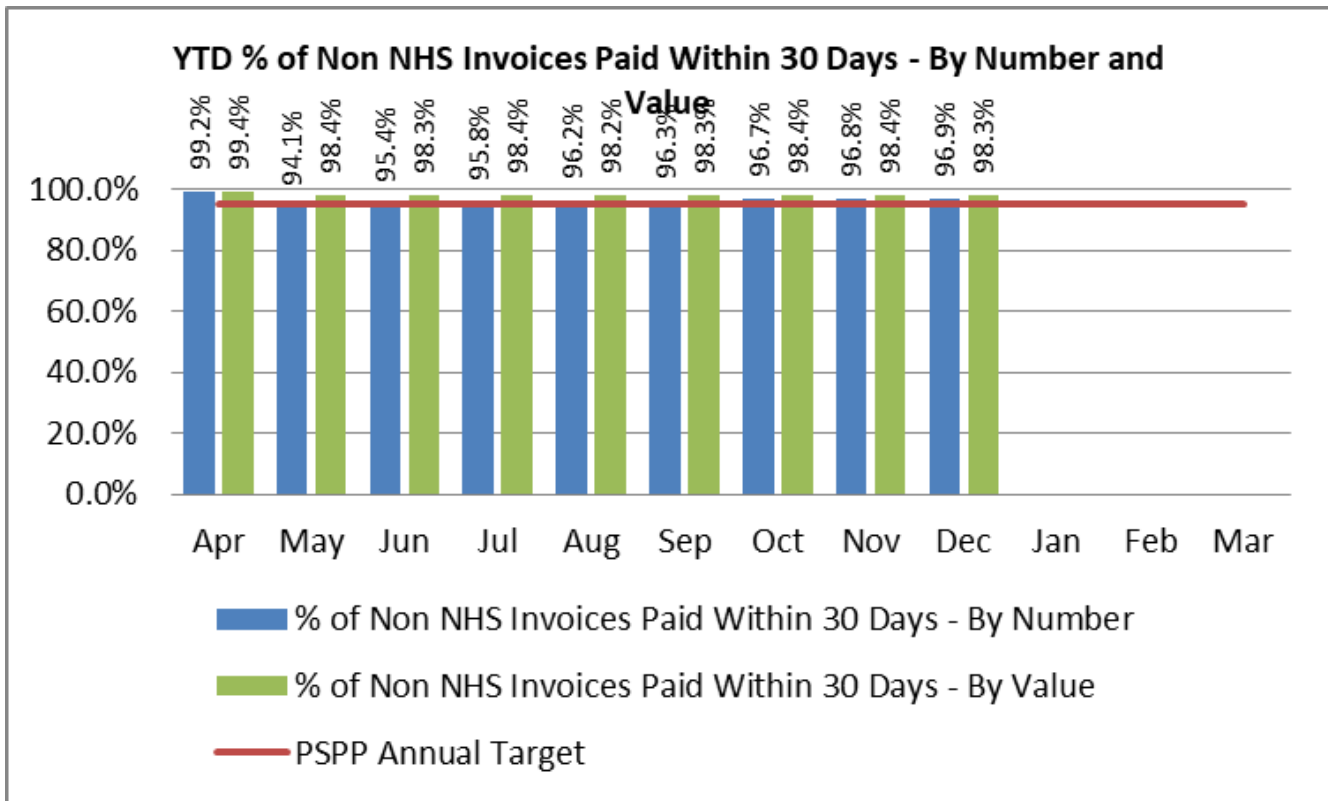
36. This has therefore resulted in a range of schemes emerging for likely prioritisation from this funding, including:-

- To enhance and improve the ICT equipment as part of the move to Matrix One – this was previously unaffordable but will ensure parity now with that being progressed for Ty Elwy;
- A further extension of the initial staff mobile devices pilot, to a level that remains revenue affordable;
- Enhancing the Trust's Video Conferencing facilities;
- Some additional servers and improved resilience, especially in respect of NHSDW / 111, and
- As noted above, ICT kit in relation to the training school development for Ty Elwy.

37. ICT Steering Group members are being asked to confirm their final support for the resulting prioritised list of schemes, after which this will also then be taken through to FRC members (as part of the above process for final confirmation and support of the main additional discretionary capital funding items). This will also allow for a further update on the status of this to be provided to Board at the meeting on 29th January, at which the above governance route being sought can include any items here similarly requiring Board approval. This is again being in the context of such approvals then being required as soon as possible, to further ensure that this additional IM&T capital funding can also be fully spent by 31st March 2019.

PSPP

38. Public Sector Payment (PSPP) compliance for Month 9 was 96.9% against the 95% WG target set for non-NHS invoices by number, and 98.3% by value.



Risks

39. 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 stage of the financial year no plan for forecast is completely risk free. These include:-

- Non delivery of Saving Plans/CIP's. This is now a very low risk, and has been reviewed and reduced to £0.100m based on the Trust's current achievements of savings;
- 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 well into 2019/20. It is not expected therefore that this will now have a material impact in the 2018/19 year end financial position;

- Personal Injury Benefit (PIBs) funding has been included as a risk, albeit the Trust will discuss with WG as it has in previous financial years to ensure funding would be made available in line with the PIBs costs which materialise during the financial year – this is therefore much more of a technical risk;
- Still recorded as a risk is the funding in regards to technical funding for additional impairments of £3.744m. This is recorded as low risk as it is assumed that WG will fund this as in previous financial years, and discussions are taking place to ensure this.

Format of future Board and Committee reporting

40. 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. Further detail on this as it is finalised, including the publication of a good practice guide, will be taken through the new Finance and Performance Committee in the first instance. It is expected that this will be launched at an NHS Wales Finance Academy event in mid-February.

RECOMMENDED That the Board:

- (1) 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;**
- (2) Note 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;**
- (3) Note the update in relation to additional capital funding that was made available to the Trust in Month 9, and advise on the governance routes to be taken to ensure proper approval of all schemes being proposed from this money, as highlighted in paragraphs 33 and 37, noting also that this funding will need to be fully spent by 31st March 2019.**

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

	INCOME	PAY	NON-PAY	TOTAL
Month 9 2018/19	Variance £'000	Variance £'000	Variance £'000	Variance £'000
Service Delivery	104	291	38	149
Resilience	- 47	- 52	68	32
Resources	- 84	- 216	7	292
Clinical Contact Centre	- 1	- 163	- 31	195
999 Clinical Contact Centres	-	- 0	- 178	178
Head of NHSD/111	- 40	- 100	49	91
Abertawe Bro Morgannwg HB	- 39	- 173	118	94
Aneurin Bevan HB	- 112	146	77	111
Betsi Cadwaladr HB	- 41	- 441	248	235
Cardiff and Vale HB	- 3	- 126	202	72
Cwm Taf HB	- 0	- 6	32	26
Hywel Dda HB	- 37	- 109	11	136
Powys HB	- 3	183	90	271
First Responders	- 10	30	23	43
Air Ambulance	-	- 0	-	0
Subtotal Service Delivery	- 312	- 1,321	754	- 878
Chief Executive	- 84	64	- 7	27
Board Secretary	-	11	- 12	1
Director of Partnerships & Engagement	- 54	17	- 3	41
Strategic Development	- 0	- 20	- 3	22
Clinical	2	70	23	95
Workforce & OD	- 12	- 191	91	112
Quality, Safety & Patient Experience	- 0	- 128	- 8	136
Trust Income	28	-	-	28
Reserves	153	217	524	894
Deputy Director of NEPTS	- 93	88	438	433
Finance Department	6	- 40	- 106	139
Head of ICT	- 9	- 80	- 200	288
Estates	- 9	10	366	366
Head of Health Informatics	- 1	- 62	- 9	72
Capital & Estates	- 0	- 141	13	128
HCS	-	-	-	-
Net (Surplus) / Deficit	- 384.9	- 1,505.0	1,861.5	- 28.4

Annex 3 - Income and Expenditure Analysis

Month 9 2018/19	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Annual Plan 2018-19 £'000
INCOME				
Total Income	- 140,296	- 140,681	- 385	- 188,028
EXPENDITURE				
Administrative, Clerical & Board Members - Pay	15,951	15,355	(596)	20,703
Medical & Dental - Pay	23	77	54	111
Nursing & Midwifery Registered - Pay	6,037	5,772	(265)	7,796
Prof Scientific & Technical - Pay	-	-		279
Additional Clinical Services - Pay	35,065	36,892	1,827	48,560
Allied Health Professionals - Pay	40,353	37,957	(2,396)	52,085
Healthcare Scientists - Pay	-	-		-
Estates & Ancillary - Pay	1,380	1,251	(129)	1,657
Students - Pay	-	-		-
Pay - Sub Total	98,809	97,304	- 1,505	131,191
Clinical Services & Supplies - Non Pay	2,110	2,407	297	2,817
General Services & Supplies - Non Pay	588	697	109	785
Establishment & Transport Expenses - Non Pay	12,601	13,071	470	16,848
Premises and Fixed Plant - Non Pay	20,519	20,909	390	27,861
External Contract staffing & consultancy - Non Pay	172	183	11	205
Other Services - Non Pay	5,497	6,081	584	8,321
Non Pay - sub total	41,487	43,349	1,862	56,837
Total Expenditure	140,296	140,653	356	188,028
Net (Surplus) / Deficit	0	28	- 28	-

Annex 4 - Balance Sheet		
	Closing Balance End of Dec 18	Forecast Closing Balance End of Mar 19
Non-Current Assets	£'000	£'000
Property, plant and equipment	72,456	76,426
Intangible assets	2,755	4,270
Trade and other receivables	566	500
Other financial assets	-	-
Non-Current Assets sub total	75,777	81,196
Current Assets		
Inventories	1,228	1,200
Trade and other receivables	8,152	13,475
Other financial assets	-	-
Cash and cash equivalents	10,693	326
Non-current assets classified as held for sale	-	-
Current Assets sub total	20,073	15,001
TOTAL ASSETS	95,850	96,197
Current Liabilities		
Trade and other payables	14,401	16,257
Borrowings	341	1,500
Other financial liabilities	-	-
Provisions	4,368	4,368
Current Liabilities sub total	19,110	22,125
NET ASSETS LESS CURRENT LIABILITIES	76,740	74,072
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	69,570	66,917
FINANCED BY:		
Taxpayers' Equity		
PDC	66,162	63,537
Retained earnings	(6,283)	(6,311)
Revaluation reserve	9,691	9,691
Other reserve	-	-
Total Taxpayers' Equity	69,570	66,917

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	270	1,117
ICT AWCP TOTAL				1,117	270	1,117
18/19 Fleet BJC						
EMS Chassis 18-19				1,319	662	1,319
EMS Conversion 18-19				1,894	517	1,894
EMS Comms 18-19				45	33	45
EMS Equipment 18-19				1,019	1,041	1,019
RRV Chassis 18-19				853	700	853
RRV Conversion 18-19				576	416	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
PCS Large Renault Master (stretcher) Conversion 18-19				64	-	64
PCS Large Renault Master (stretcher) COMMS 18-19				3	14	3
PCS Large Renault Master (stretcher) EQUIP 18-19				34	32	34
PCS Large Renault Master (Double Wheel Chair) Chassis 18-19				623	162	623
PCS Large Renault Master (Double Wheelchair) Conversion 18-19				980	257	980
PCS Large Renault Master (Double Wheelchair) COMMS 18-19				47	28	47
PCS Large Renault Master (Double Wheelchair) EQUIP 18-19				98	89	98
Specialist (NREV) Chassis 18-19				158	-	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	60	82
Project Costs 18-19				102	66	102
Specialist (Driver Training) Chassis 18-19				106	-	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	-	41
Make Ready Vehicle Conversion 18-19				4	-	4
Make Ready Vehicle COMMS 18-19				-	-	-
Make Ready Vehicle EQUIP 18-19				15	-	15
Additional Communication Equipment ORH				153	-	153
Contingency				272	-	272
18/19 Fleet BJC TOTAL				10,293	5,065	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
EMS Equipment 17-18			Slippage		-	5
PCS Large Renault Master (stretcher) Chassis 17-18			Slippage		-	0
PCS Large Renault Master (stretcher) Conversion 17-18			Slippage		80	80
PCS Large Renault Master (stretcher) COMMS 17-18			Slippage		25	22
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		147	123
PCS Large Renault Master (Double Wheelchair) COMMS 17-18			Slippage		1	24
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
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
Fleet 2017/18 BJC TOTAL					274	266
						274

Fleet 2016/17 BJC								
EMS	Slippage		27/04/2017	WG	-	6	-	
PCS	Slippage			WG	-	-	-	
RRV/EP	Slippage			WG	-	2	-	
Specialist	Slippage			WG	-	-	-	
Project Costs	Slippage			WG	-	-	-	
Sat Nav	Slippage		27/04/2017	WG	-	-	-	
Patient Movement Support Vehicles (3)					-	-	-	
NEPTS Renal cars 16-17	Slippage			WG	-	-	-	
Fleet 2016/17 BJC TOTAL						-	9	-
Fleet Other - 8810								
Fleet Safety Costs - repairs to vehicles			27/04/2017	NS	150	132	150	
Asset De-recognition - engine replacement for 515's in M3			27/04/2017	NS	150	120	150	
			27/04/2017	NS	-	-	-	
WORKSHOP 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 Defibrillators RRV Fleet	1718-R1-BID042		14/09/2017	NS	-	0	-	
					-	-	-	
NEPTS Chargers			27/02/2018	NS	-	-	-	
BJC 17-18								
Fleet Other 8810 - TOTAL						376	289	376
ICT Projects - 8830								
General replacement and new hardware		1033	27/04/2017	NS	175	69	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	4	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	18	174	
Upgrade of Cybertech Call Recording System	1819-R2-BID24		20/09/2018		89	-	89	
Replacement of VPH Core Lan Switches	1819-R2-BID25		20/09/2018		32	-	32	
Implementation of the GoodSAM MIS Module into the EMS CAD System	1819-R2-BID26		20/09/2018		33	-	33	
Data Warehouse Modernisation Programme	1819-R2-BID32		20/09/2018		31	31	31	
Electronic Clinical Patient Records					24	-	24	
IM&T Discretionary					700	-	700	
ICT Projects - 8830 TOTAL						1,451	160	1,451

Estates Projects - 8840						
2016-17 Projects						
Roofing Colwyn Bay 16/17 - 17/18	1017	27/04/2017	NS	-	-	0
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	-	16	-
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 - Hawthome	ESTATES 7	27/04/2017	NS	-	-	-
Carmaethen 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	-	150
Whitland Extension and Relocation to Fire Station	1718-R1-BID023	27/04/2017	NS	84	3	84
Bryncethin - Drainage repairs, Tarmac resurfacing and additional parking spaces	1718-R1-BID030	27/04/2017	NS	-	-	-
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	338	477
Relocation of Barry Ambulance Station to Barry Fire Station & MRD	1718-R1-BID027	14/09/2017	NS	1	-	0
Unit 7 - HQ St Asaph Relocation 17-18	1718-R1-BID060	15/12/2017	NS	2,054	1,287	2,054
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	-	-	-
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	-	5	-
2018-19 Projects						
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control Room and associated works	1819-R1-BID004	10/05/2018		109	6	109
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	1819-R1-BID010	10/05/2018		45	5	45
works	1819-R1-BID011	10/05/2018		66	-	66
Snowdon House - Replacement mechanical servicers	1819-R1-BID012	10/05/2018		5	10	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	55	917
Relocation of Staff off Lansdowne				84	26	84
Support For Fees relating to the Estates SOP				291	-	291
General Estates Fund 18-19 Utilised on Projects Below:				175	-	175
Estates Projects- 8840 TOTAL				4,515	1,788	4,515
Equipment - 8820						
Efficiency through technology	a1067		NS	-	-	-
Equipment	1718-R1-BID012	27/04/2017		-	-	-
Estates & Network Work to Accommodate Omnicell Medicines Cabinets	1718-R1-BID019	27/04/2017		-	-	-
Cycle Response 16-17				-	-	-
Equipment - 8820 TOTAL				-	-	-
Project Support Costs - salary paid from capital						
		27/04/2017	NS	326	109	326
Discretionary Capital 2018/2019 TOTAL				6,942	2,622	6,942
Non-Discretionary Capital Total				11,410	5,335	11,410
Discretionary & Non-Discretionary TOTAL				18,352	7,957	18,352
Unallocated Discretionary Capital (incl NBV proceeds)				1,433	-	1,433
Unapproved/Overspend Schemes				-	-	-
TOTAL CAPITAL PROGRAMME				19,785	7,957	19,785



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

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– November 2018

MEETING	Trust Board
DATE	29 January 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	02/01/19	Consideration and approval
FRC	10/01/19	Consideration and approval
EMT	23/01/19	Consideration and approval
TRUST BOARD	29/01/19	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 November 2018 and to highlight the headline performance for December 2018, with detail specifically for the Christmas and New Year period.

BACKGROUND

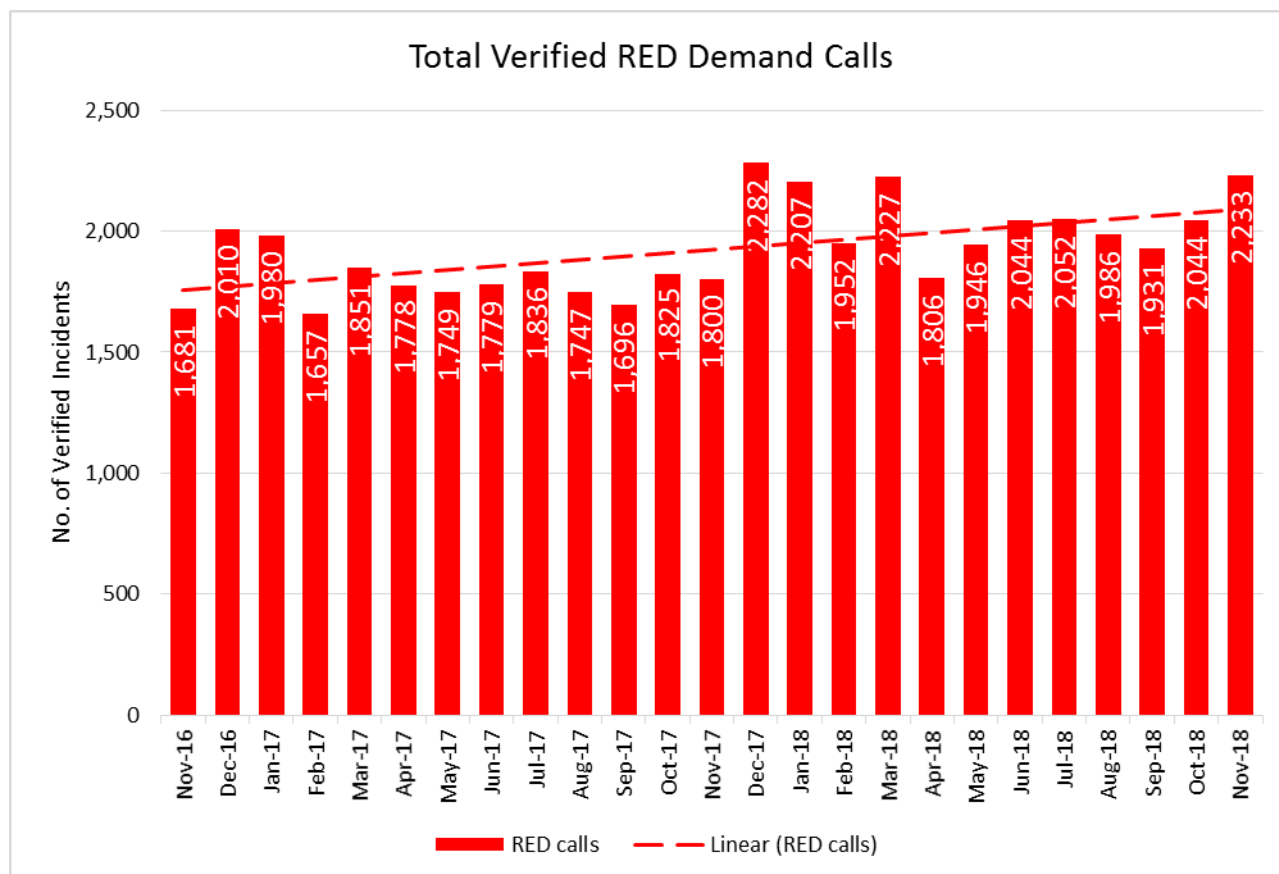
2. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. 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 (July 2018 – September 2018) was published on 31st October 2018. 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 are. The next iteration of the EMS AQIs is due to be published on 30 January 2019 for the period October 2018 – December 2018, these will be released to Trust Board on 29 January 2019, embargoed.
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 included: requirement for a top 10 list of indicators; each of the top 10 indicators to have an analysis of what is happening and what we are then doing about it; and all other indicators on which Trust Board are accountable for, to be included in appendices, with possible reference by exception.
5. In the interim, this report has made various changes, based on the feedback received. The length of the report has been shortened to focus on the measures for which Board/committee are held to account and a separate PowerPoint pack of graphs has been included which can be projected on screen during Board to aid discussion. Where possible the graphs now provide two years of data so that a clear trend can be seen and enable seasonal comparison.
6. Three new scorecards (Welsh Government, EMT and NEPTS) are attached at **Annex One** and the PowerPoint set of graphs at **Annex Two**.
7. 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

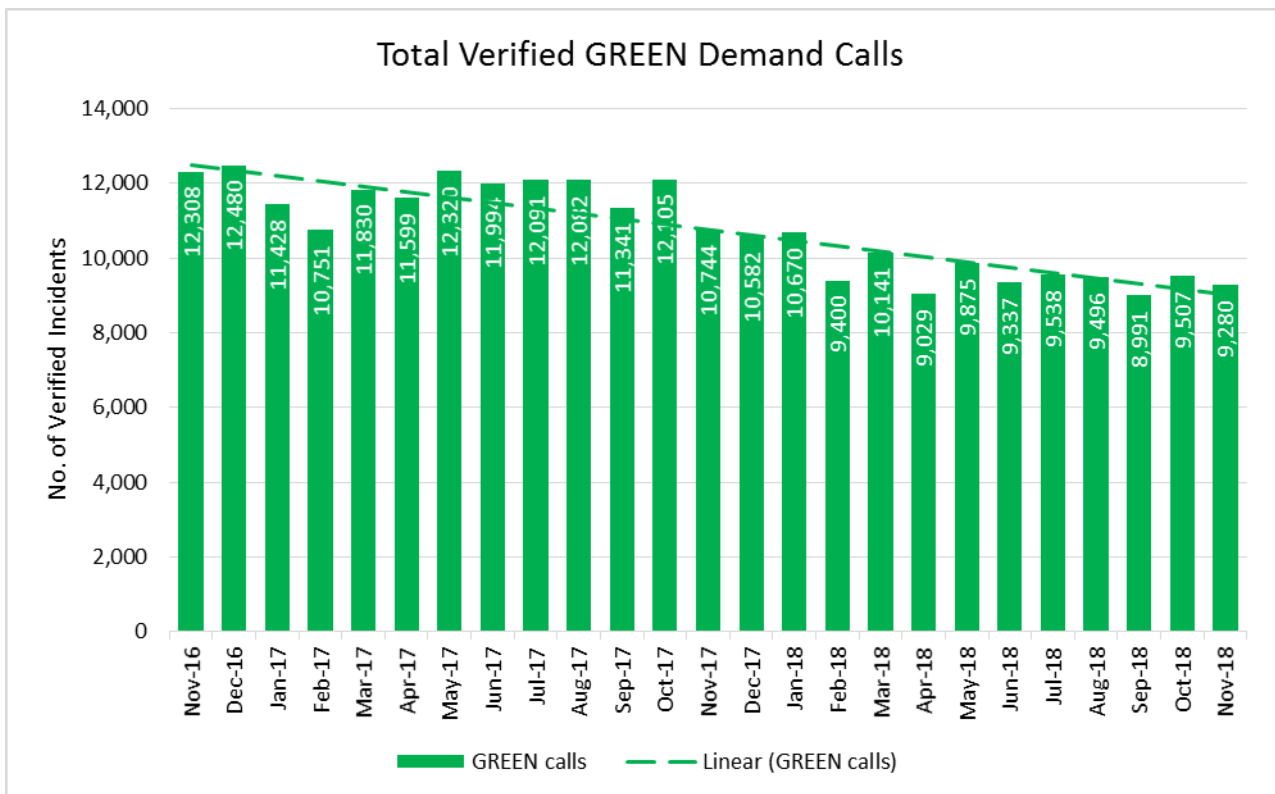
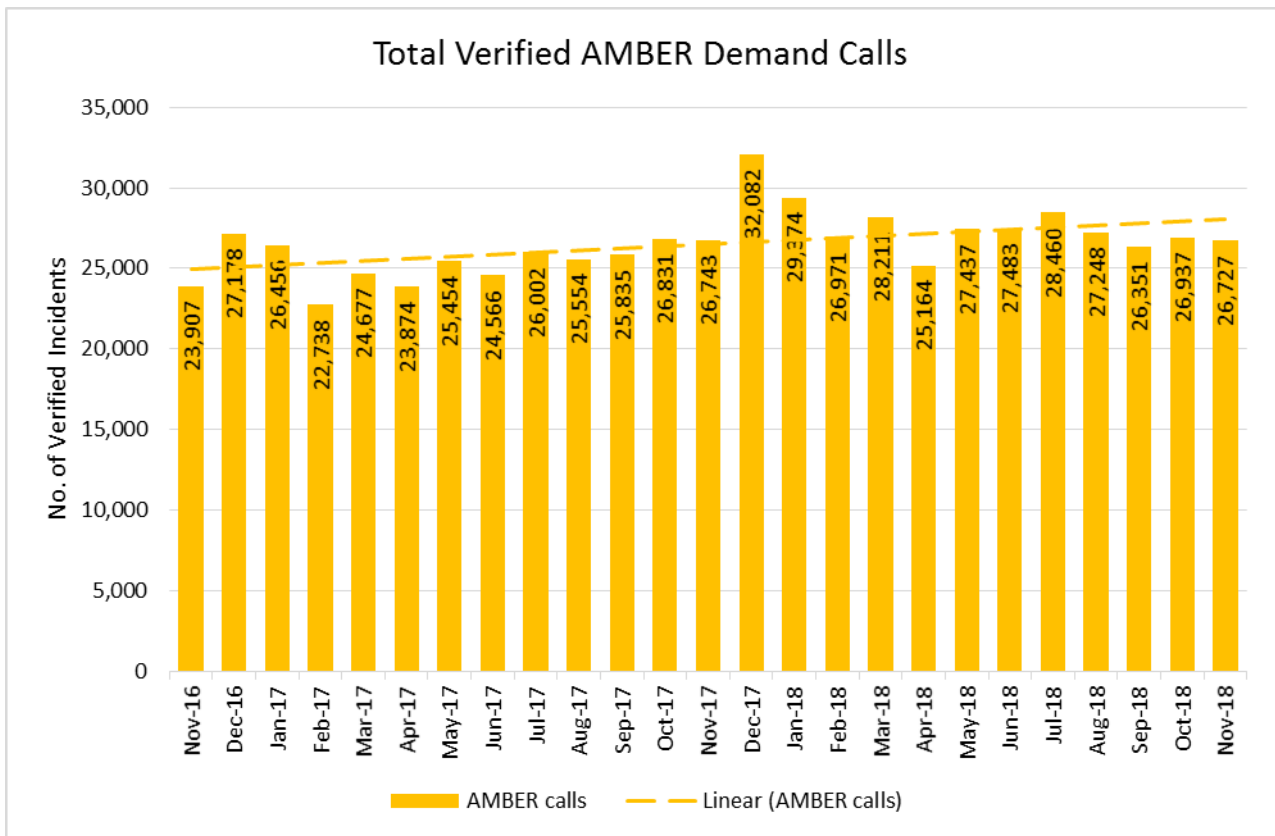
Measures Group in collaboration with the Chief Ambulance Services Commissioner (CASC). A detailed analysis on the AQIs is currently being undertaken, with a report due to EMT on 30th January.

ASSESSMENT

Demand

8. **EMS incident demand has increased by 0.76% year on year.** This is below the ORH forecast of 2.7% per annum for five years to 2020/21; however, the ORH forecast used five years of incident data to arrive at their forecast. One year needs to be treated with caution. This overall figure hides significant variation in Red, Amber, Green incident demand, with Red incidents increasing by 13.83% year on year, Amber by 8.67% and Green reducing by 17.70%.





9. 999 call demand decreased by 0.88% in November 2018, compared to October 2018.

10. NHSDW call demand decreased by 4.02% in November 2018, compared to October 2018.

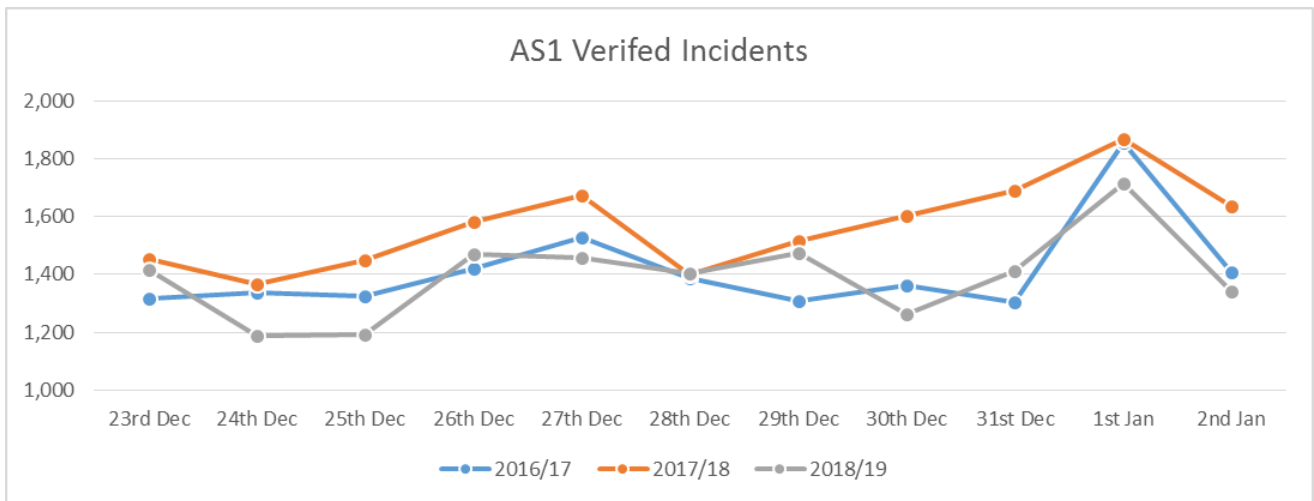
11. 111 telephony demand continued to increase, this time by 19.01% in November 2018, compared to October 2018, which reflects the further roll out of the service and increased demand in the winter period.

12. Non-Emergency Patient Transport journeys decreased by 3.25% in November 2018, compared to October 2018.

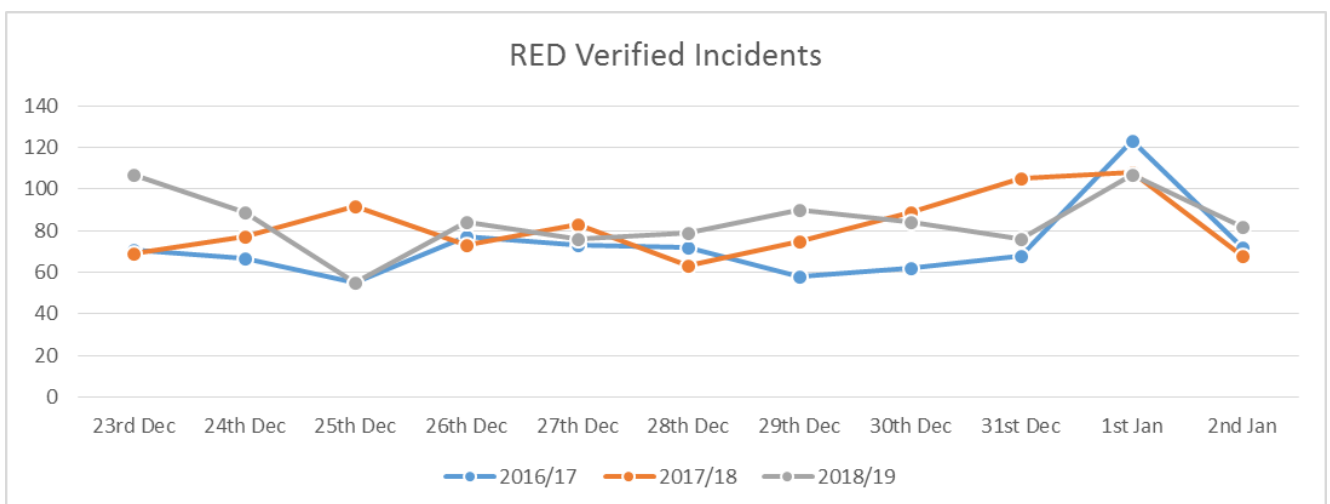
What happened in December, specifically over the Christmas and New Year period? (NB. Data included in this section is unverified)

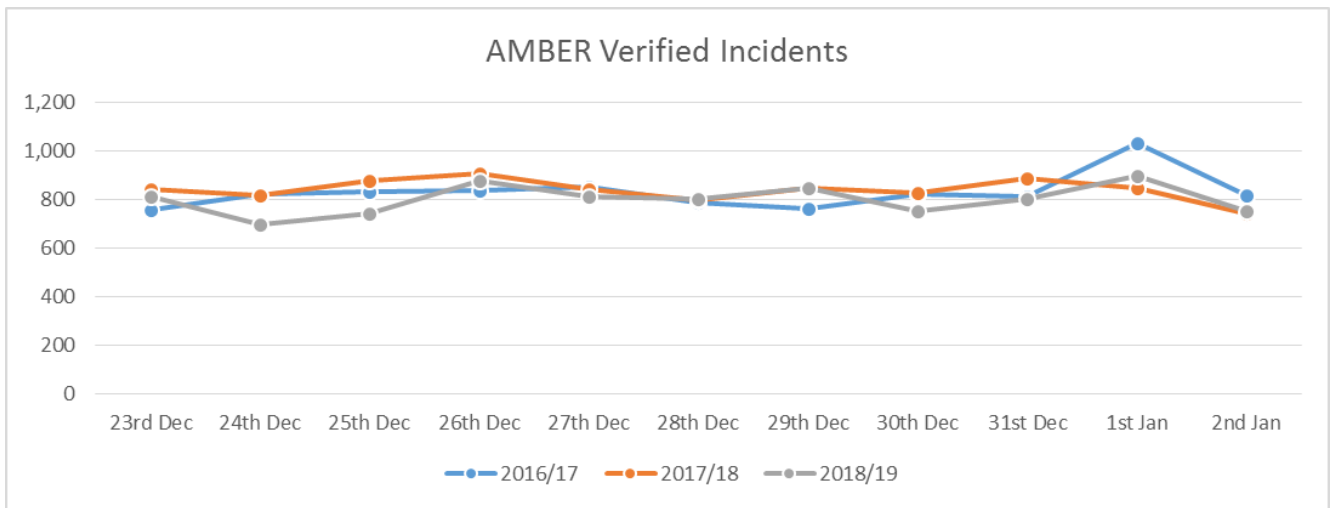
13. The headline December (draft data yet to be officially released) performance was an improvement in **Red performance**, percentage of responses within 8 minutes, at 72.8% compared to 70.0% in December 2017. **Amber performance** also improved when compared to December 2017, however it has worsened since November 2018. **Amber Median** was 24 minutes and 51 seconds in 2018, compared to 29 minutes and 23 seconds in 2017; **Amber 65th percentile** was 38 minutes and 14 seconds, compared to 47 minutes and 18 seconds in 2017; and **Amber 95th percentile** was 2 hours 41 seconds and 41 seconds compared to 3 hours 44 minutes and 56 seconds in 2017.

14. Over the Christmas and New Year Period (23rd December 2018 to 2nd January 2019), the total verified incidents were 12% lower than the same period in 2017, and 1% lower than in 2016.

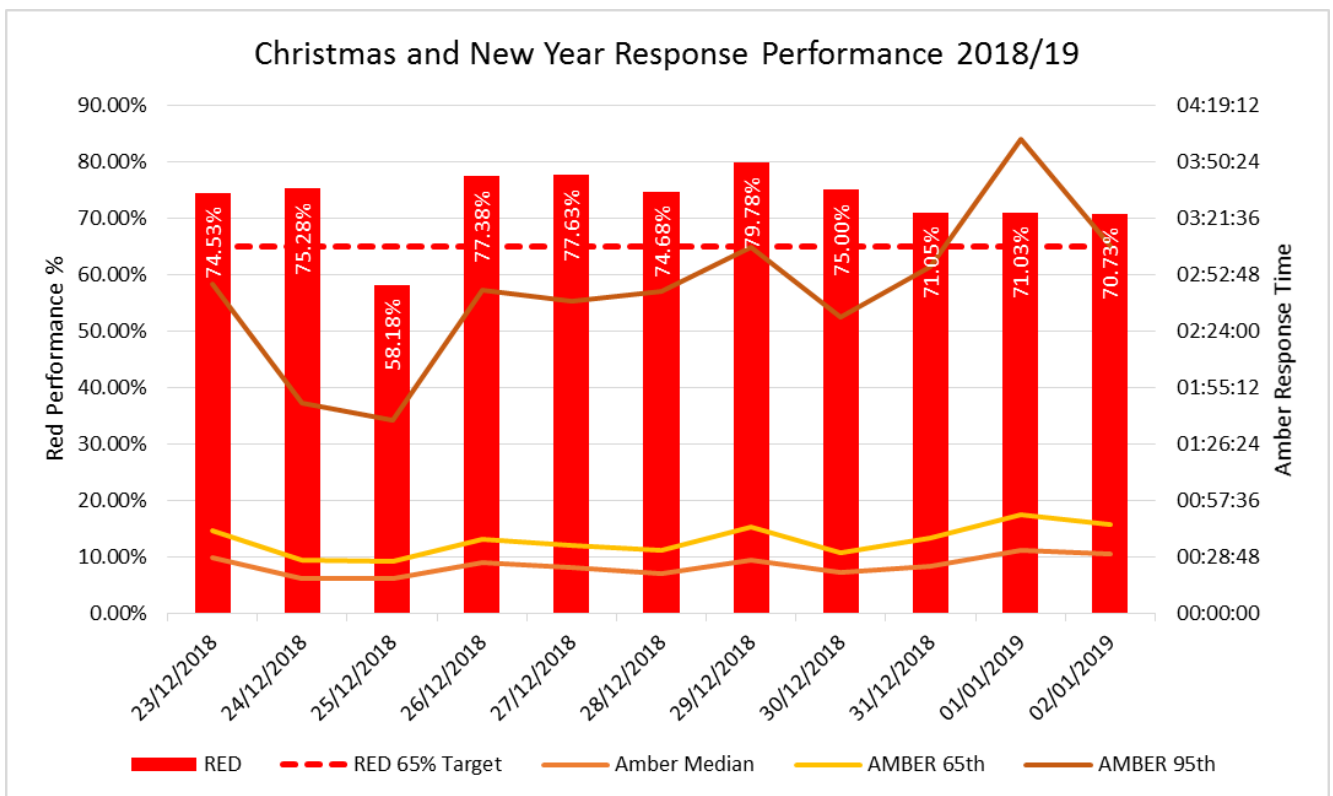


15. Despite overall demand falling, there was a 3% increase in **Red demand** over the period, even though Christmas Day and New Year’s Eve were lower when compared to previous years. Overall **Amber demand** has fallen by 5% compared to the same period last year. The decrease is attributable to a 10% fall in **Amber1 demand**. There was an 8% increase in Amber2 demand compared to 2017.



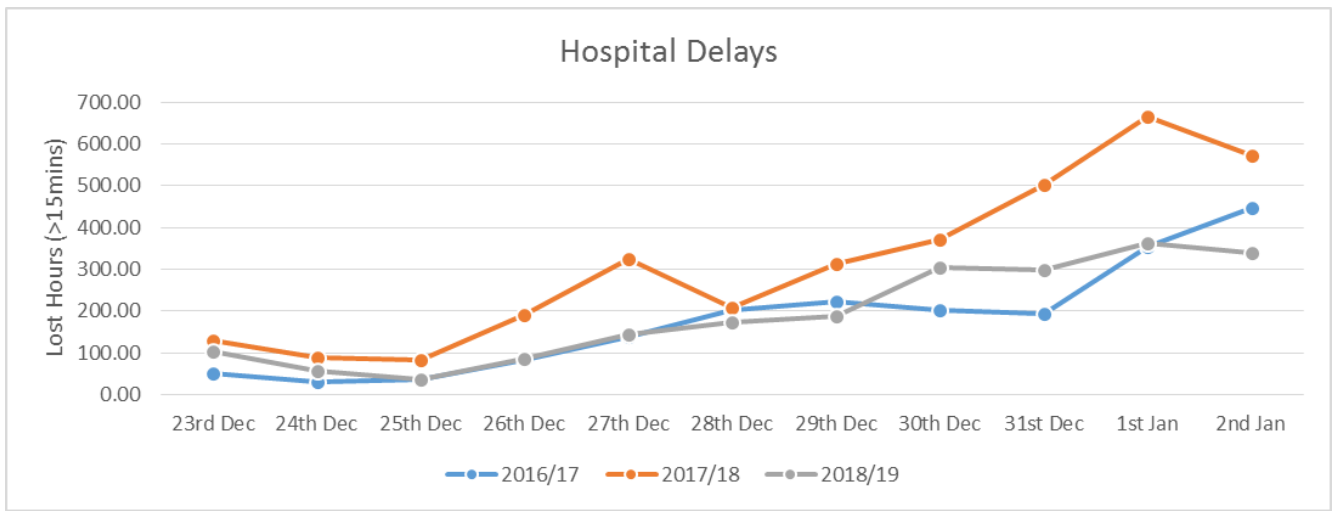


16. Red performance was sustained above the 65% target at an all Wales level (73.21%), however Christmas Day did not to reach the 65% target (58.18%). **Amber Median response** was 24 minutes and 30 seconds; **Amber 65th percentile** was 37 minutes and 12 seconds; and **Amber 95th percentile** was 2 hours, 44 minutes and 12 seconds.



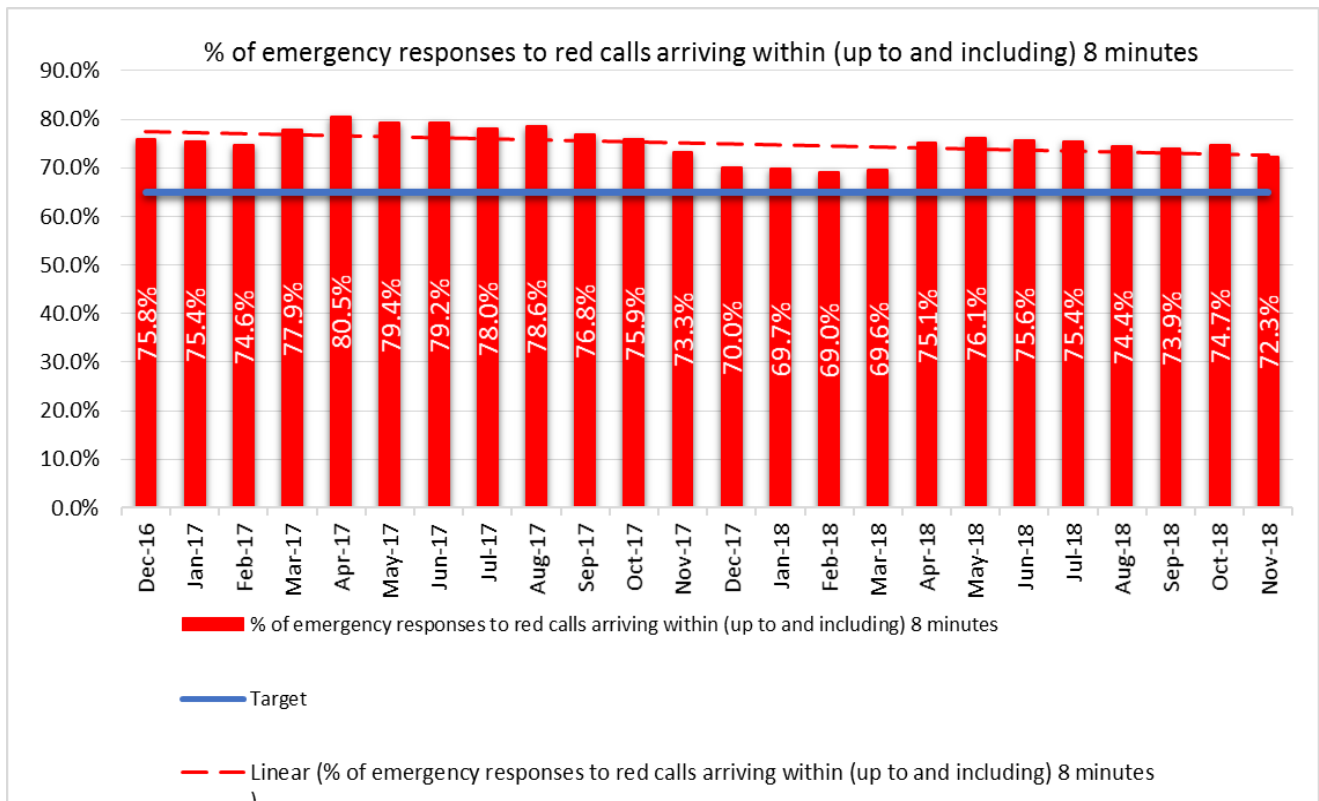
17. Further detailed response data for the Christmas and New Year period can be found in **Annex Three**, including outliers for Red and Amber 95th percentile responses.

18. Over the Christmas and New Year period, lost hours due to Notification to Handover delays (over 15 minutes) were consistently lower than previous years.



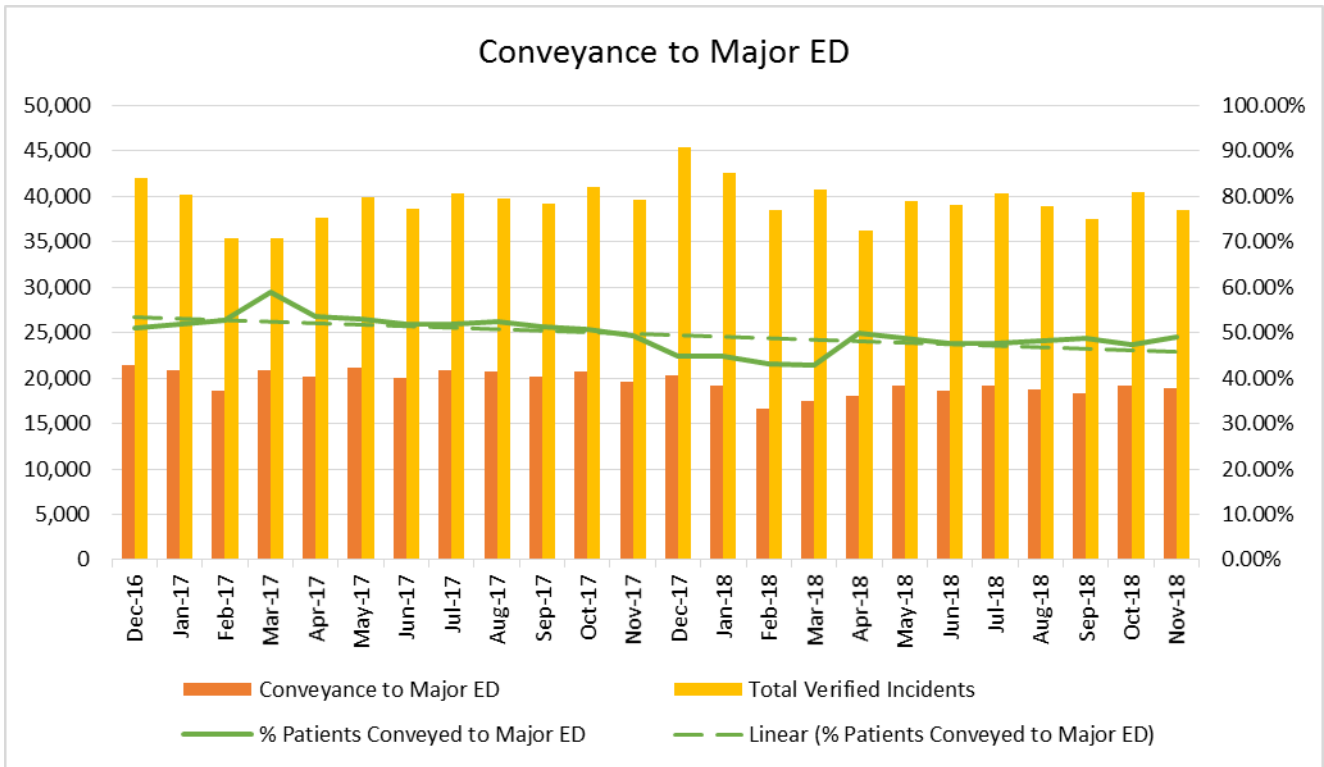
What Is Going Well?

19. Red performance continues to be sustained above the 65% target in November at an all Wales level (72.3%). This position has been sustained over the previous 12 months; however, performance is gradually declining.



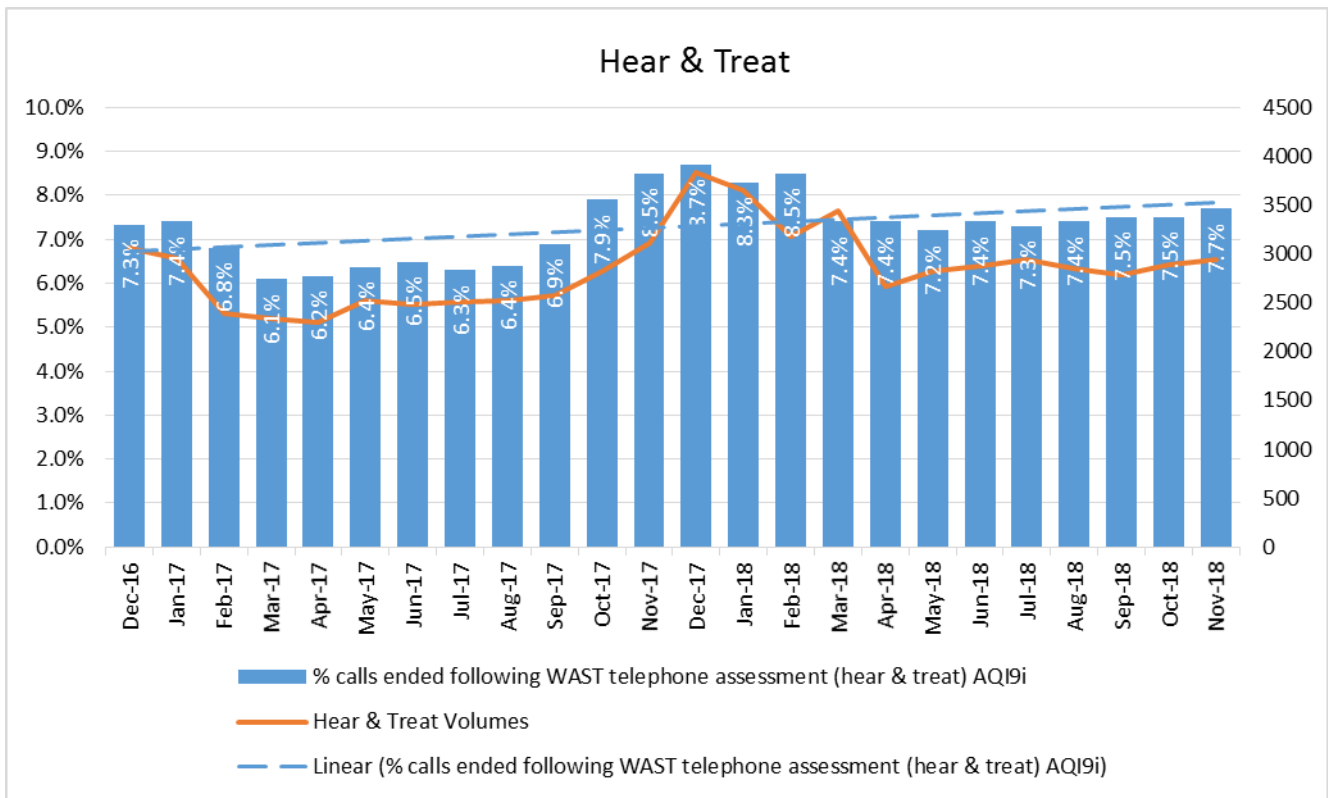
20. We did achieve the 65% Red target in all LHBs for November 2018.

21. The Trust conveyed 18,882 of patients to major emergency departments (EDs) in November 2018, compared to 19,568 in the same period last year and 7.93% less patients in quarter two 2018/19, compared to the same quarter last year. The following graph demonstrates the **downward trend in conveyance to major EDs**. 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.



22. The Trust should see a further improvement to this indicator as a result of hear & treat (see below) and the expansion of the Advanced Paramedic Practitioner (APP) Rotational Model. The Trust has now received Welsh Government additional monies for the expansion of this Model. Recruitment for the initial 20 additional APP's is currently in progress from internal WAST candidates. There are 9 vacancies still remaining. The Assistant Director of Paramedicine has undertaken three external roadshows to date to endeavour to recruit the remaining APPs externally.

23. The **Clinical Desk and NHSDW (Hear & Treat)** achieved 7.7% performance in November 2018, compared to 8.5% in November 2017. 2,937 ambulances were stopped in November 2018, compared to 3,117 in November 2017. The percentage performance trend is improving, which is achieving the improvement trend target.



24. 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. 7 candidates went live on 18 December 2018 and a further 4 started early January 2019, with full training expected to be completed and live by the middle of February 2019. This will bring the full establishment to 39.61 FTEs, due to requests for part-time working. The additional 5 FTEs Band 7 posts are expected to be filled internally and a further advert is being progressed to fill the remaining Band 6 positions. These are expected to be filled and live by April 2019. The ambition is to achieve a 12% level of hear & treat (this includes Clinical Service Desk and transfers to NHDW/111).

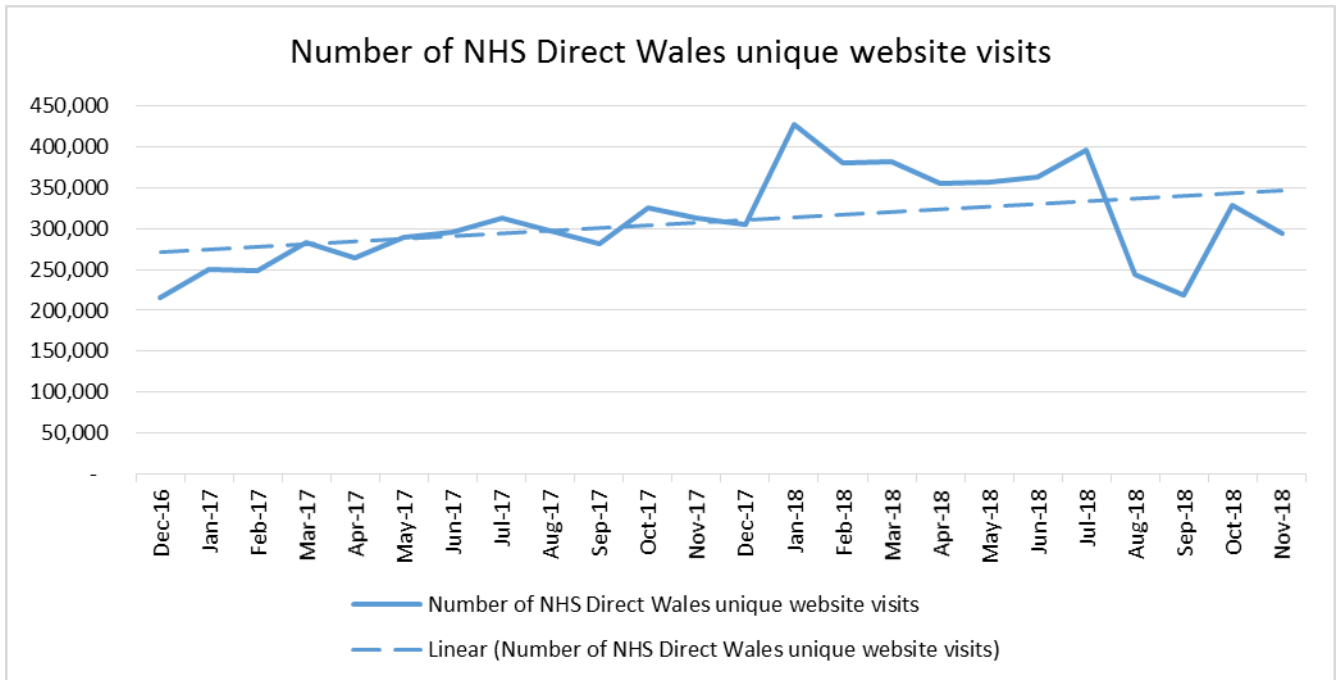
25. With one exception (see section: What is Concerning Us?) the **Trust’s clinical indicators are positive** in terms of level of performance and/or trend. The clinical indicators are provided quarterly. Welsh Government focus on three of the clinical indicators, but one is in the “What is Concerning Us?” section.

26. The **financial metrics** continue to be solid with financial balance in November 2018.

27. The two key NHS Staff Survey metrics in the Welsh Government scorecard are positive, with the **overall staff engagement score increasing** to 3.65 (2018) compared to 3.34 (2016). The target was an improvement on 2016 for both metrics.

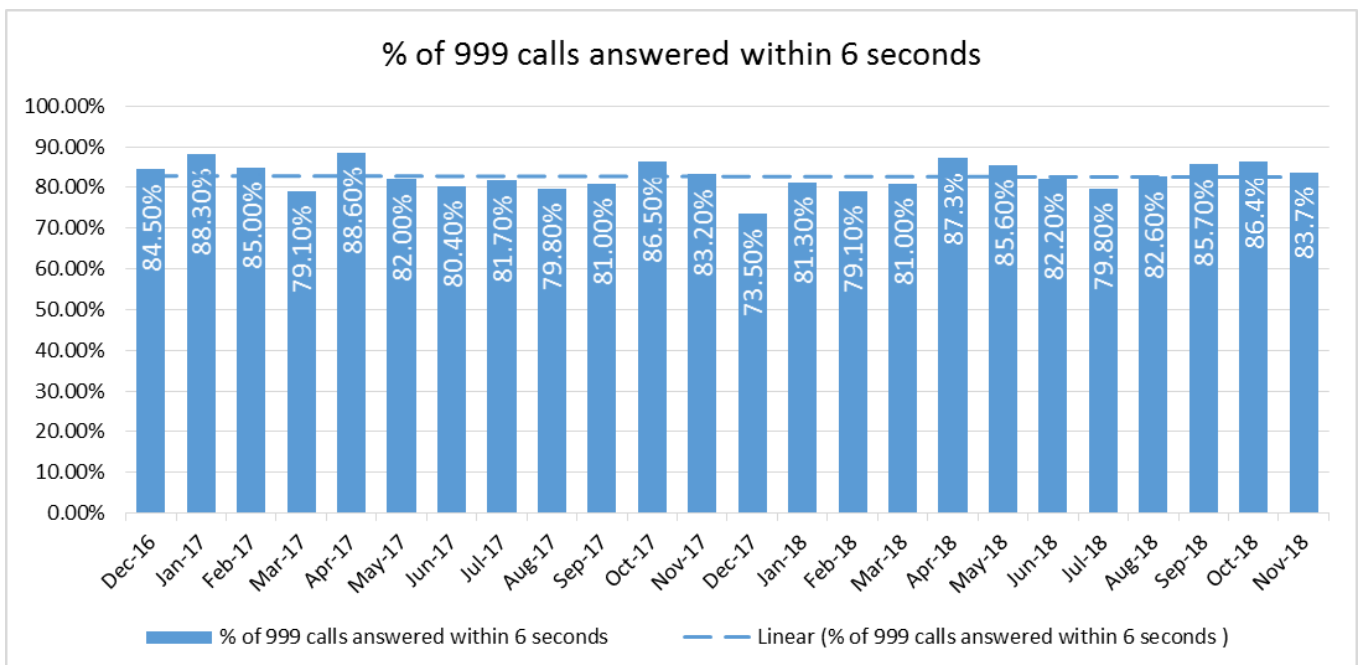
What Is Concerning Us?

28. At December 2018 Board we reported a decline in **NHSDW website unique** visits; the rate dropped significantly in September 2018, which continued into October and again in November. This is due to a “Core Algorithm Update” from Google Analytics which measures website activity. Health Informatics are aware of this and have contacted Google, the updates appear to be related to onsite rankings and search results, particularly related to health and finance sites. This change is permanent and beyond our control, suggesting that only improving the website will see the site ranked better, leading to it appearing higher up the search results. The overall two year trend is positive, the target is an improvement trend.



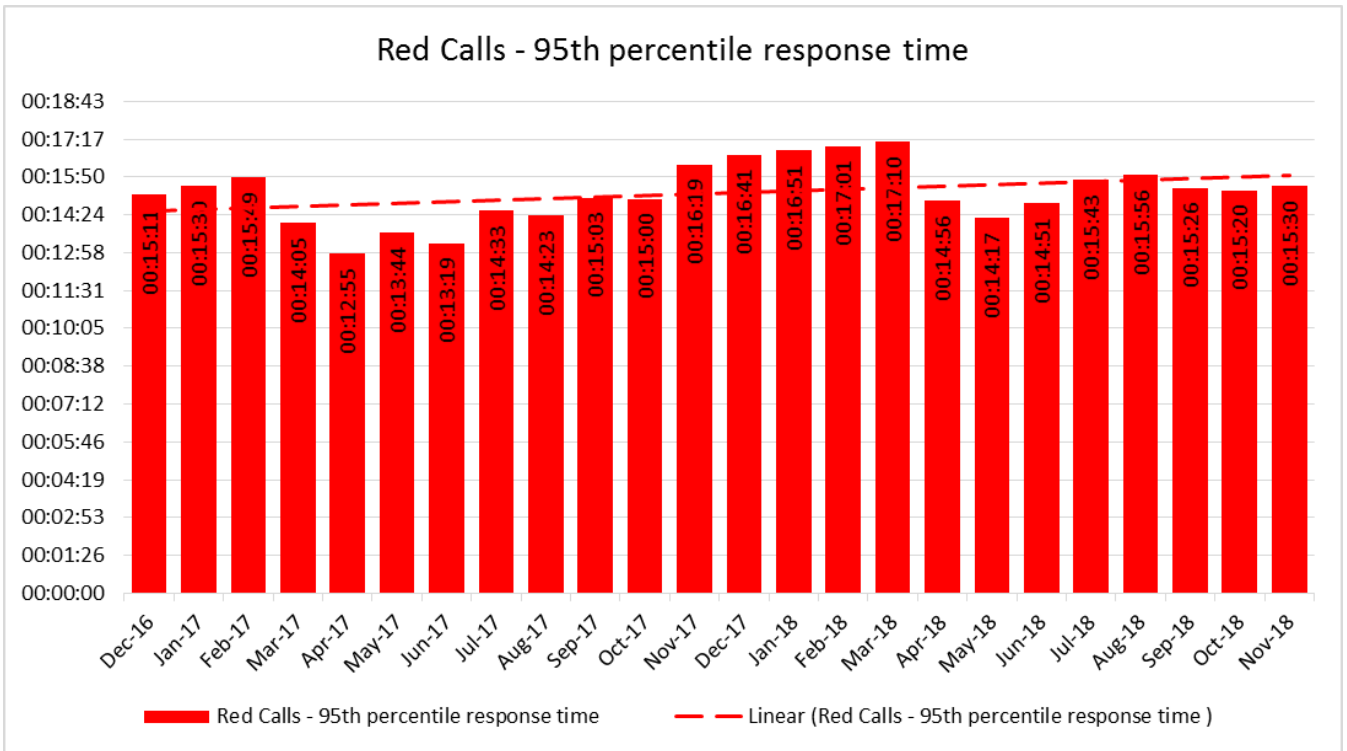
29. The Trust has a detailed and actively managed **winter communications plan** in place.

30. The **percentage of 999 calls answered within 6 seconds** has decreased from 86.4% in October 2018 to 83.7% in November, the two year trend is a slight decline in performance. The target is an improvement trend. This does need to be set against the rate of increase in call demand, which will always outstrip the rate of incident demand. This measure will change from January 2019 to time bands, so we can see what performance is after the six seconds. This measure will be included in the AQIs.

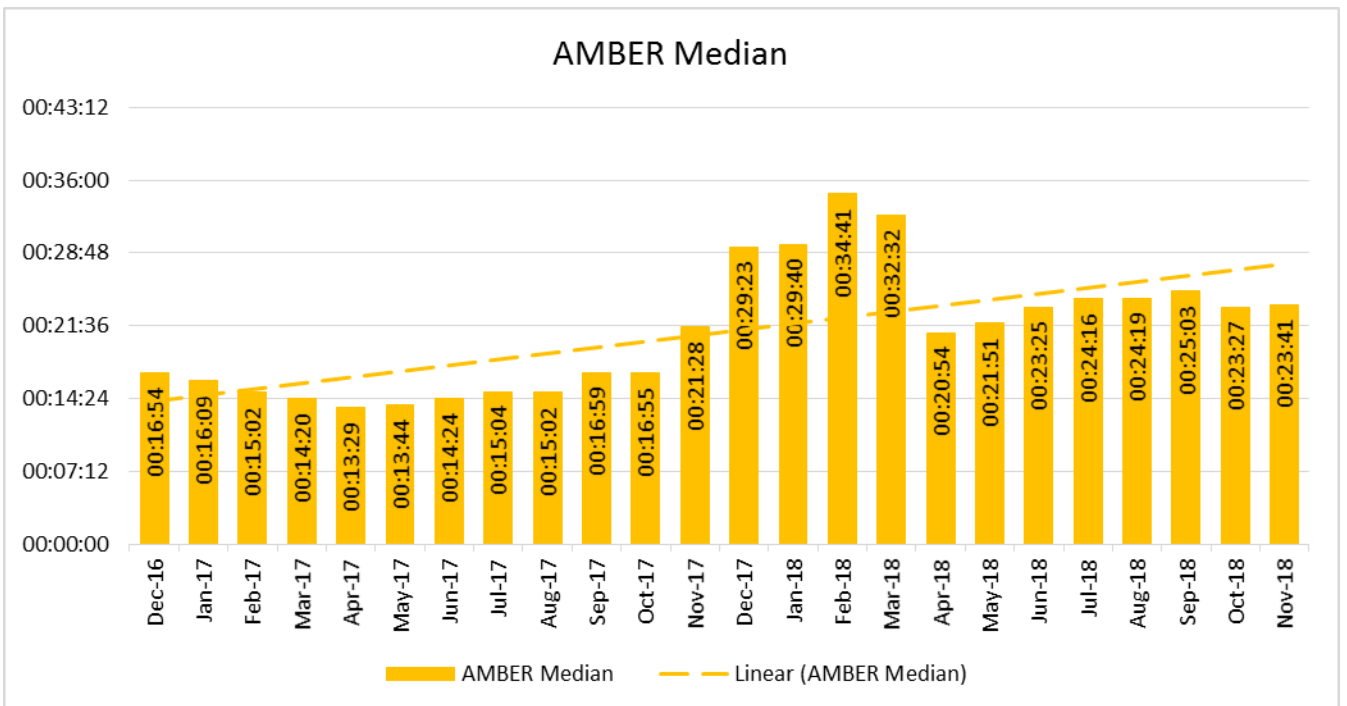


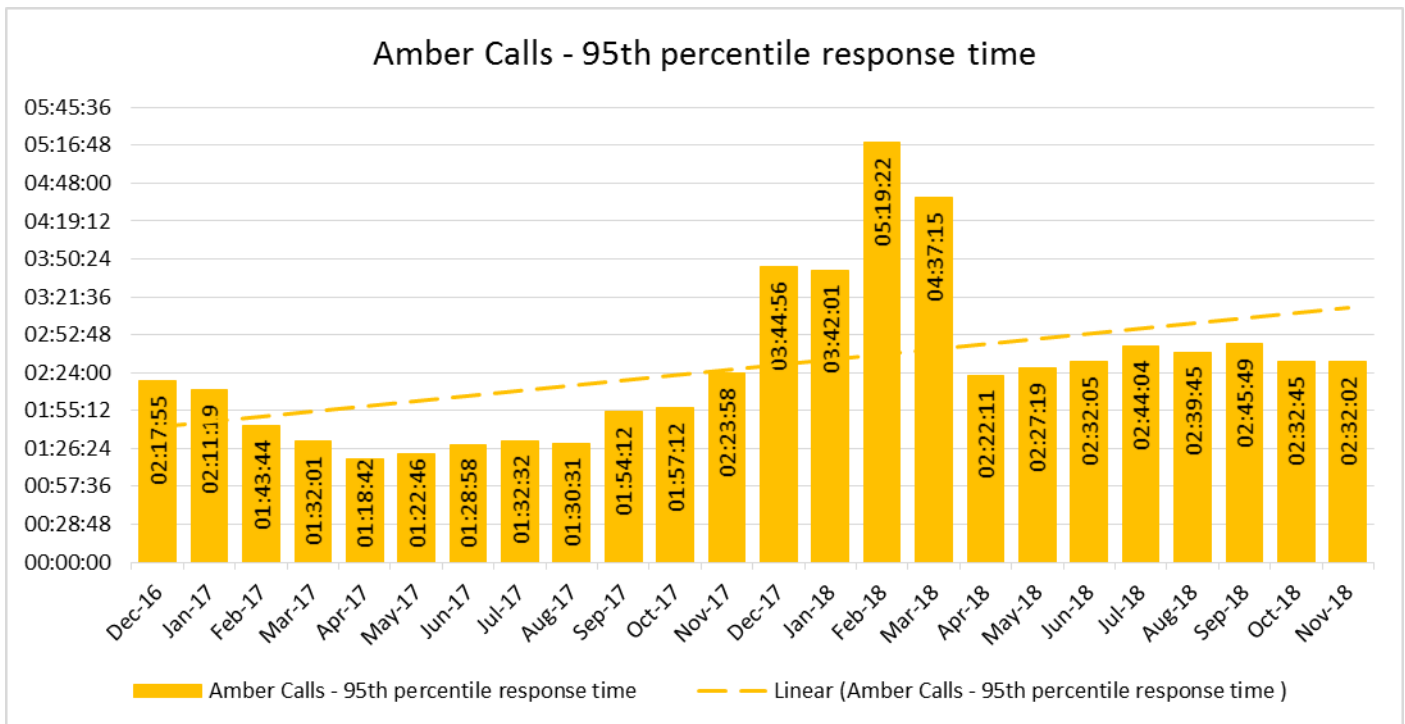
31. NHSDW calls answered within 90 seconds of the welcome message was 74.50% in November 2018, compared to 82.60% in October. 111 calls answered within 60 seconds of the end of the message was 62.45% in November 2018, compared to 72.35% in October 2018. The target is an improvement trend.

32. Red 95th percentile is on a gradual upward trend. The target is a reduction trend.



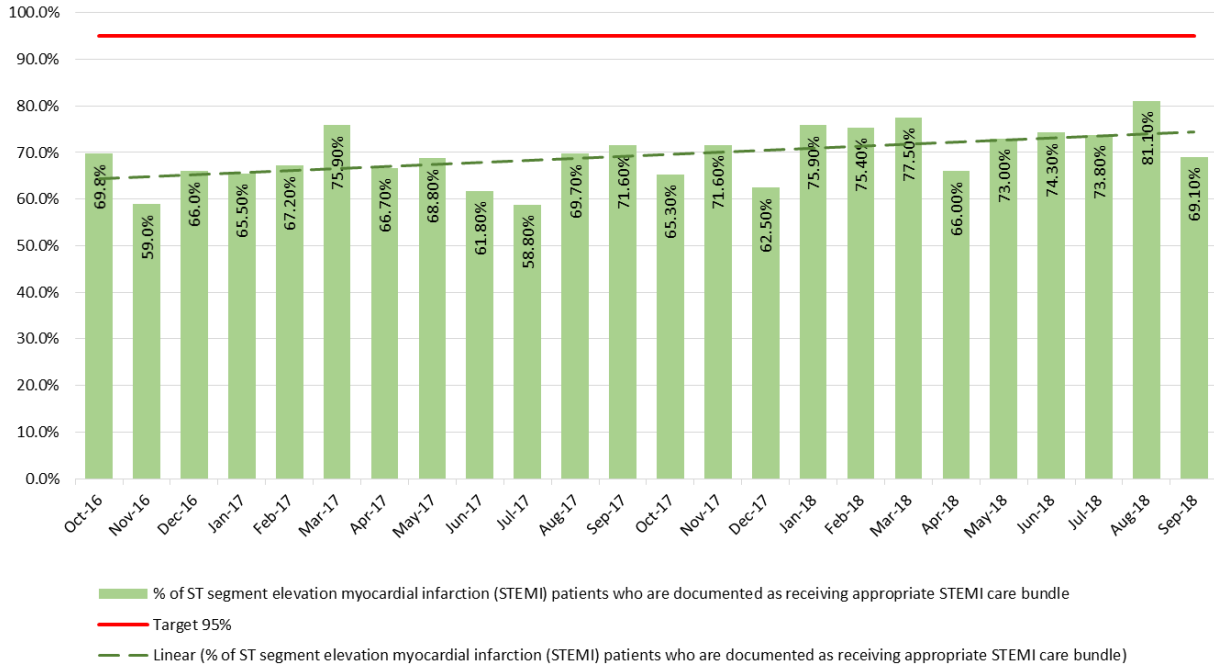
33. The significant upward trend in Amber median performance and Amber 95th percentile performance is concerning. The target is a reduction trend.





- 34.** The Amber Review Implementation Programme has been initiated, it will consist of establishing an overarching time limited programme group to provide assurance to stakeholders on the recommendations of the Amber Review; and will provide oversight and direction for the ‘further work’ as outlined in the Amber Review. The programme will be led by the National Collaborative Commissioning Unit (NCCU) and will be delivered within a culture of collaboration with designated delivery partners such as WAST, National Wales Informatics Service (NWIS) and the Delivery Unit (DU). The programme is expected to run no longer than 12 months with a projected end date of November 2019.
- 35.** There are three main winter initiatives aimed to improve Amber performance: further enhanced Hear & Treat (further information on this can be found in section 24); Advanced Paramedic Practitioner (APP) Rotational Model (further information on this is included in section 22); and the Falls Assistants Framework (see below section 36). In addition, there is also a 90 day action plan for handover to clear which is expected to be implemented in January 2019.
- 36.** The St John Falls Assistant vehicles are all now up and running with the last vehicles coming on board on the 1st December. There are 7 vehicles across South Wales covering 5 Health Boards. These are based from Llanelli to Chepstow. A full evaluation is underway using a set of measures focussing on patient outcomes, process measures and balancing measures. Some early data from the first two weeks of December gives an early indication of results, but this is a limited snapshot: the number of allocations/incidents attended was 212; the total care at home/treat at scene rate for allocations of the level 1 Falls Assistants was 61%; the % of patients cared for at home following a Level 1 Response only was 44 %; and % of incidents of patients remaining at home requiring another level of response was 17%.
- 37.** The **percentage of ST segment elevation myocardial (STEMI) patients** who are documented as receiving appropriate STEMI care bundle was 69.10% in September 2018. A decrease on the previous month, but the overall trend remains upward. The commissioning intention is 95% for 2018/19.

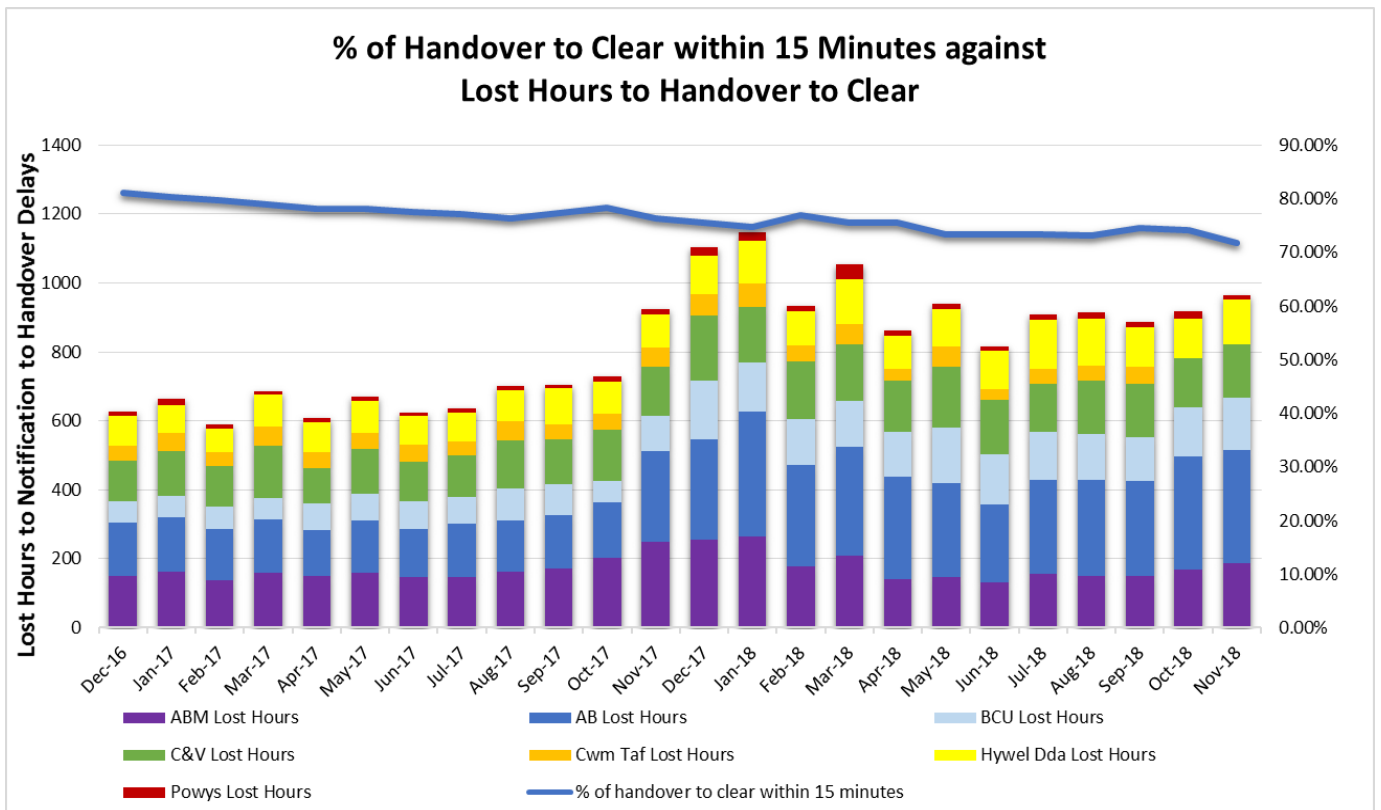
% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



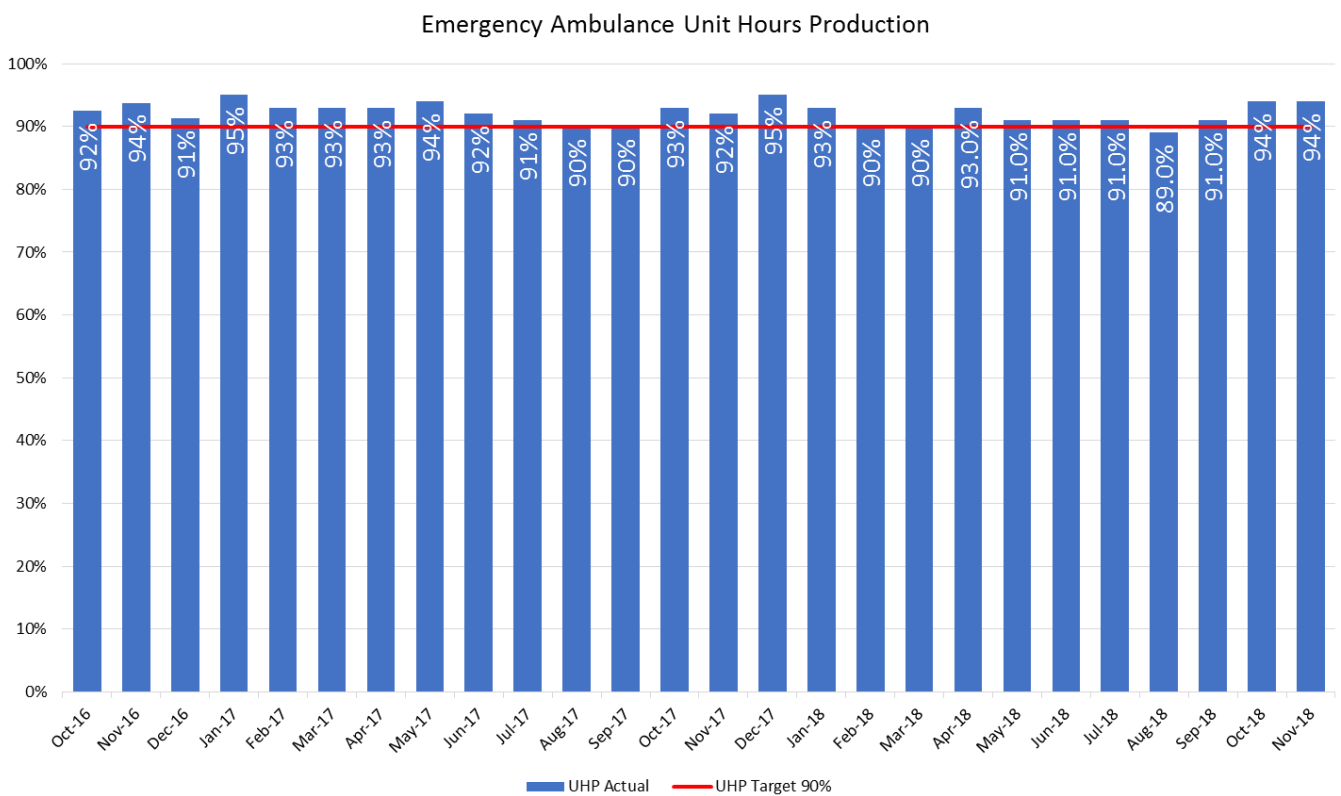
38. Corrective actions for this indicator include communications to staff on the criteria required for the clinical indicator care bundles, a presentation on this year’s 2-day continuing professional development (CPD) training for paramedics and Emergency Medical Technicians (EMTs) to emphasise the importance of patient care records (PCR) completion in demonstrating clinical indicator compliance and ultimately the level of care they deliver and further communications materials (a clipboard box) to ensure staff always have these available when completing PCRs.

39. 14,484 hours were lost to handover delays in quarter 2 2018/19, compared to 10,319 in the same quarter last year. The main areas of concern are: Aneurin Bevan Local Health Board, Abertawe Bro Morgannwg University NHS Trust and Betsi Cadwaladr University Health Board. This pattern decreased into November 2018, with 4,707 hours being lost to handover delays compared to 6,020 hours in October 2018.

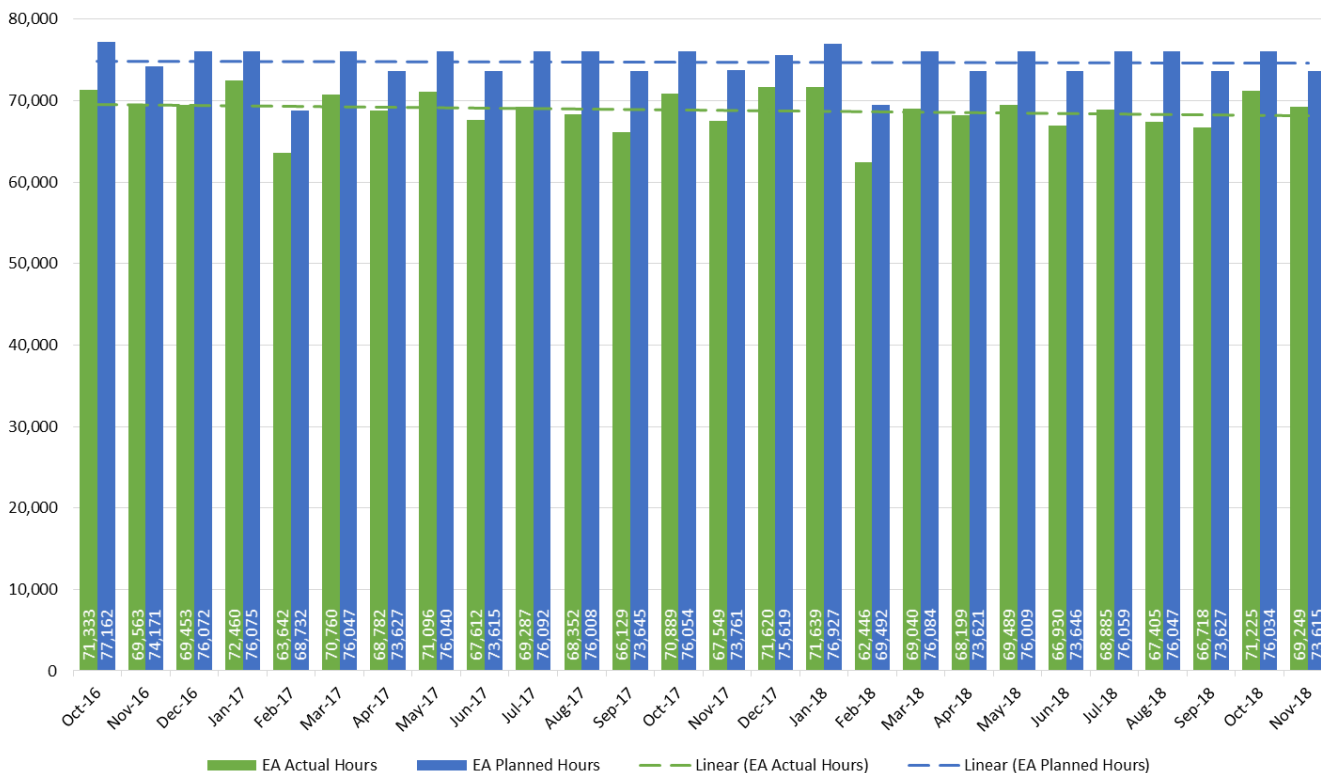
40. The percentage of handover to clear within 15 minutes of transfer of patients to hospital staff was 72.2% in November 2018, compared to 76.4% in November 2017. The commissioning intention is an improvement (the trend is worsening).



41. Emergency Ambulance Unit Hours Production (UHP) has been above the 90% informal target agreed with the Chief Ambulance Services Commissioner (CASC) for every month over the last two year, 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 been a small decline.

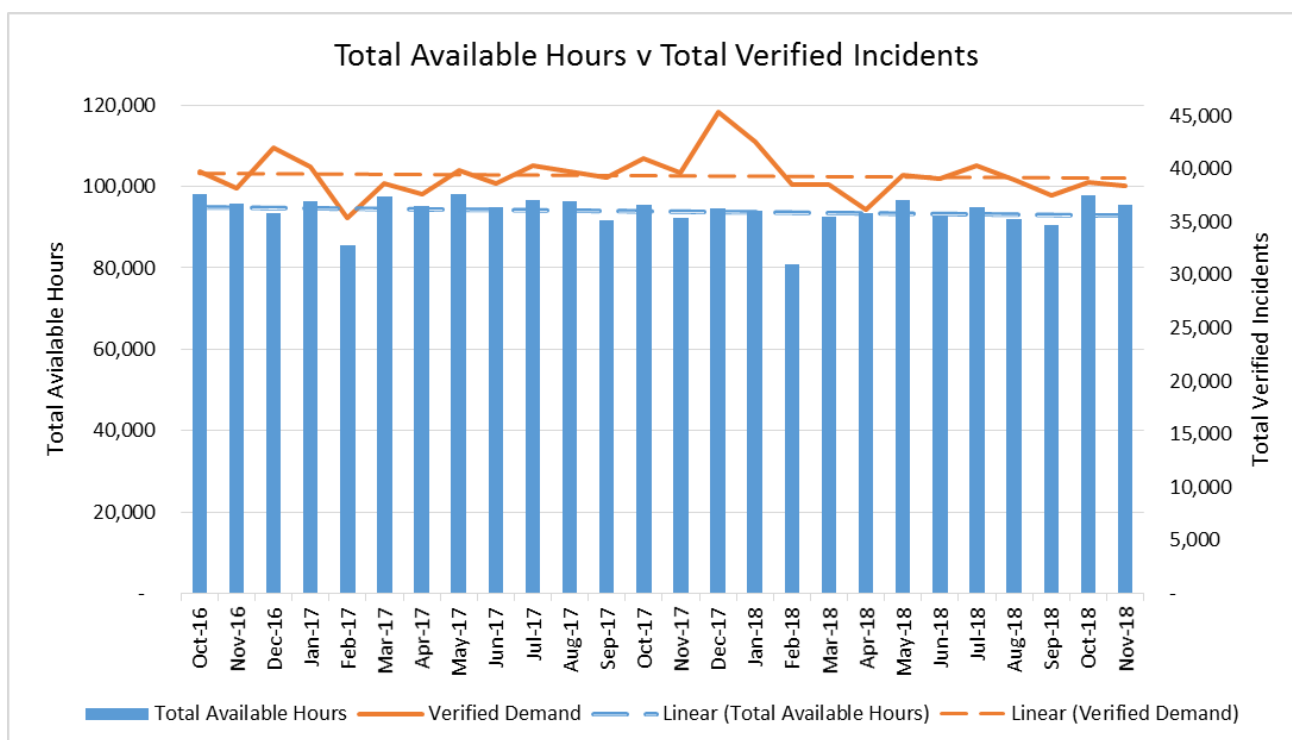


EA Hours Planned vs Actual

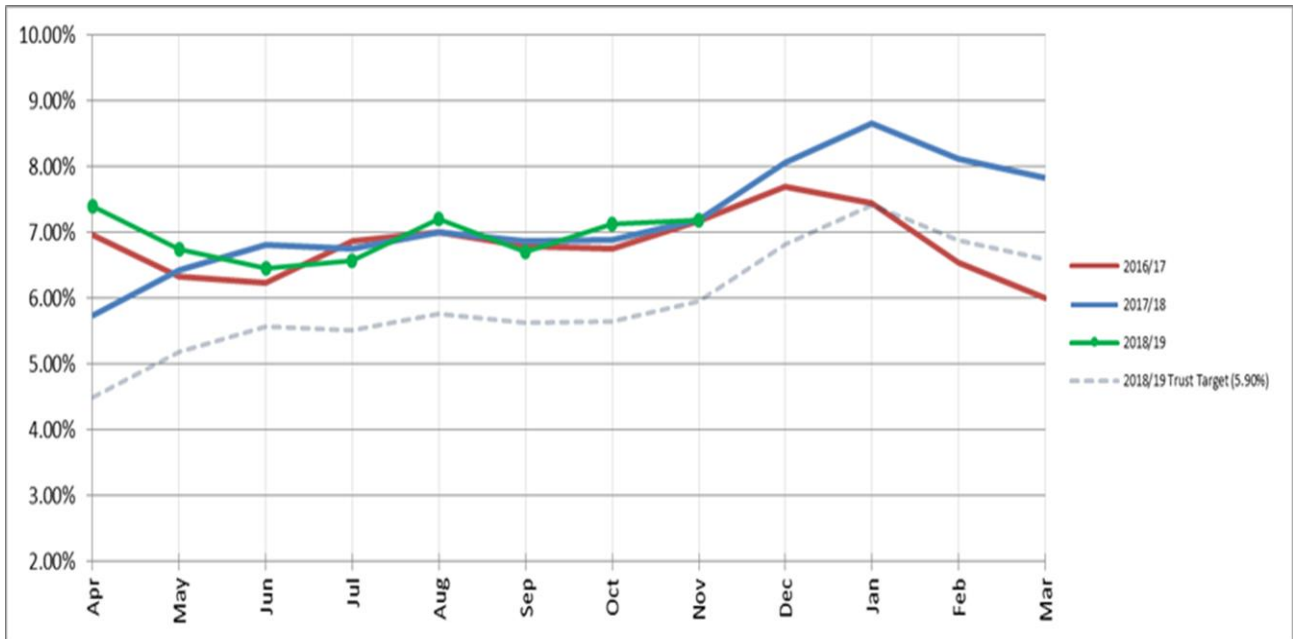


42. The UCS available hours have increased and the RRV hours declined (see Annex 2).

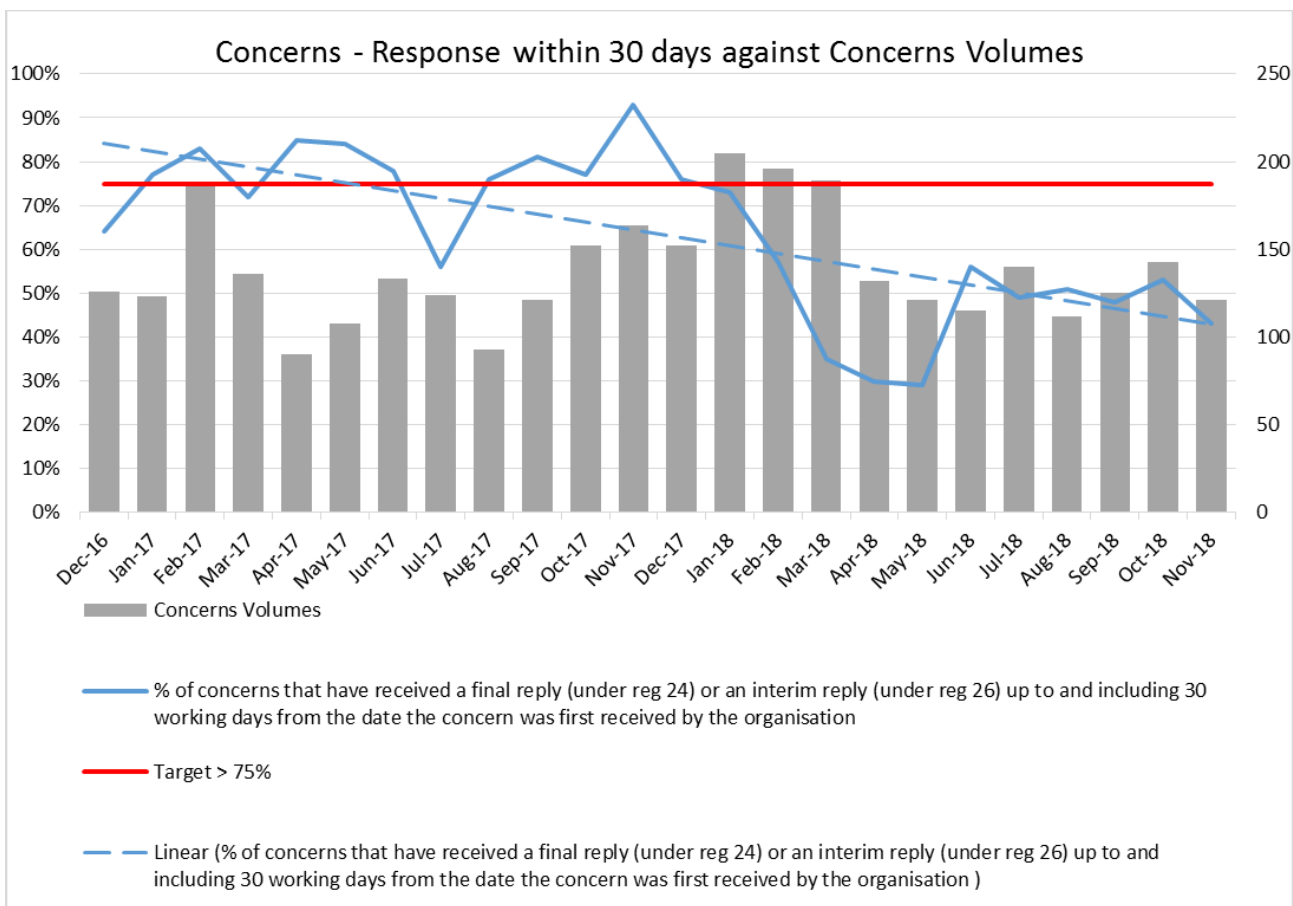
43. The following graph (currently does not form part of this report pack), brings together verified incident demand and compares it with the actual available hours (this is planned hours, less actual abstractions) which is the actual EA, UCS, RRV hours, less notification to handover and handover to clear (it does not include other post production lost hours). This graph shows demand increasing, but our available hours to respond declining, which explains the decline in Amber performance.



44. A key abstraction from rosters is sickness. The 100% UHP includes a level of planned sickness (5.63%). Overall Trust wide sickness absence was 7.19% in November, an increase of 0.06% from Octobers figure of 7.13%. Sickness levels remain high when compared to other UK ambulance services. The Amber Review highlighted sickness levels. There is a nine point plan to address sickness levels.



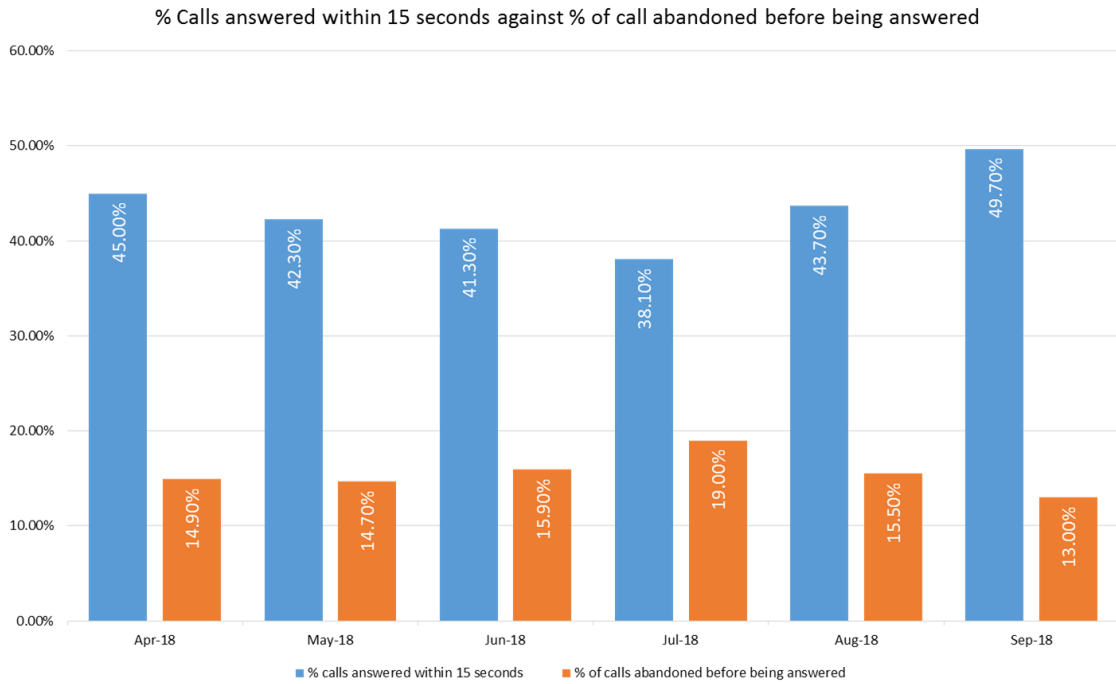
45. The **percentage of responses to concerns** has decreased to 43% in November, down from 53% in October and remains significantly below the Welsh Government target of 75%, as a result of the backlog from last winter.



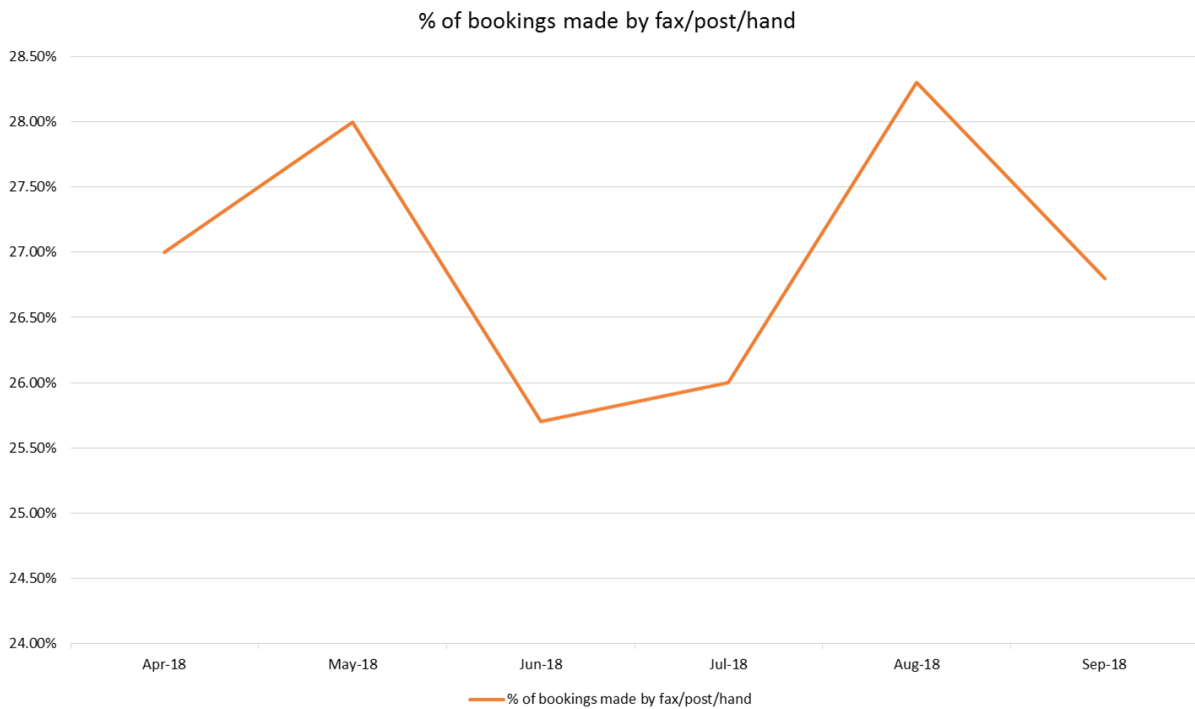
46. There were **eight Serious Adverse Incidents** reported to Welsh Government (WG) in November, compared to four in October; however, the spike in **patient safety incidents, near misses and hazards** in September (164) did not continue into October, with 134, but increased again to 161 in October.
47. The Trust's duty to co-operate under section 25 Children Act 2004 has resulted in the Safeguarding Team's engagement with **thirteen Child Practice Reviews** in November.
48. In accordance with Social Services and Wellbeing (Wales) Act 2014, the Trust co-operated with **twelve Adult Practice Reviews** in November.
49. The Trust has been involved with **four child deaths** during November. The Safeguarding Team attended the meetings and were able to secure appropriate clinical attendance. All WAST staff were supported through the PRUDiC process. One incident has generated an internal investigation by WAST.
50. The Safeguarding Team has continued engagement with thirteen professional issues under the allegations of abuse policy. These allegations have been investigated by local authority, police or WAST as required.
51. Three domestic abuse and sexual violence concern was facilitated by WAST staff in November 2018. This was not determined to meet the threshold for a multi-agency risk assessment conference (MARAC).
52. Whilst the Trust does have robust arrangements in place for the issues in paragraphs 37 to 42, they are by their nature areas of constant concern to the Trust.

Under Development

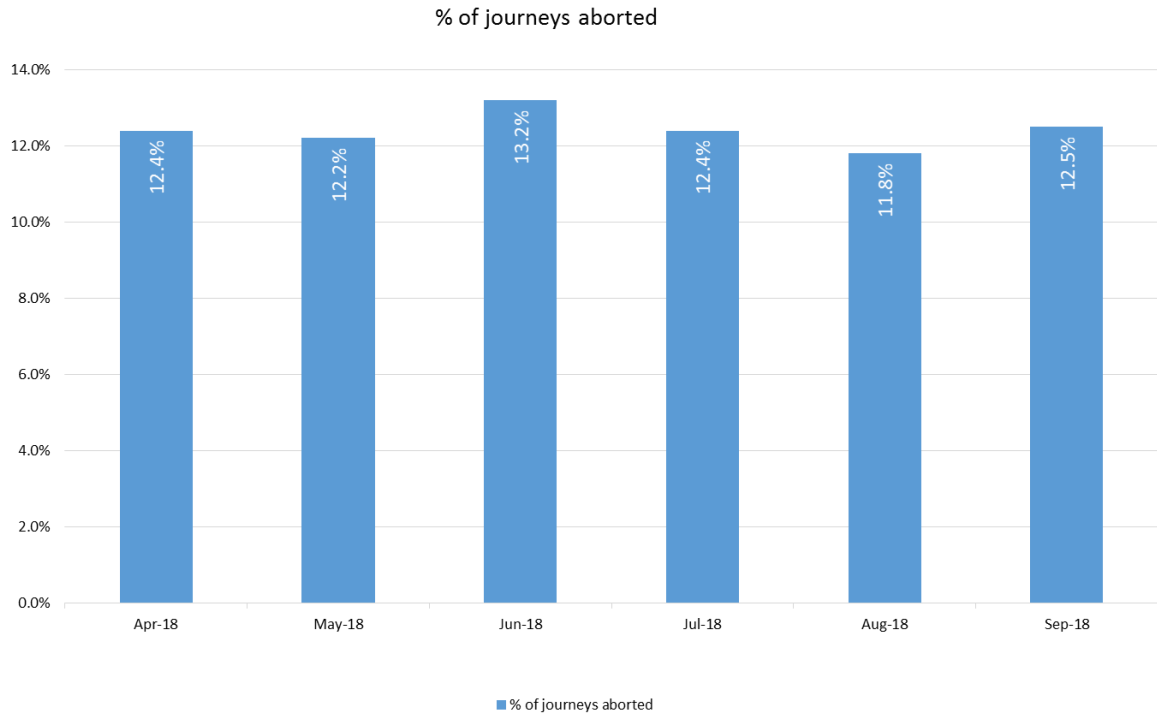
53. The NEPTS AQIs are currently reported quarterly and were developed in 2017/18, going live from 01 April 2018. At this stage we cannot report longer terms trends, as in the previous sections. Similarly, further work is required with both Board, CASC, the NEPTS management team and Welsh Government on the sub-set of NEPTS indicators that we should report on through this report, EASC and JET.
54. Through the first 6 months of 2018/19 over 10% of calls to NEPTS were abandoned.



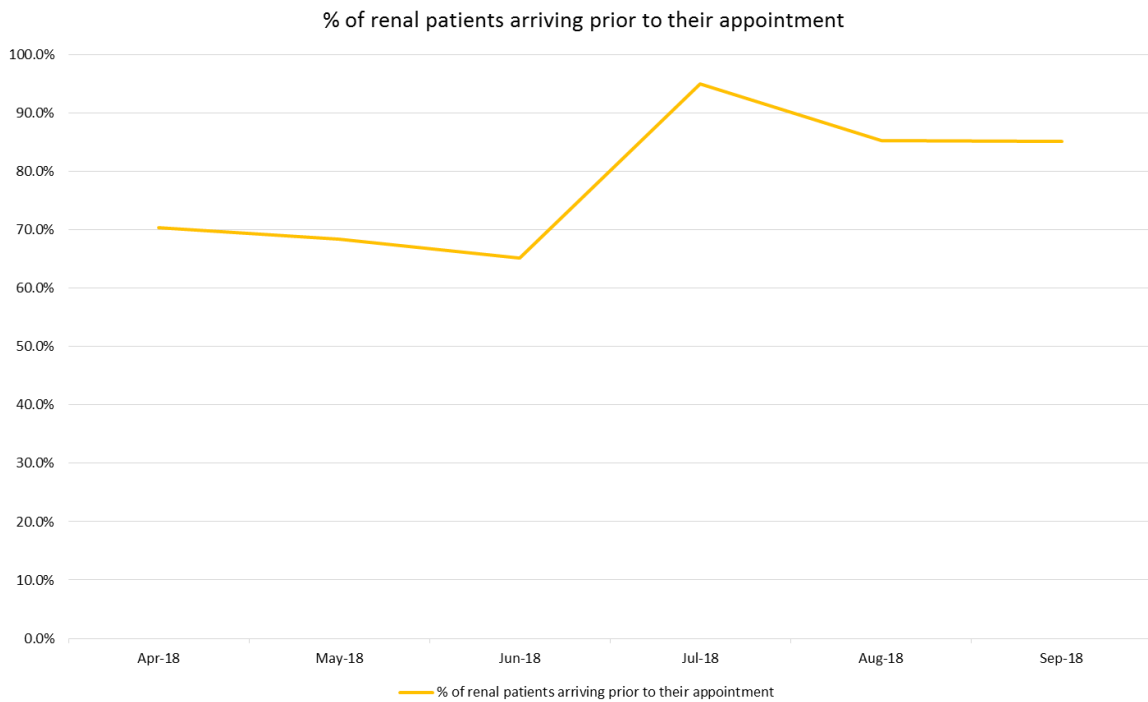
55. Over a quarter of NEPTS bookings are made by fax/post and hand, something that the NEPTS Management Team will be focusing on in 2019/20 as a key action in the IMTP.



56. Over 10% of NEPTS journeys were aborted in the first 6 months of 2018/19. An industry comparator would be useful for this indicator.

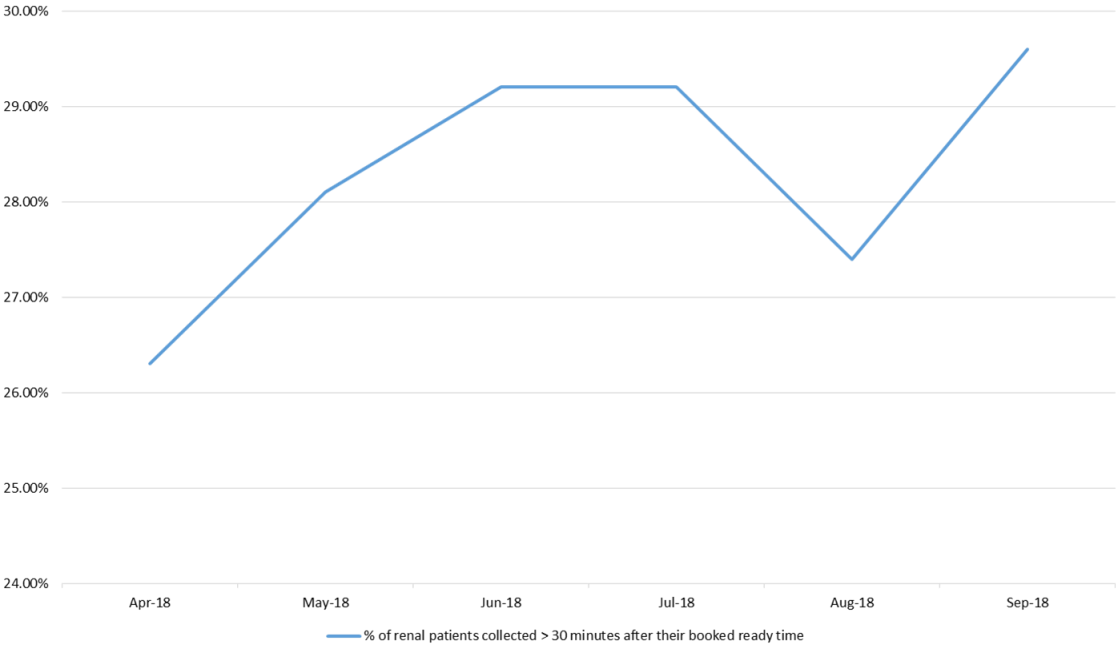


57. There is an upward improving trend in the percentage of renal patients arriving prior to their appointment. Renal patients were a key patient cohort in the original NEPTS business case.



58. The percentage of renal patients being collected more than 30 minutes after their booked collection time is worsening.

% of renal patients collected > 30 minutes after their booked ready time



RECOMMENDATION

Trust Board is asked to:-

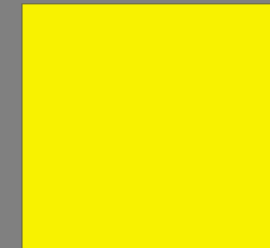
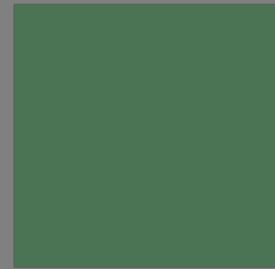
- Note and discuss the November Monthly Integrated Quality and Performance Report.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust

Annex 1



Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust November 2018

www.ambulance.wales.nhs.uk



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	RAG*	MOM** TREND	
Emergency Medical Services and Urgent Care Services													
Staying Healthy	Uptake of the influenza vaccination amongst healthcare workers	60%	Data available 2019/20									-	-
Safe care	Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales		2			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%	R	↓	
	Number of Never Events	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	-	↔	
	Number of patient falls reported as serious incidents	12 month reduction trend	0	0	0	0	0	0	0	2	-	↔	
	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	-	↓	
	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	-	↑	
	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%	R	↑
% 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%	-	↑	
% 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%	-	↓	
Number of Health and Care research Wales clinical research portfolio studies		18/19 end yr. target (10% of 17/18 (8))	2						-	-		R	-
Number of Health and Care research Wales commercially sponsored studies		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						-	-		R	-
Number of patients recruited in Health and Care Research Wales commercially sponsored studies		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%	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%	A	↓	

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	RAG*	MOM** TREND	
Timely Care	% 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%	72.30%	G	↓	
	Amber calls - median response times (AQI 12)	12 month reduction trend	12:20:54 AM	#####	#####	12:24:16 AM	12:24:19 AM	12:25:03 AM	12:23:27 AM	12:23:41 AM	-	↑	
	% NHS DW 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%	-	↓	
	% 111 calls answered within 60 seconds of the end of the message	12 month improvement trend	64.04%	66.96%	77.09%	75.56%	79.20%	81.60%	72.35%	82.60%	-	↓	
	% 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%	-	↓	
	% 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%	-	-	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%	-	-	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%	-	-	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%	-	↔	
	% 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%	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%	A	↑	
	% 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%	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%	-	↑	

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
↑ Increase <10% compared to last month
↓ Decrease <10% 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	RAG*	MOM** TREND
WAST EMS 5 Step Framework 2019-19												
Step 1 - Help Me Choose	Number of hits to the NHDW website	12 month improvement trend	367,614	356,542	363,332	395,162	243,464	218,554	327,676	294,158	-	↓
	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%	-	↓
Step 2 - Answer My Call	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%	-	↑
	- Highest Performing %	-	83.1%	83.9%	85.7%	85.0%	81.1%	81.3%	82.0%	80.3%	-	-
	- Lowest Performing %	-	59.7%	66.0%	62.8%	68.8%	70.2%	66.1%	64.2%	65.4%	-	-
	- Highest LHB Initials	-	C&V (260)	C&V (291)	C&V (330)	C&V (260)	C&V (236)	C&V (261)	C&V (274)	C&V (310)	-	-
	- Lowest LHB Initials	-	P (40)	HD (140)	HD (150)	BCU (302)	HD (160)	HD (152)	P (61)	HD (157)	-	-
	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	-	↓
	- 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	1:31:23 AM	-	-
	- 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	3:21:50 AM	-	-
	- Highest LHB Initials	-	HD	P	P	P	P	P	P	C&V	-	-
	- Lowest LHB Initials	-	C&V	C&V	C&V	AB	AB	AB	ABM	P	-	-
Step 3 - Come to See Me	% 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%	-	↓
	% 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%	15.30%	-	↓
	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	-	↑
	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	-	↑
	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%	0.50%	-	↑
	% 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%	-	-	-	↓
	% 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%	-	-	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%	-	-	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%	-	-	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%	-	-	A	↓
Step 4 - Give Me Treatment	% of AMBER1 Incidents where Ideal Resource First on Scene	12 month improvement trend	-	-	-	72.4%	72.8%	72.3%	71.9%	70.0%	-	↓
	% 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%	-	↓

Step 5 - Take Me to Hospital	Number of lost hours following handover to clear over 15 minutes	12 month reduction trend	862	941	816	909	916	888	961	1017	-	↑
	% 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%		
	Number of notification to handover within 15 minutes of arrival at hospital	-	9,194	10,819	10,740	10,381	10,058	9,527	10,568	11,105		↑
	% 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%	-	↓

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
- ↑ Increase <10% compared to last month
- ↓ Decrease <10% 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	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****	45.00%	42.30%	41.30%	38.10%	43.70%	49.70%	-	↑
	% of calls being abandoned before being answered	TBC****	14.90%	14.70%	15.90%	19.00%	15.50%	13.00%	-	↓
Step 3 - Coordinate My Journey	% of bookings made by fax/post/hand	TBC****	27.00%	28.00%	25.70%	26.00%	28.30%	26.80%	-	↓
Step 4 - Pick Me Up	% of journeys aborted	TBC****	12.4%	12.2%	13.2%	12.4%	11.8%	12.5%	-	↑
	% of renal patients arriving prior to their appointment	TBC****	70.3%	68.4%	65.1%	95.0%	85.3%	85.2%	-	↓
Step 5 - Take Me to My Destination	% of renal patients collected > 30 minutes after their booked ready time	TBC****	26.30%	28.10%	29.20%	29.20%	27.40%	29.60%	-	↑

<p>RAG*</p> <p>R Indicator not met</p> <p>A Within 10% Margin of Indicator</p> <p>G Meeting Indicator</p> <p>*applicable if numerical target only</p> <p>**month on month trend</p> <p>***NEPTS AQIs available quarterly only</p> <p>****NEPTS commissioning intentions to be set by EASC through 2019/20 IMTP Process</p>	<p>TREND</p> <p>↑ Increase >10% compared to last month</p> <p>↓ Decrease >10% compared to last month</p> <p>↑ Increase compared to last month</p> <p>↓ Decrease compared to last month</p> <p>↑ Increase <10% compared to last month</p> <p>↓ Decrease <10% compared to last month</p> <p>↔ No target/ target not impacted</p> <p>↑ Increase direction of travel, no target</p> <p>↓ Decrease direction of travel, no target</p>
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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	MOM** TREND
SAI Volumes (IPR)	-	1	1	1	1	2	2	4	8	↑
Concerns Volumes (IPR)	-	132	121	115	140	112	125	143	121	↓
Patient Safety Incidents, Near Misses and Hazards (IPR)	-	140	140	148	133	140	164	134	161	↓
Calls Volume to NHSDW (IPR)	-	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	↑
111 Call Volumes (James Moore - HI)	-	19,168	19,976	17,304	17,905	17,361	16,959	21,611	26,152	↑
Frequent Caller Call Volumes (AQIs)	-	1,886	2,163	2,216	2,186	2,147	2,185	1,947	2,397	↓
999 Call Volumes (IPR)	-	41,349	46,198	45,694	47,655	45,569	43,869	44,170	43,780	↑
Total Verified Incidents	-	36,153	39,459	39,042	40,289	38,940	37,463	38,691	38,424	↑
Total Verified Incidents: RED	-	1,806	1,946	2,044	2,052	1,986	1,931	2,044	2,233	↑
Total Verified Incidents: AMBER	-	25,164	27,437	27,483	28,460	27,248	26,351	26,937	26,727	↓
Total Verified Incidents: GREEN	-	9,029	9,875	9,337	9,538	9,496	8,991	9,507	9,280	↓
HCP Call Volumes (AQIs)	-	6,276	6,648	6,775	6,563	6,088	5,917	6,113	6,356	↑
Hear & Treat Volumes (AQIs)	-	2,663	2,820	2,876	2,942	2,854	2,784	2,895	2,937	↑
Conveyance Volumes (AQIs)	-	15,304	16,126	15,622	16,130	15,757	15,348	15,852	15,727	↑
NEPTS Patient Journeys (AQIs)	-	62,743	67,822	65,977	66,898	65,334	60,985	70,304	68,049	↑
Conveyance to Major ED	-	17,992	19,193	18,555	19,153	18,721	18,260	19,203	18,882	↑

TREND
 ↑ Increase >10% compared to last month
 ↓ Decrease >10% compared to last month
 ↑ Increase compared to last month
 ↓ Decrease compared to last month
 ↑ Increase <10% compared to last month
 ↓ Decrease <10% 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.

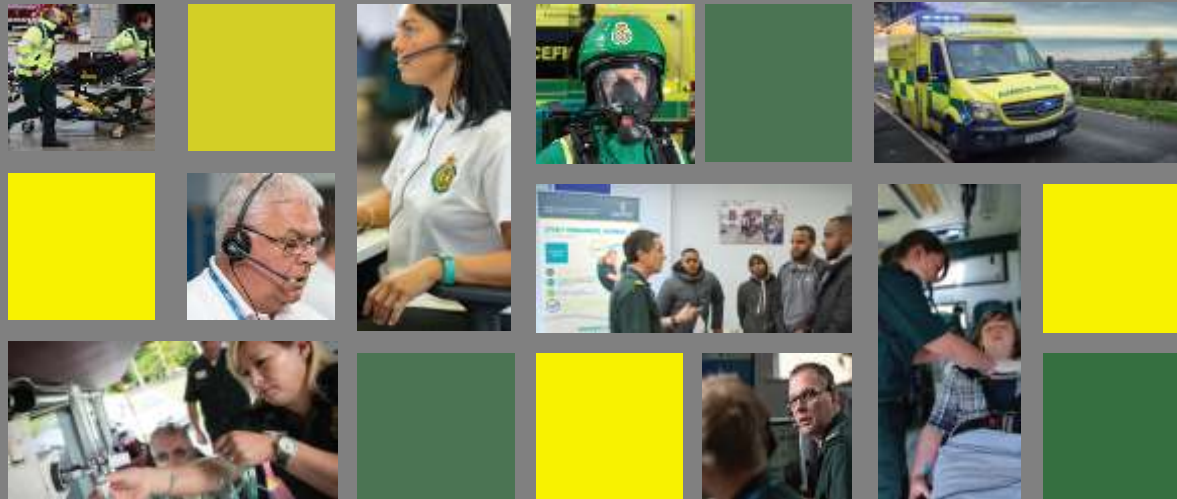
Ambulance Quality Indicator Glossary

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 Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Annex 2



Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust November 2018

www.ambulance.wales.nhs.uk



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

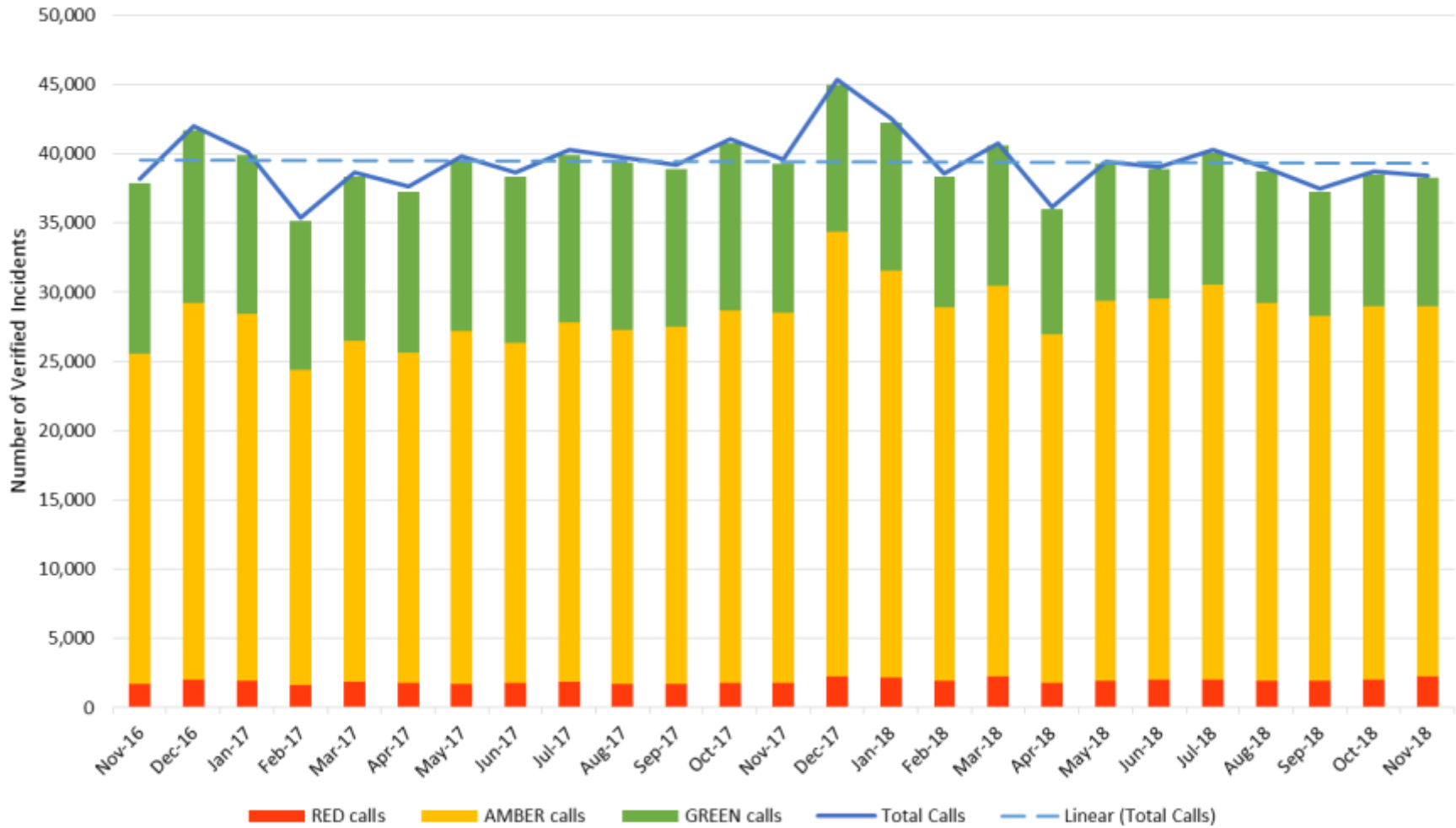


[@welshambulance](https://twitter.com/welshambulance)



DEMAND

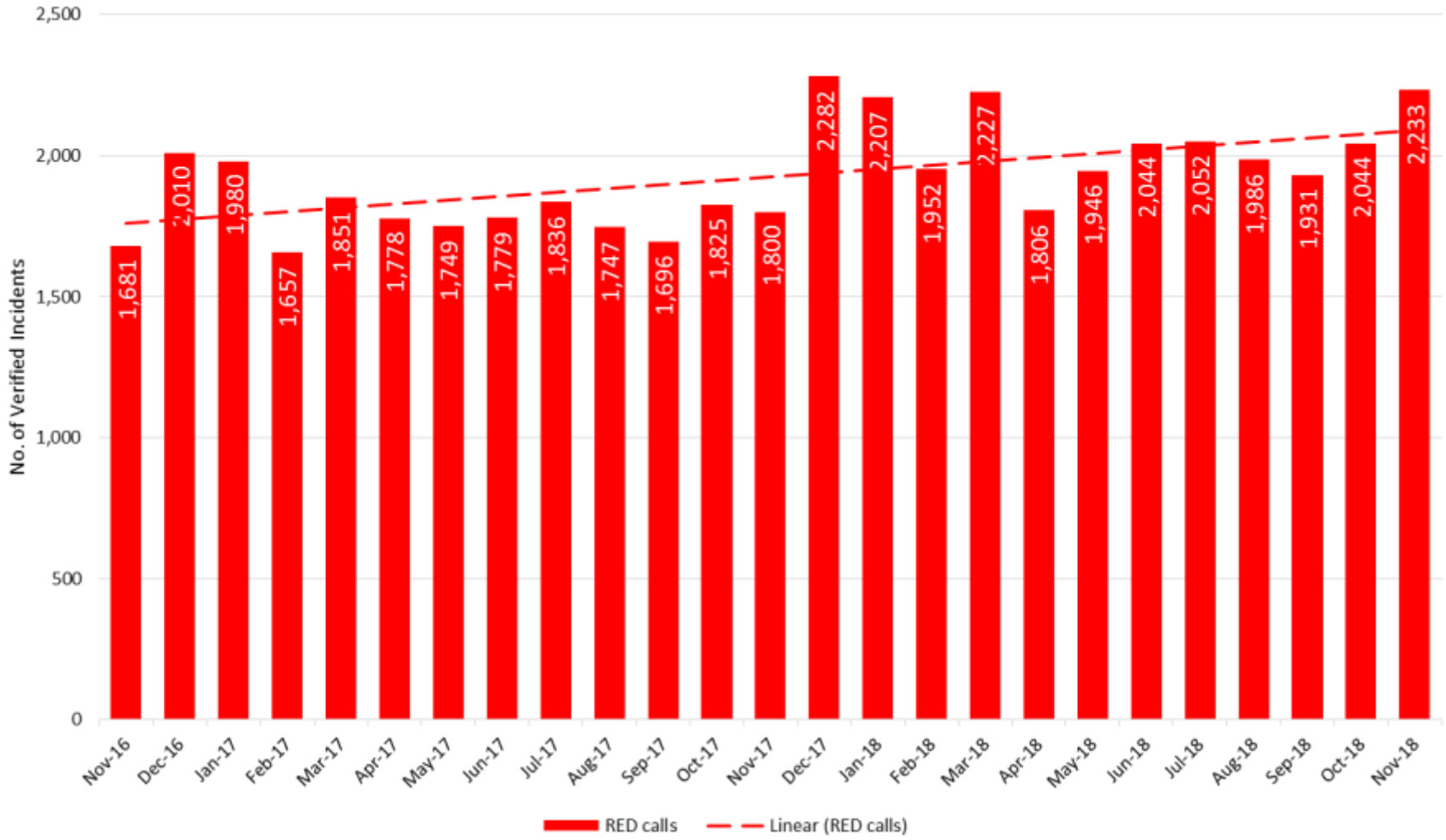
Total Verified Demand split by RED, AMBER, GREEN





DEMAND

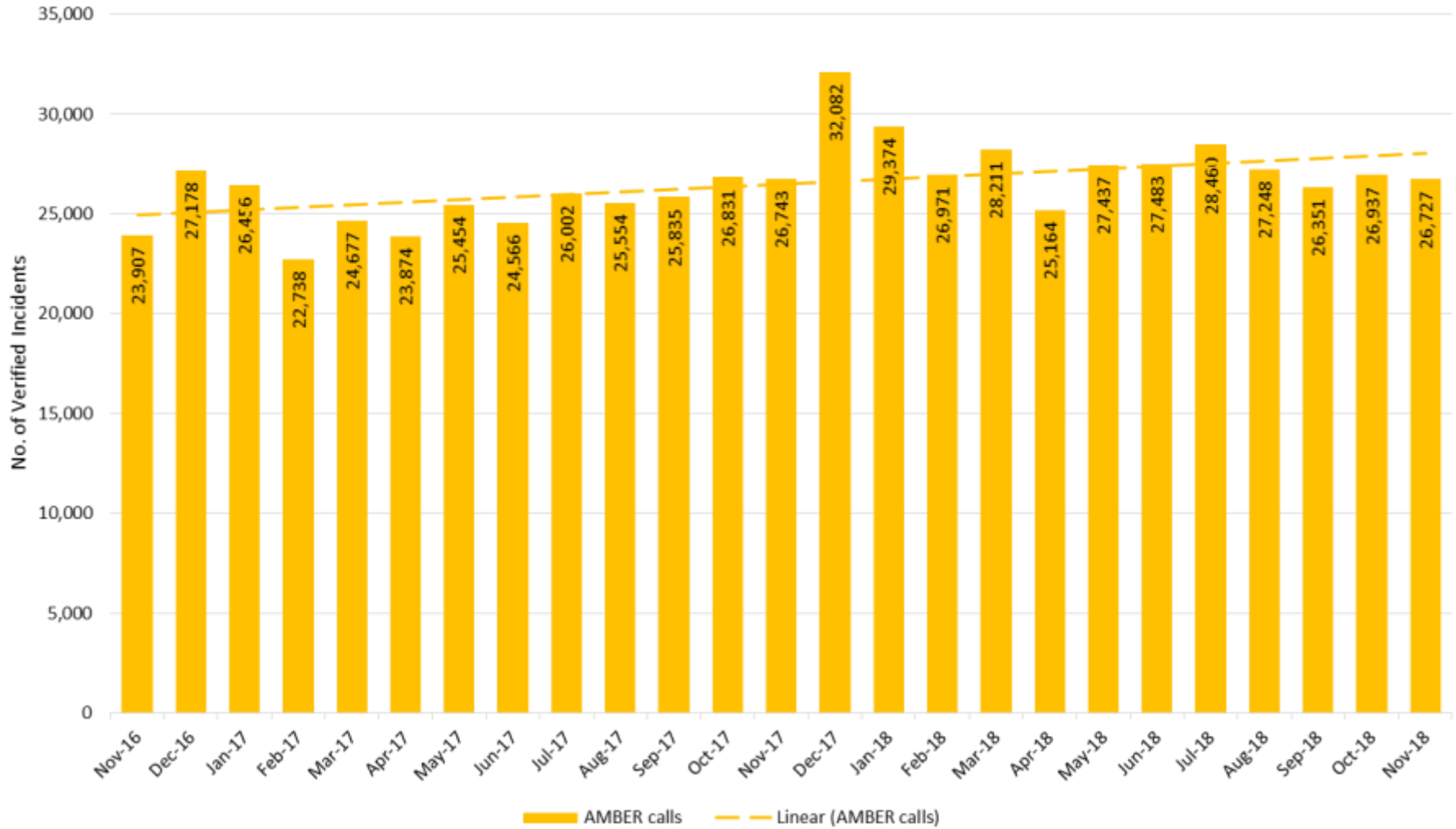
Total Verified RED Demand Calls





DEMAND

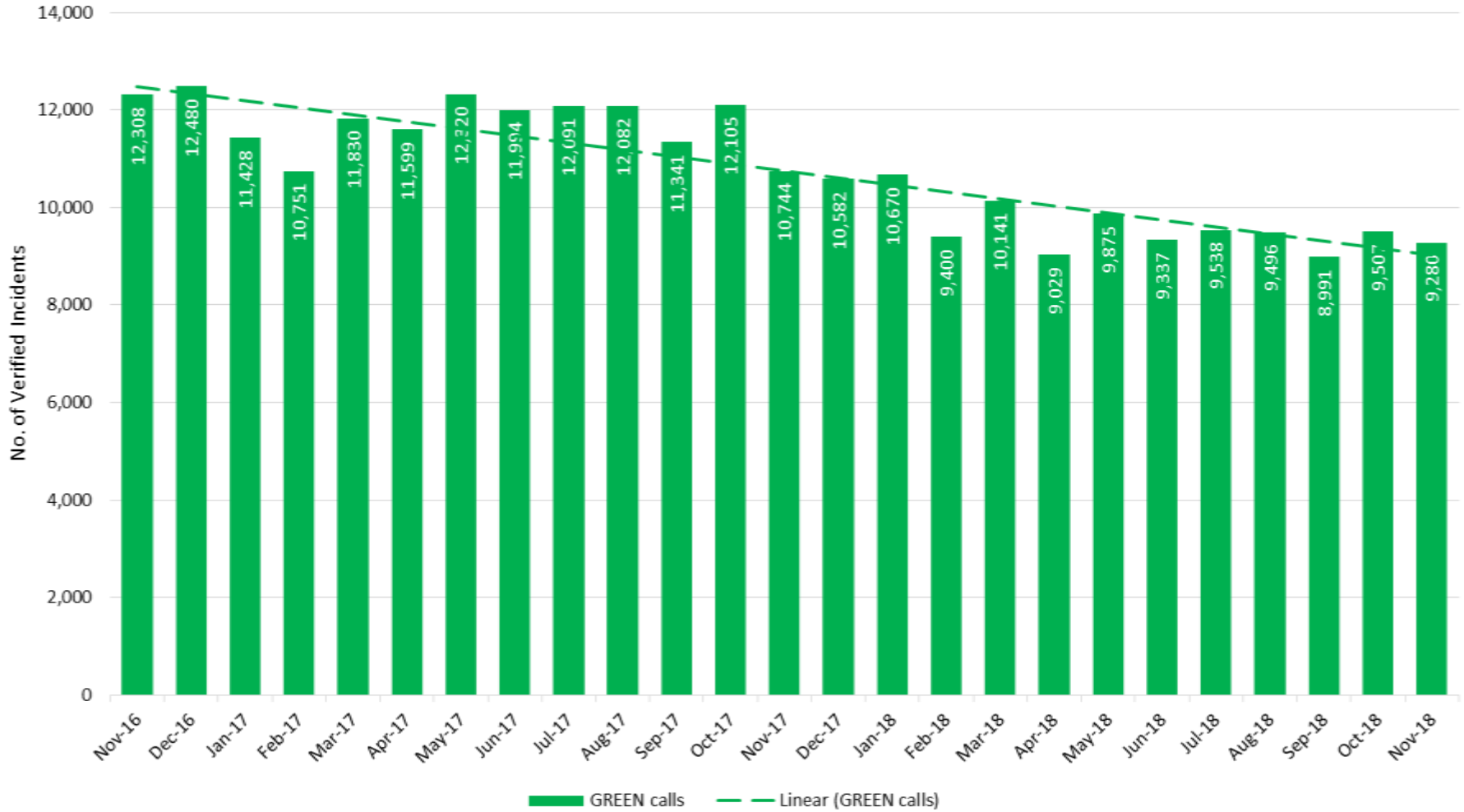
Total Verified AMBER Demand Calls





DEMAND

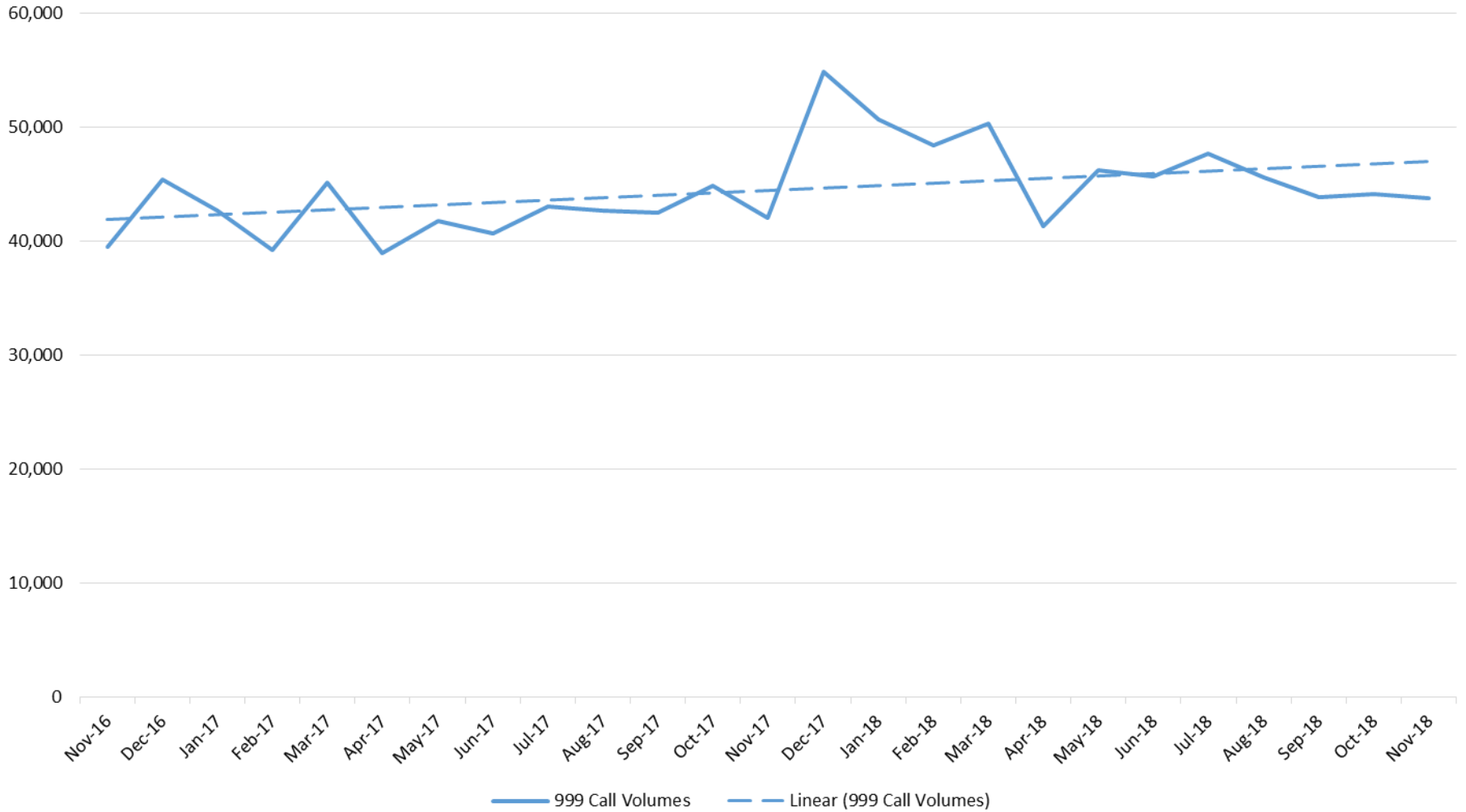
Total Verified GREEN Demand Calls





DEMAND

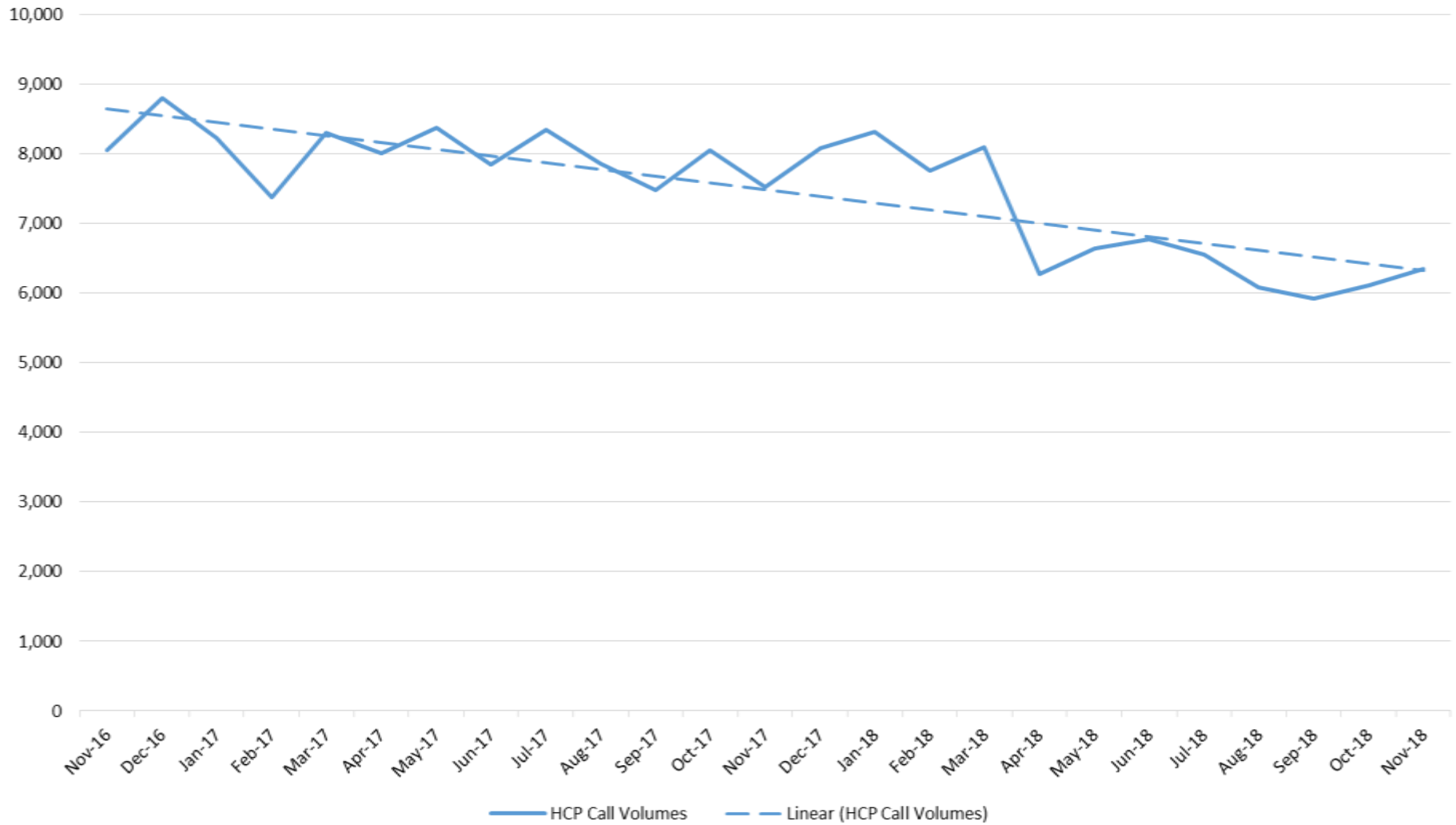
999 Call Volumes





DEMAND

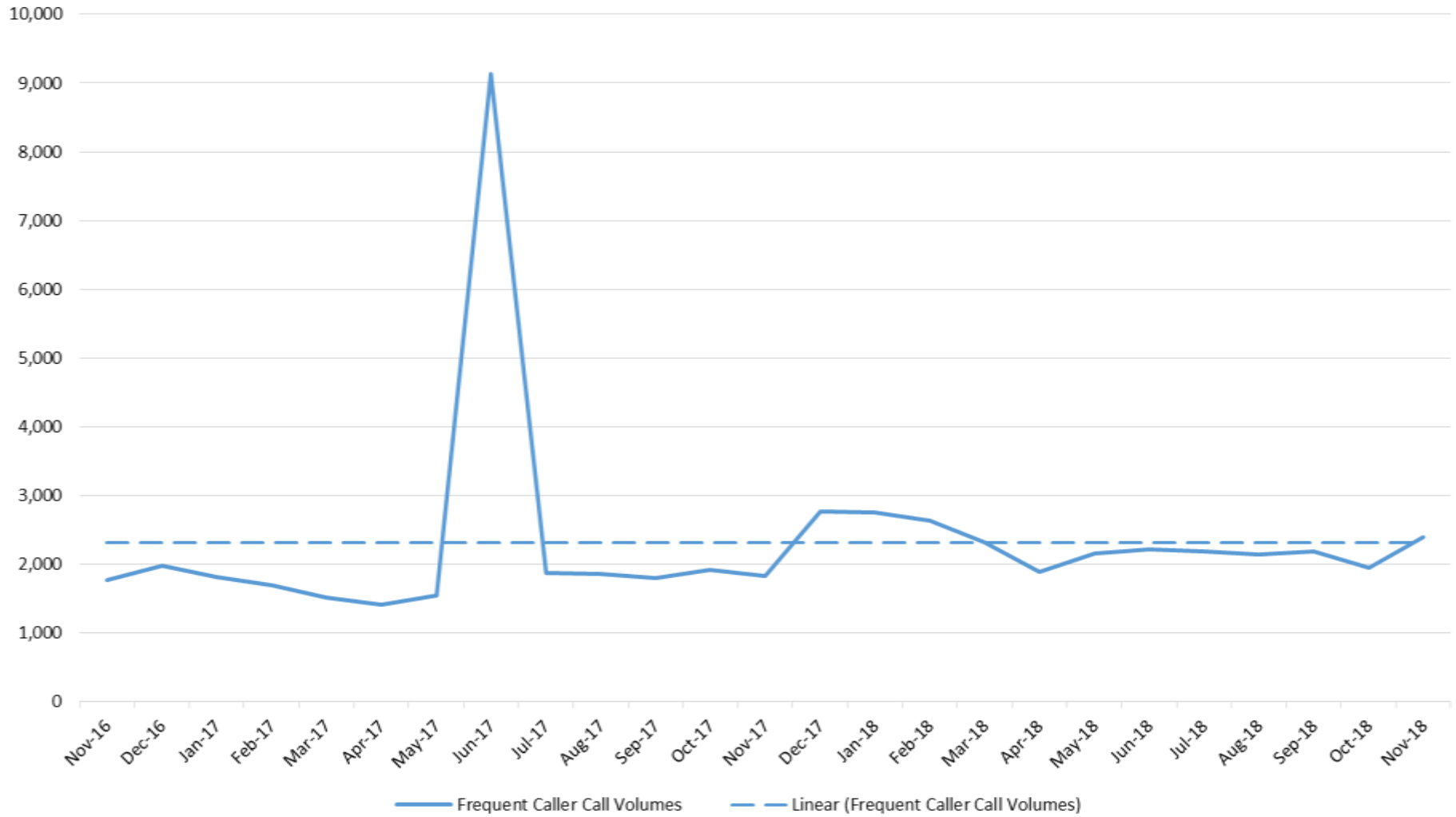
HCP Call Volumes





DEMAND

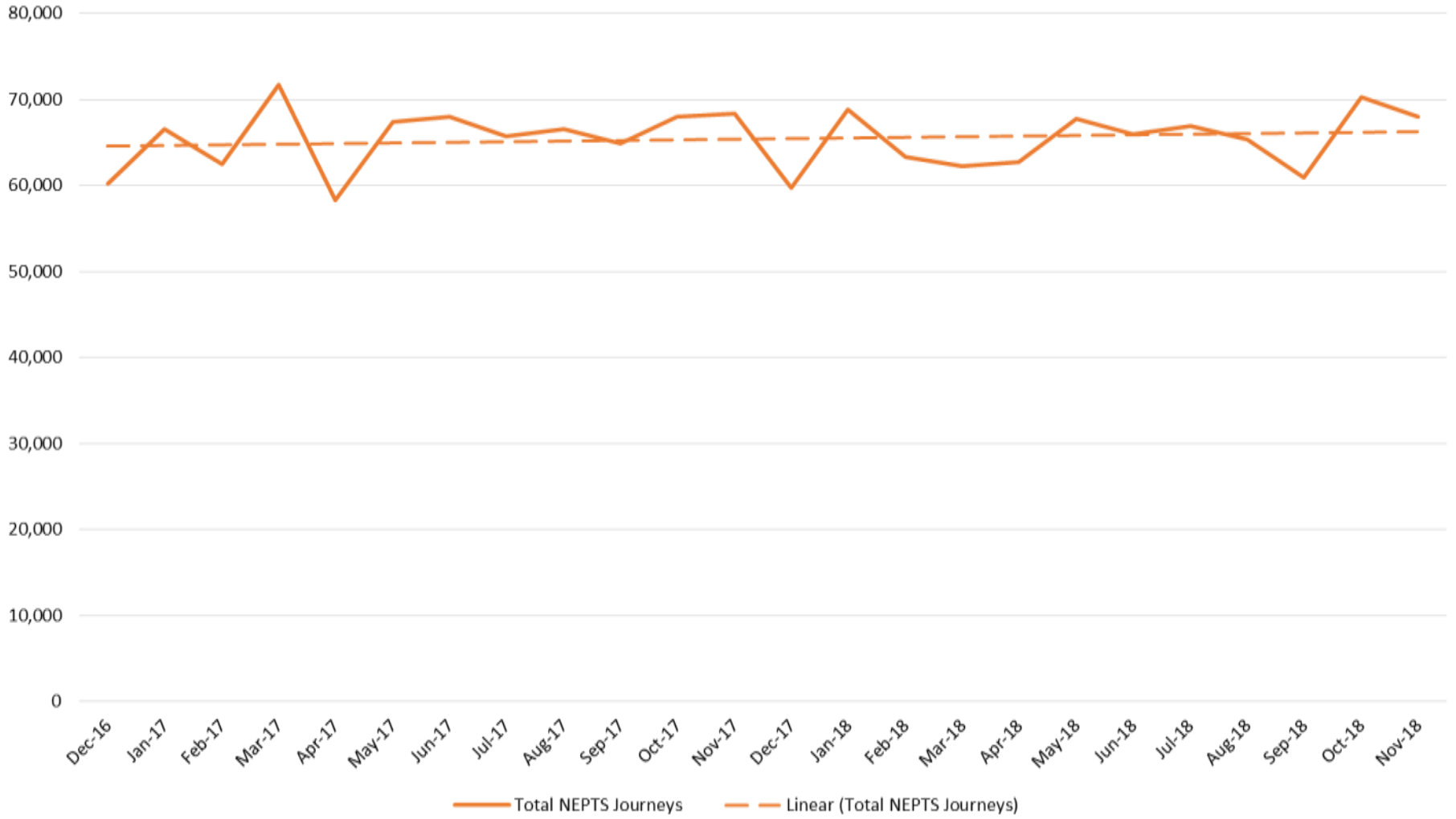
Frequent Caller Call Volumes





DEMAND

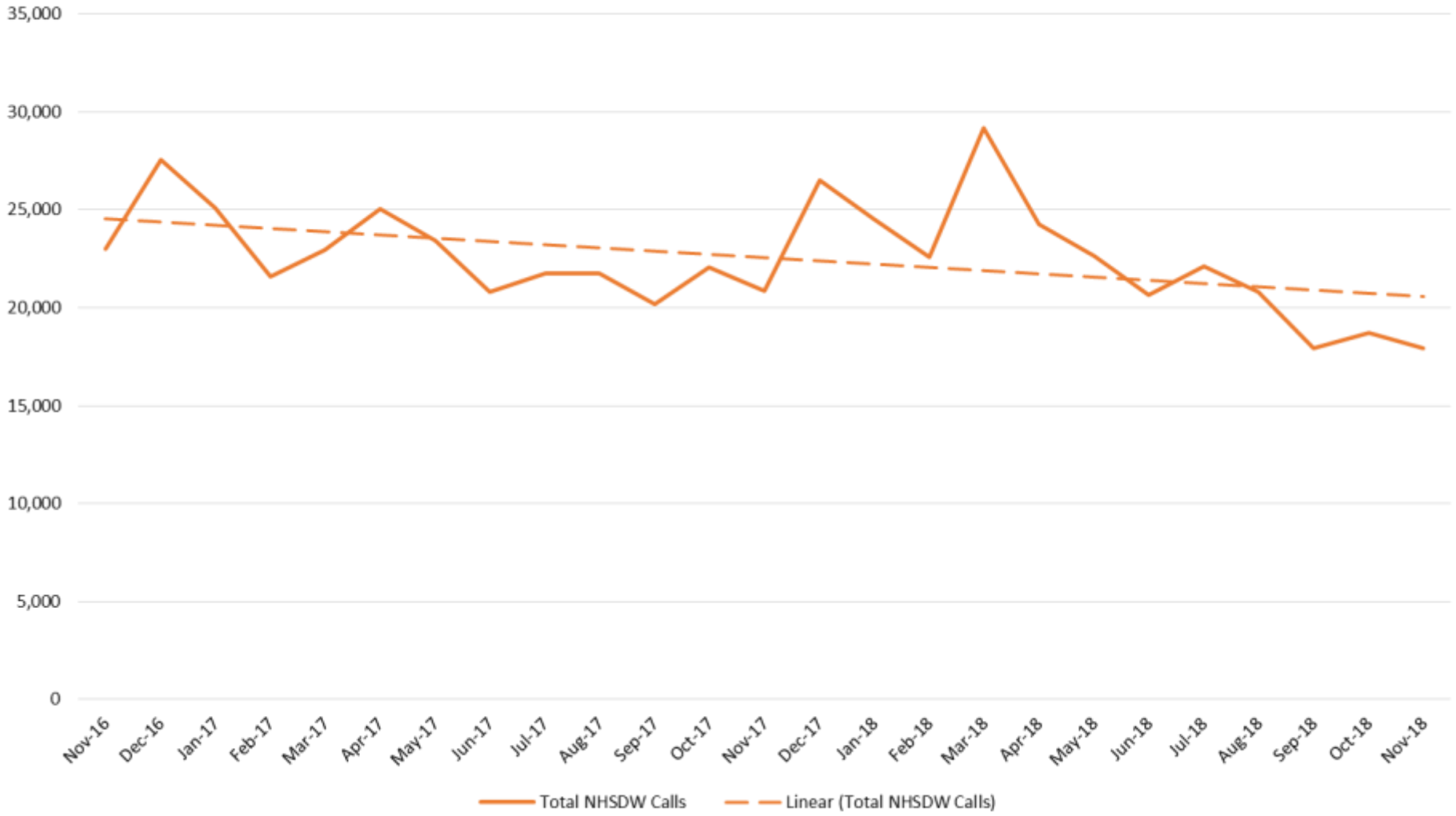
Total NEPTS Journeys





DEMAND

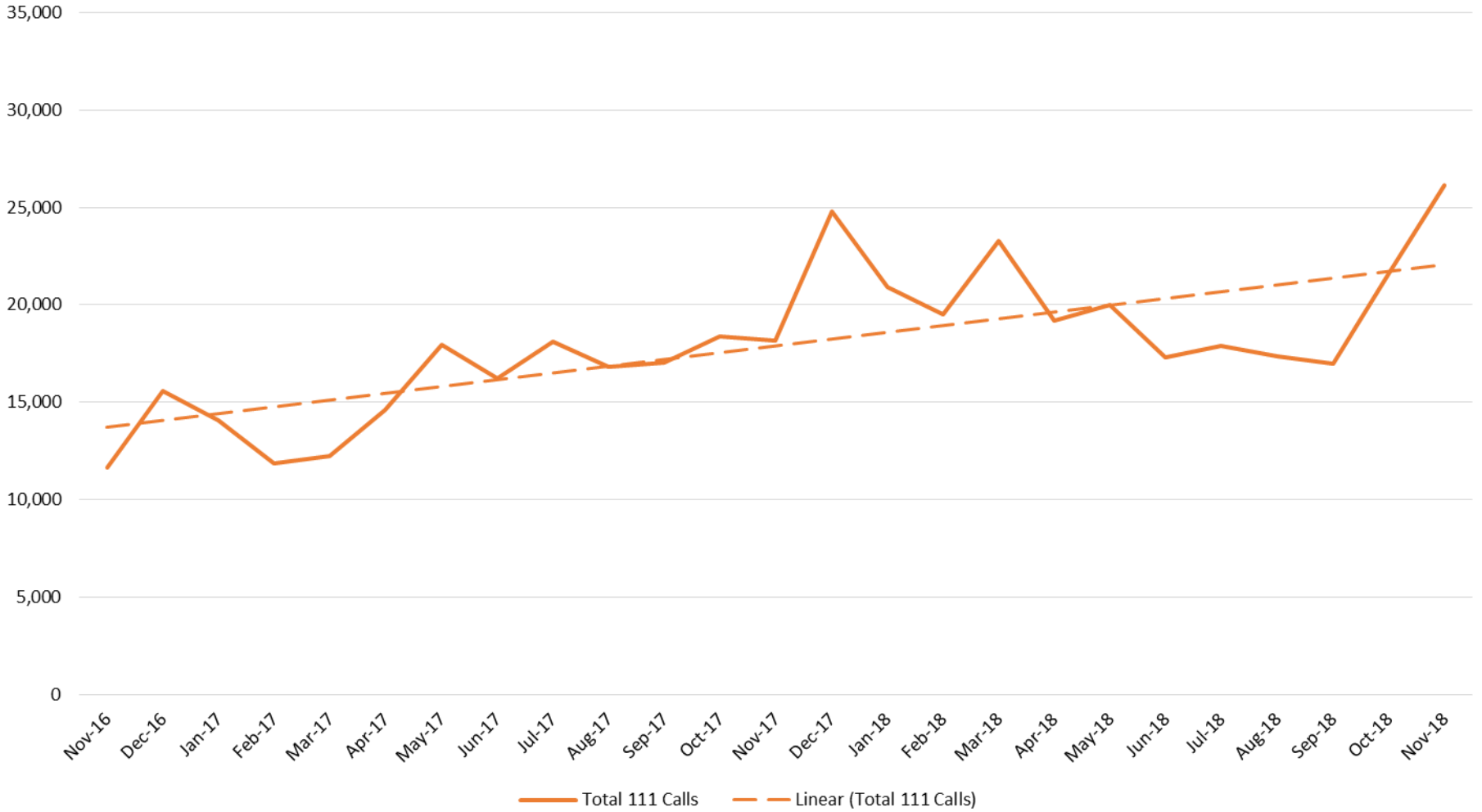
Total NHSDW Calls





DEMAND

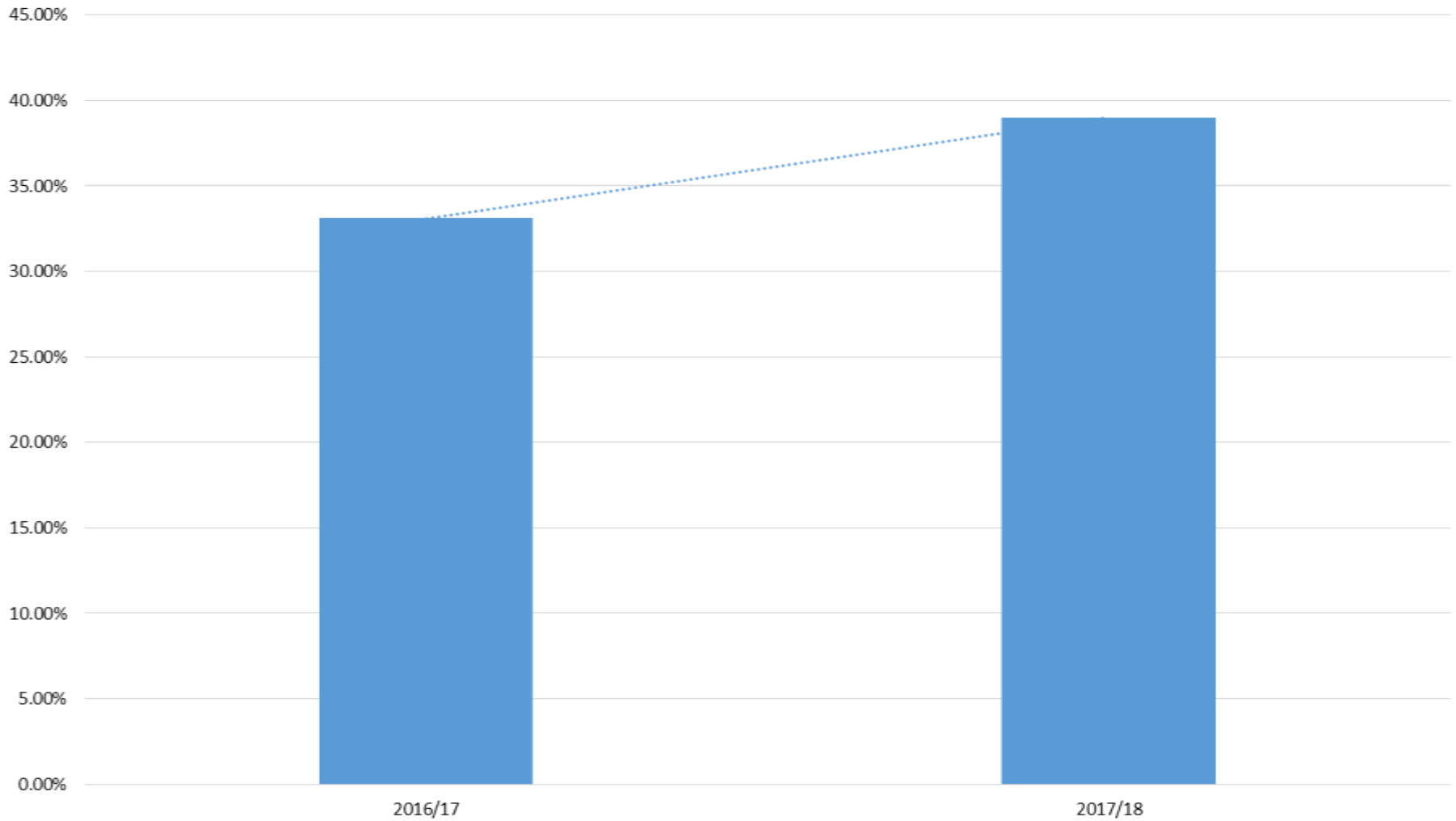
Total 111 Calls





STAYING HEALTHY

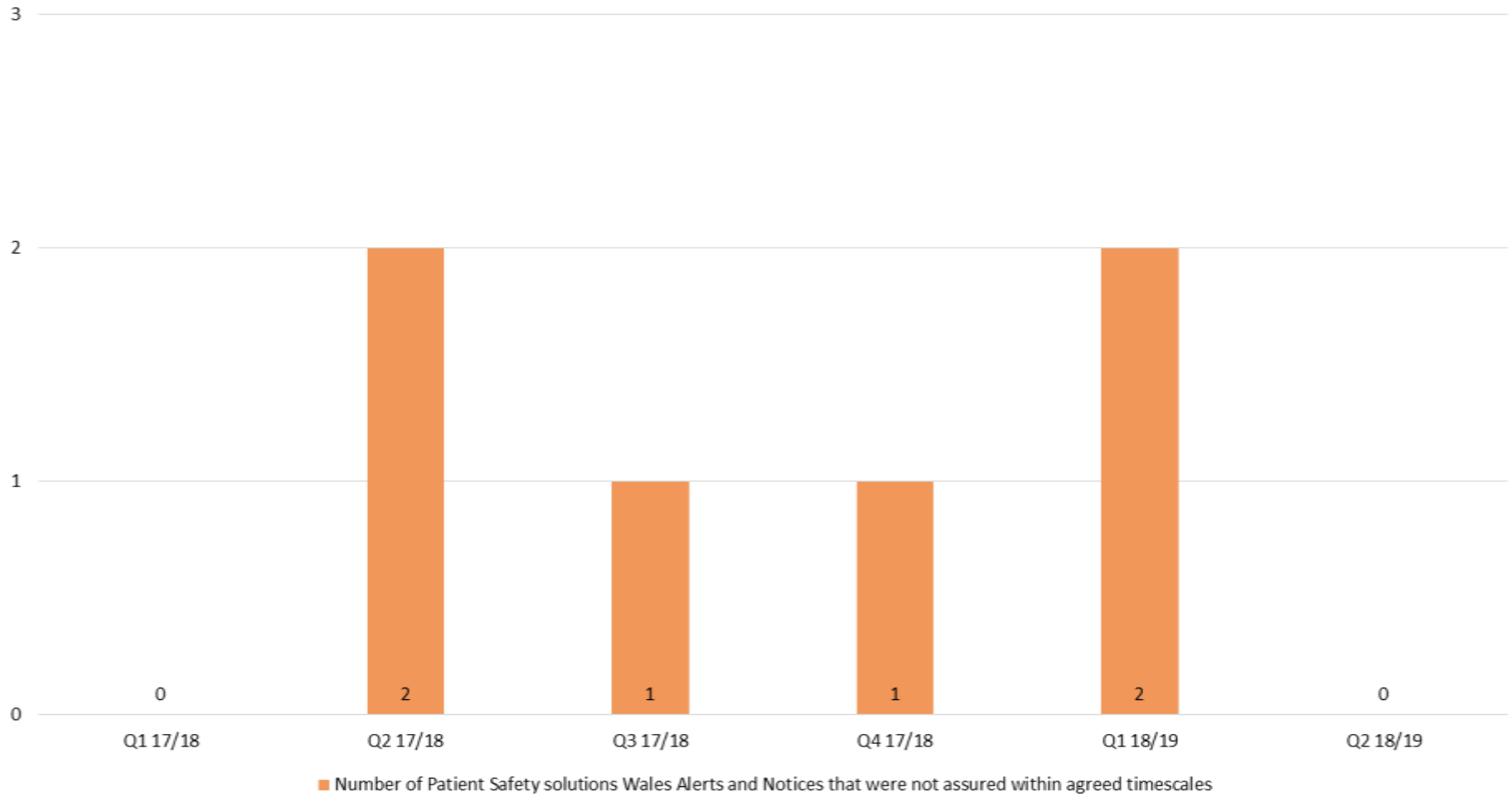
% Uptake of the influenza vaccination amongst healthcare workers





SAFE CARE

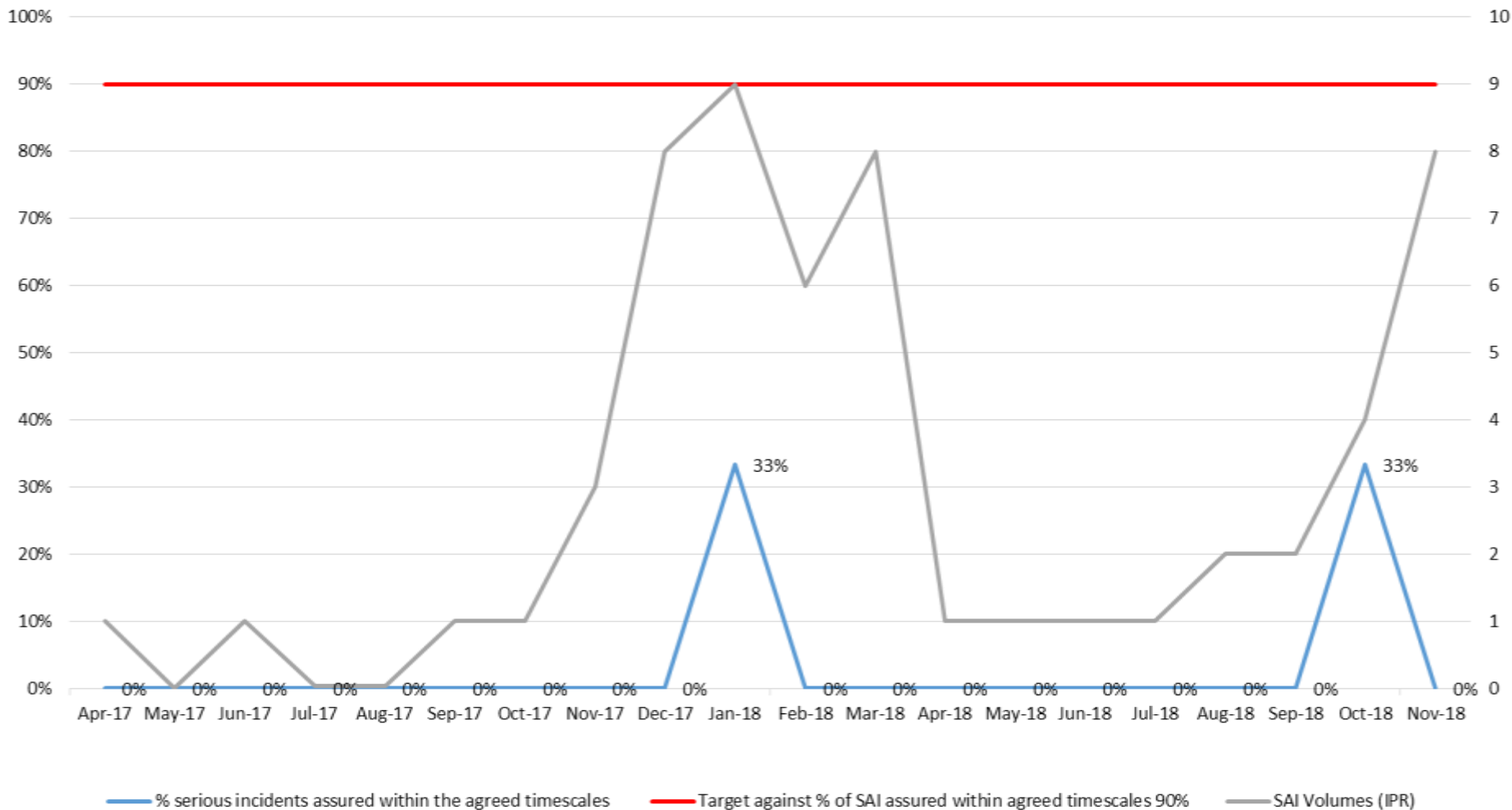
Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales





SAFE CARE – to update

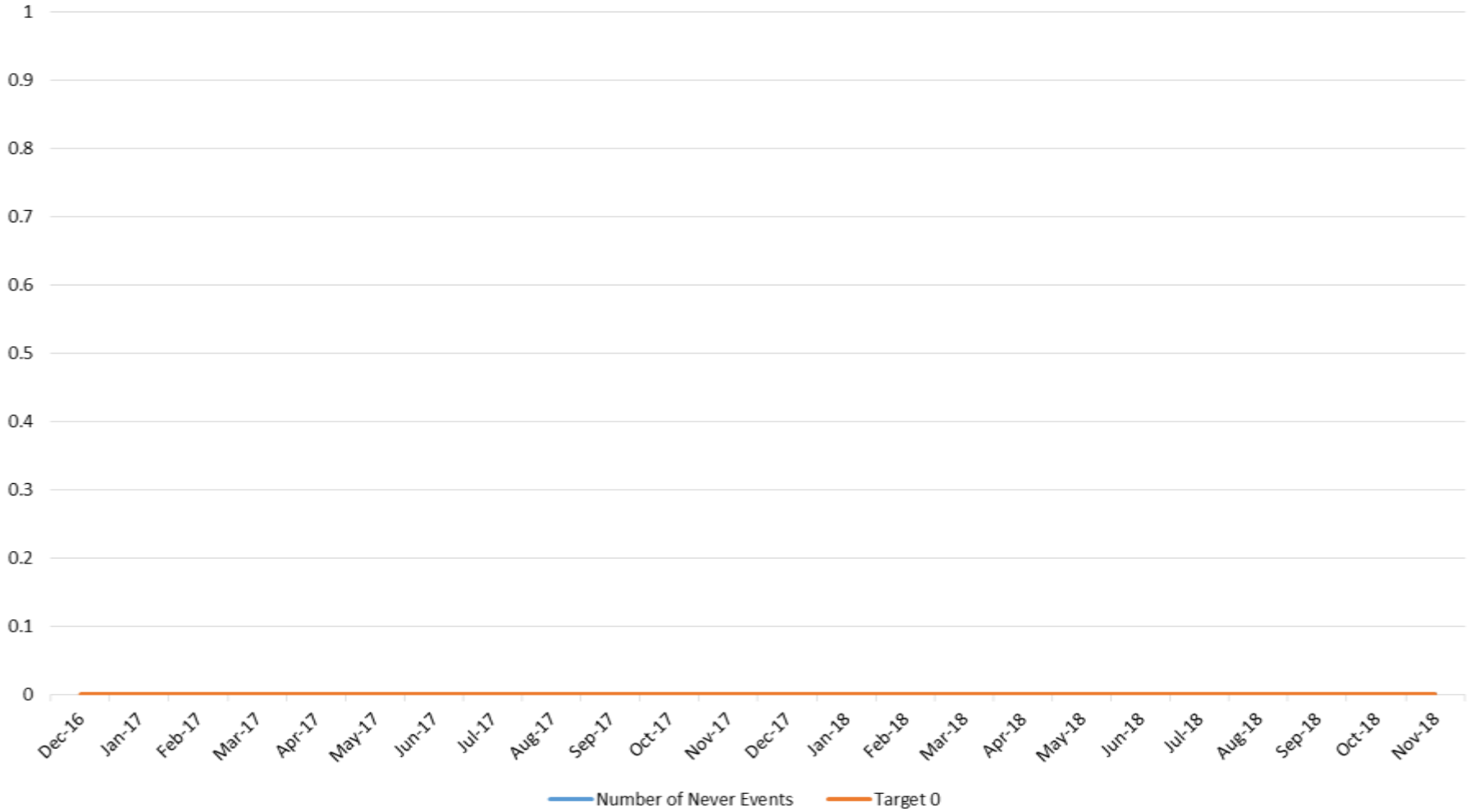
% serious incidents assured within the agreed timescales and Number of reported SAI's





SAFE CARE

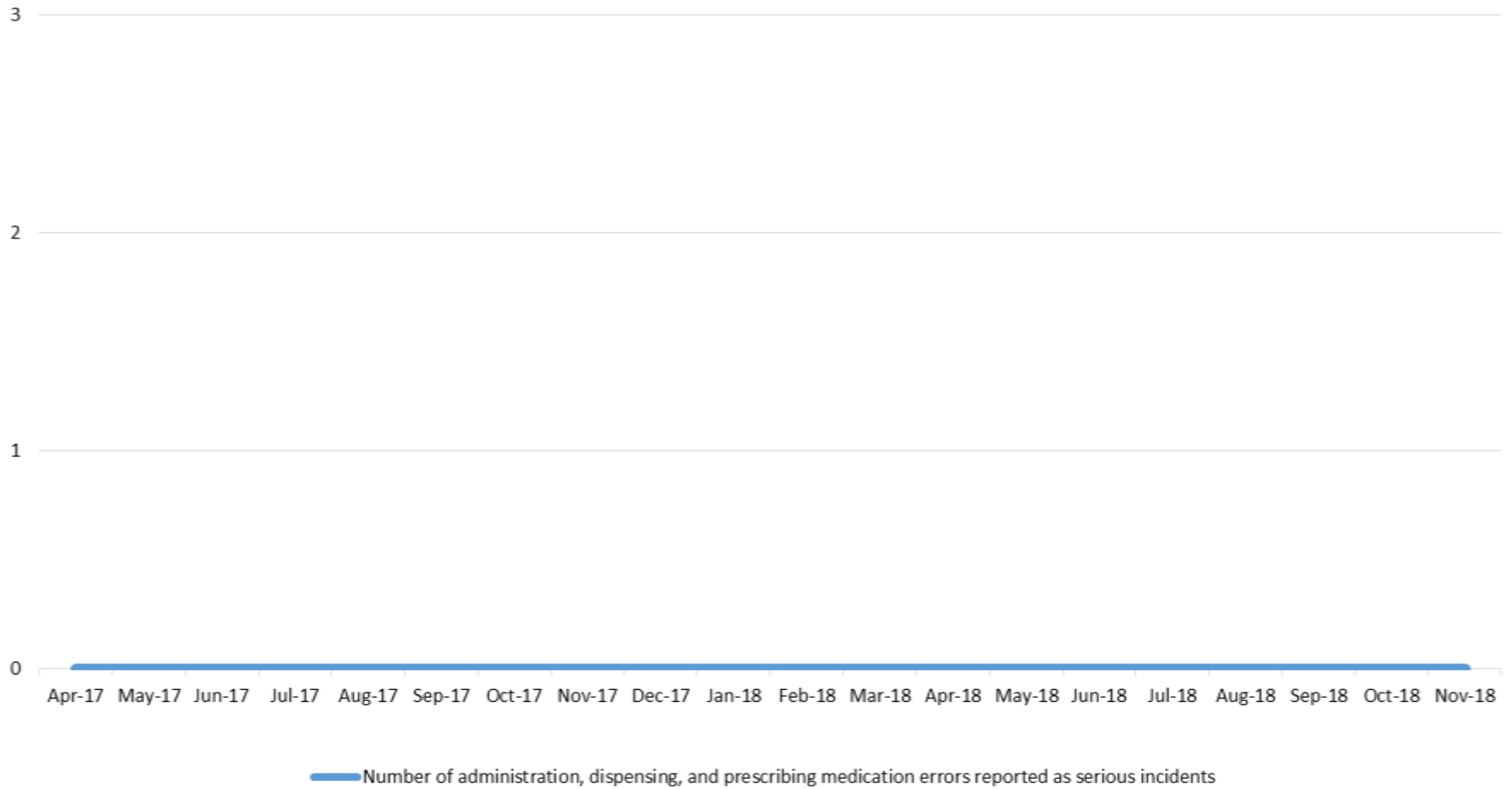
Number of Never Events





SAFE CARE

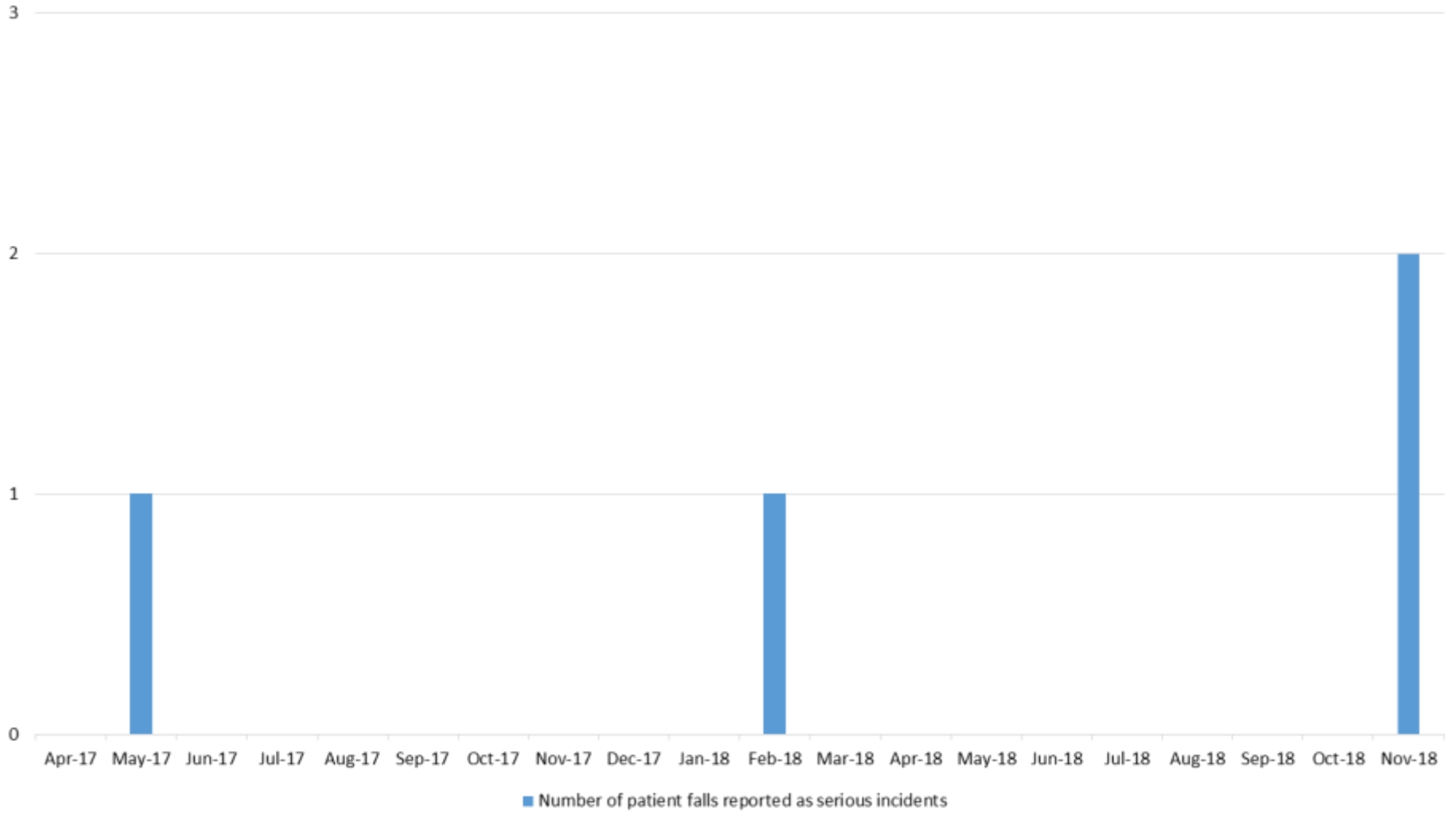
Number of administration, dispensing, and prescribing medication errors reported as serious incidents





SAFE CARE

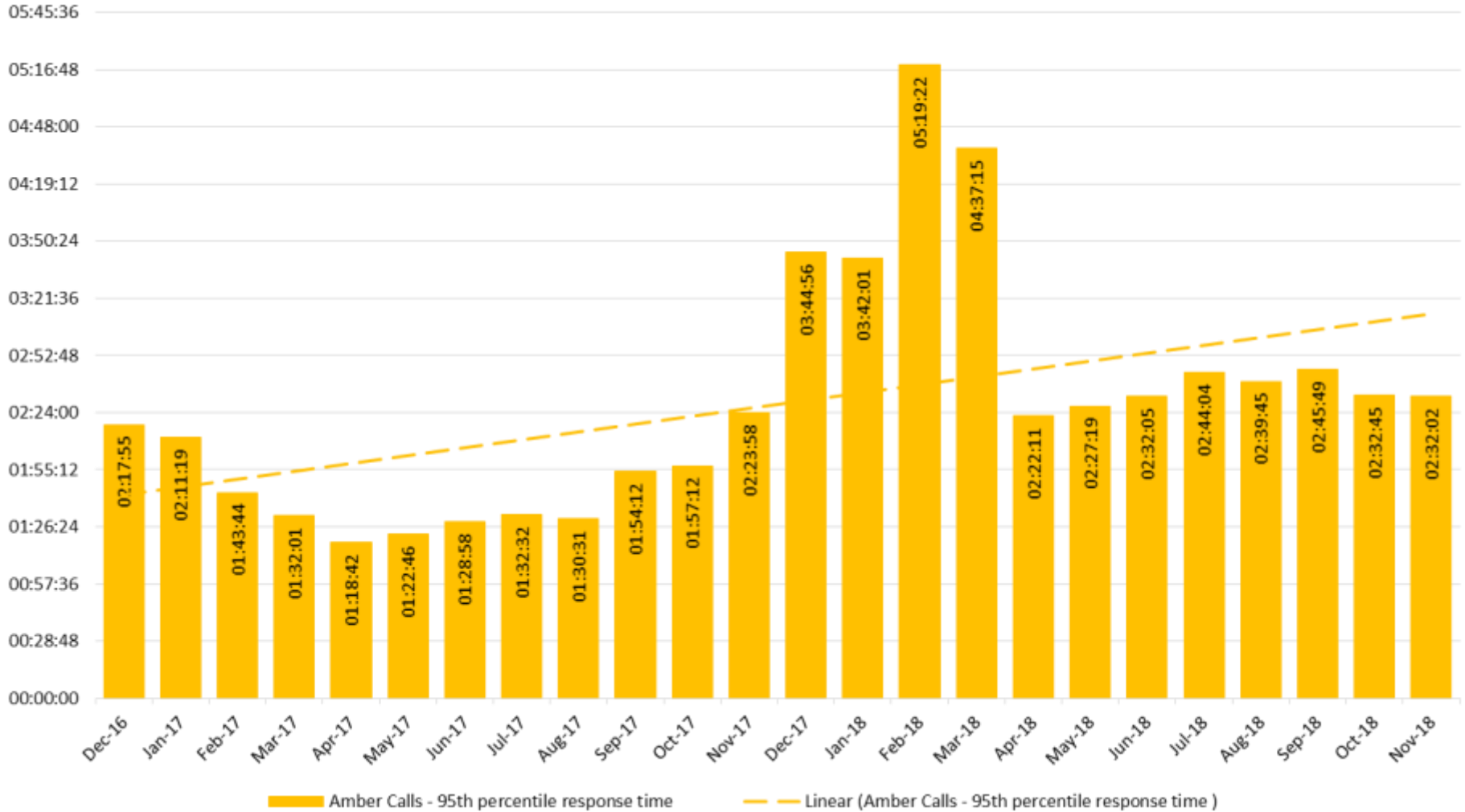
Number of patient falls reported as serious incidents





SAFE CARE – to update

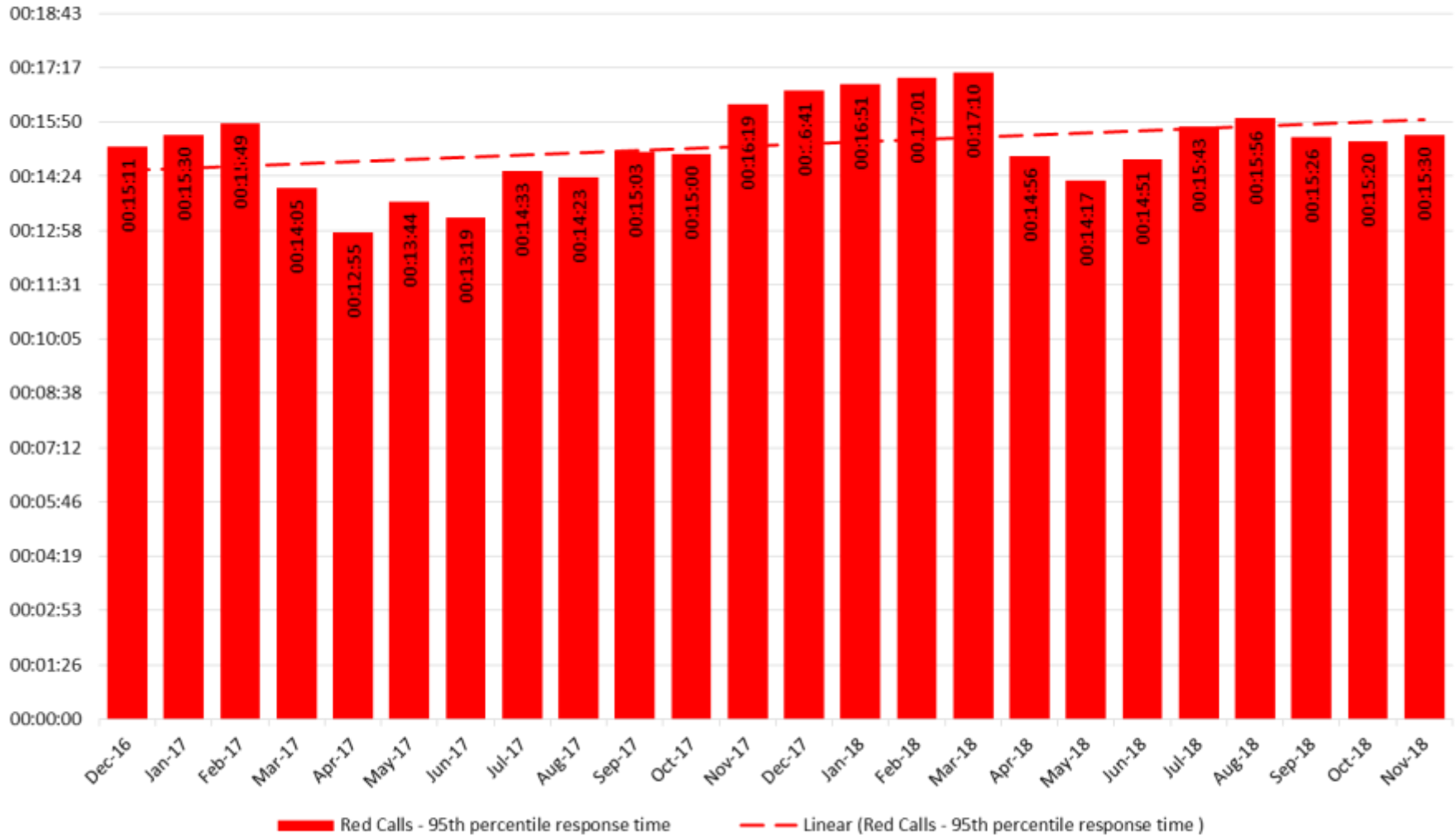
Amber Calls - 95th percentile response time





SAFE CARE – to update

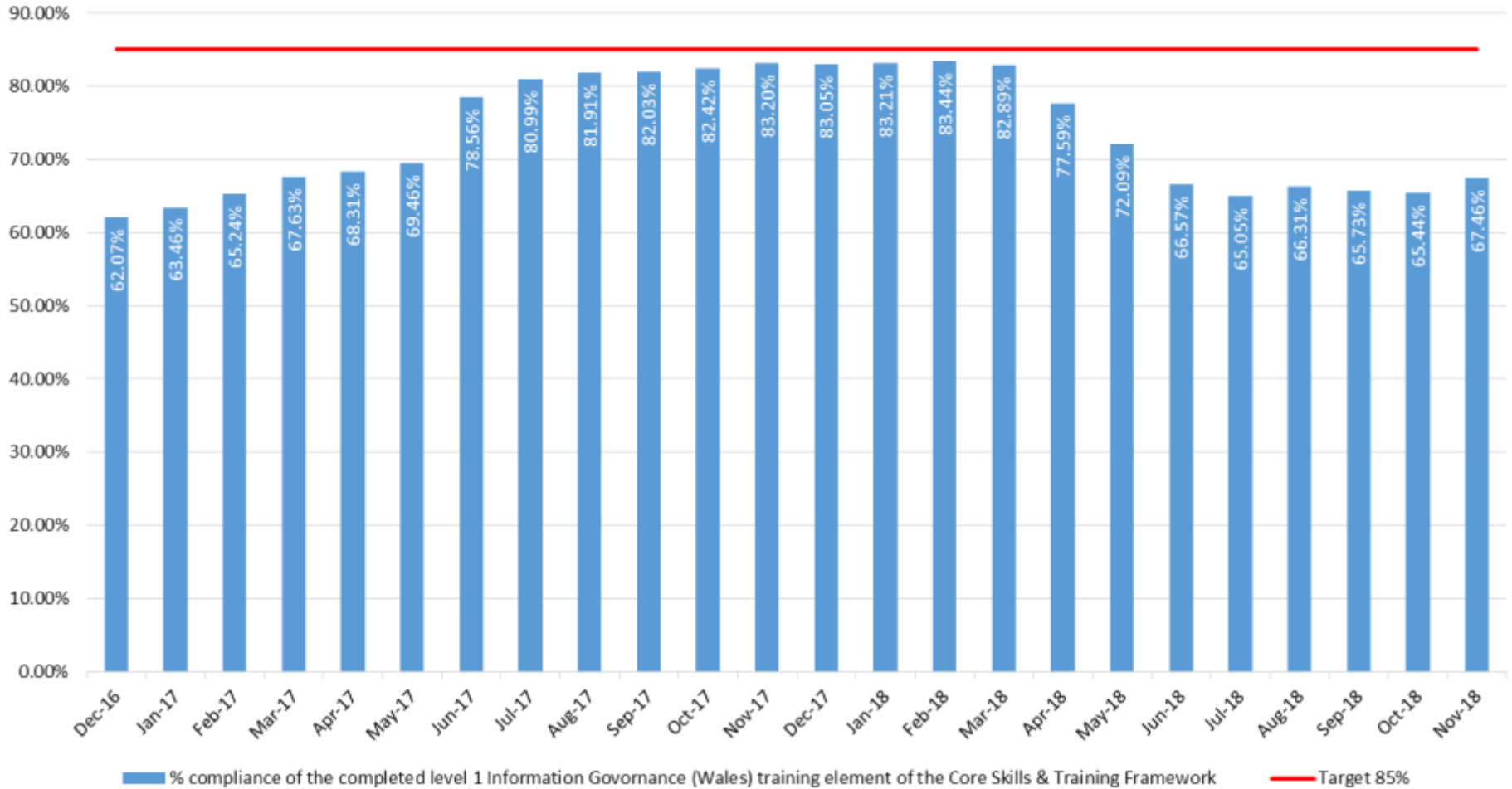
Red Calls - 95th percentile response time





EFFECTIVE CARE

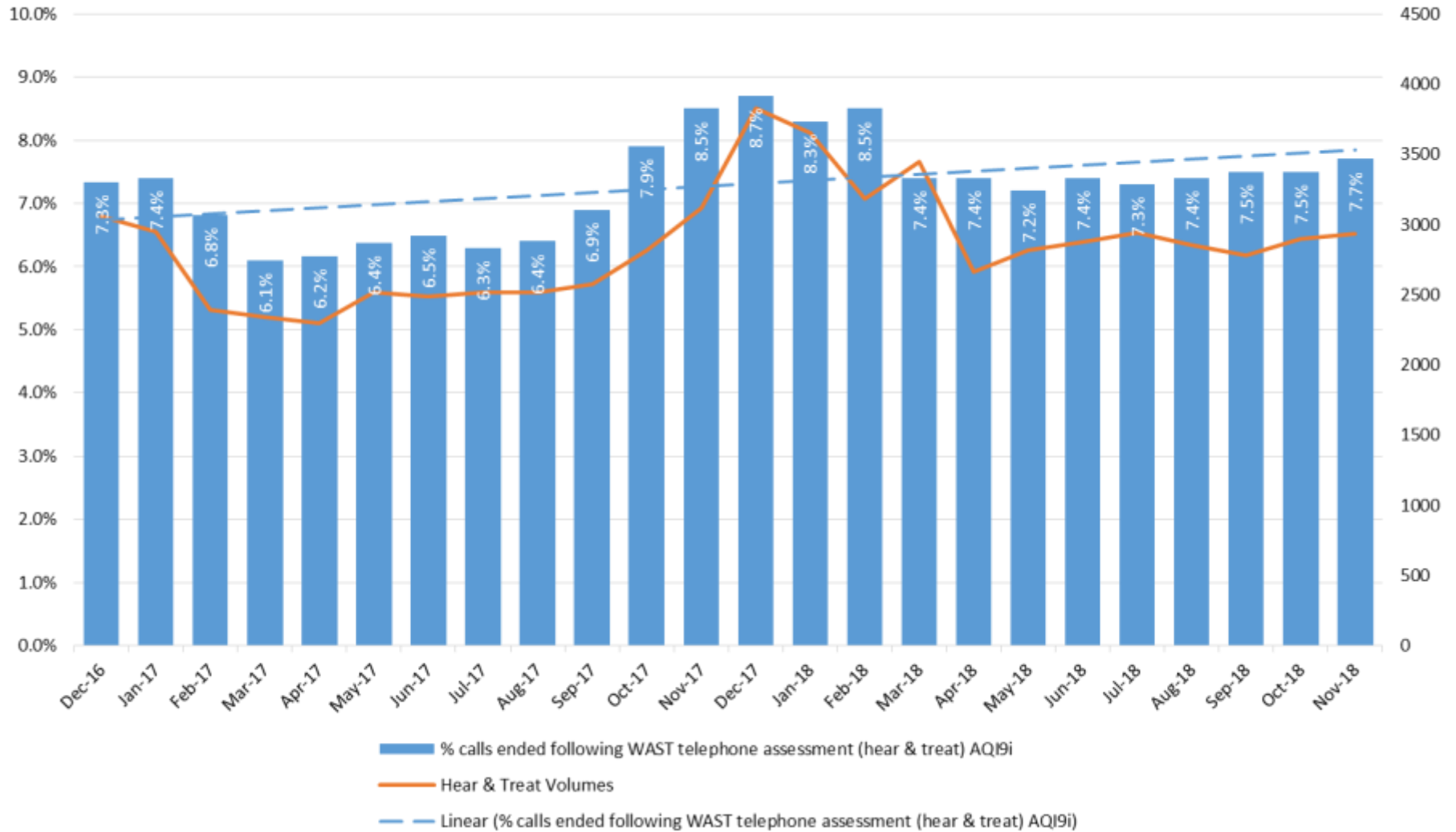
% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework





EFFECTIVE CARE

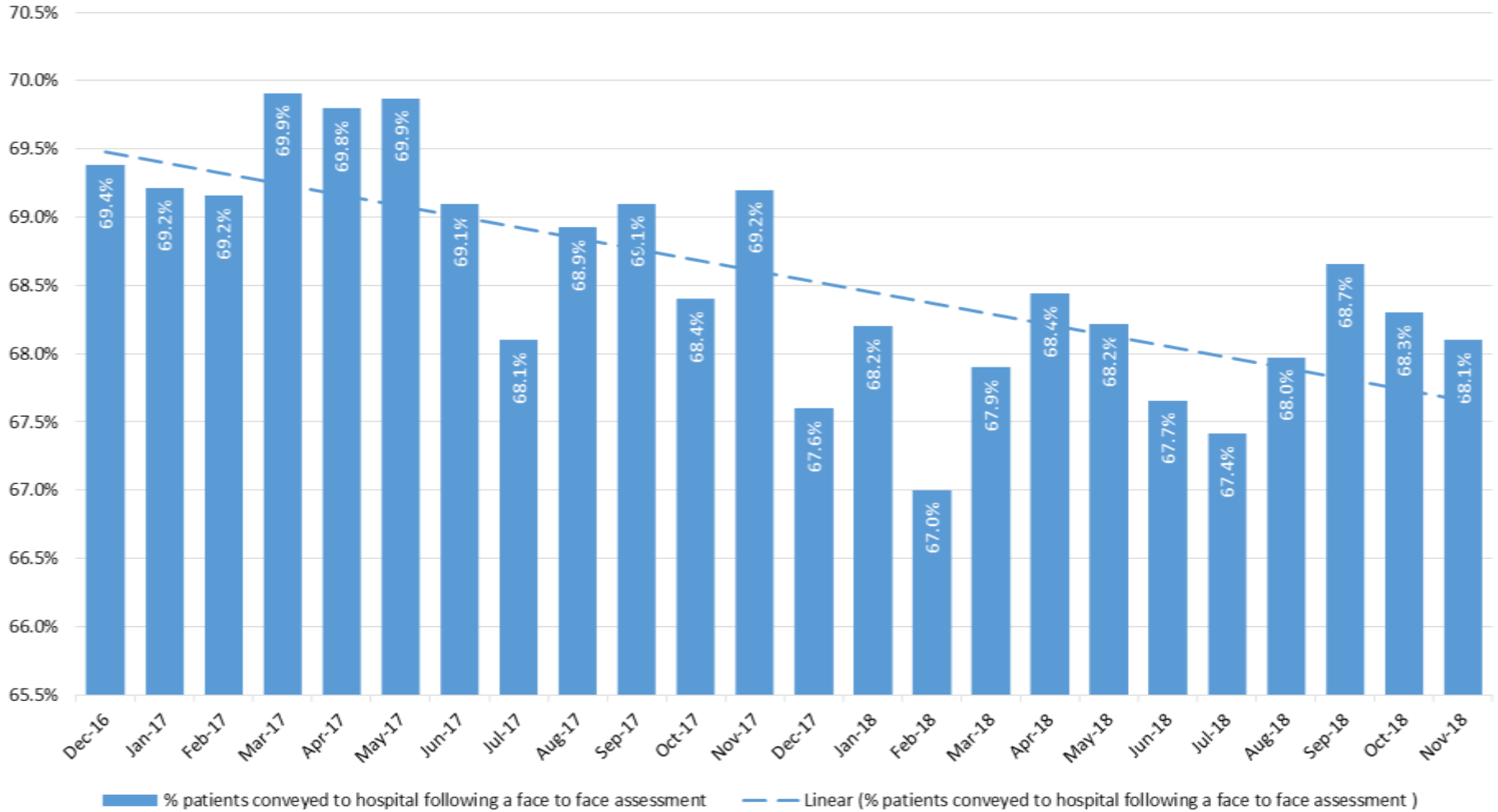
Hear & Treat





EFFECTIVE CARE

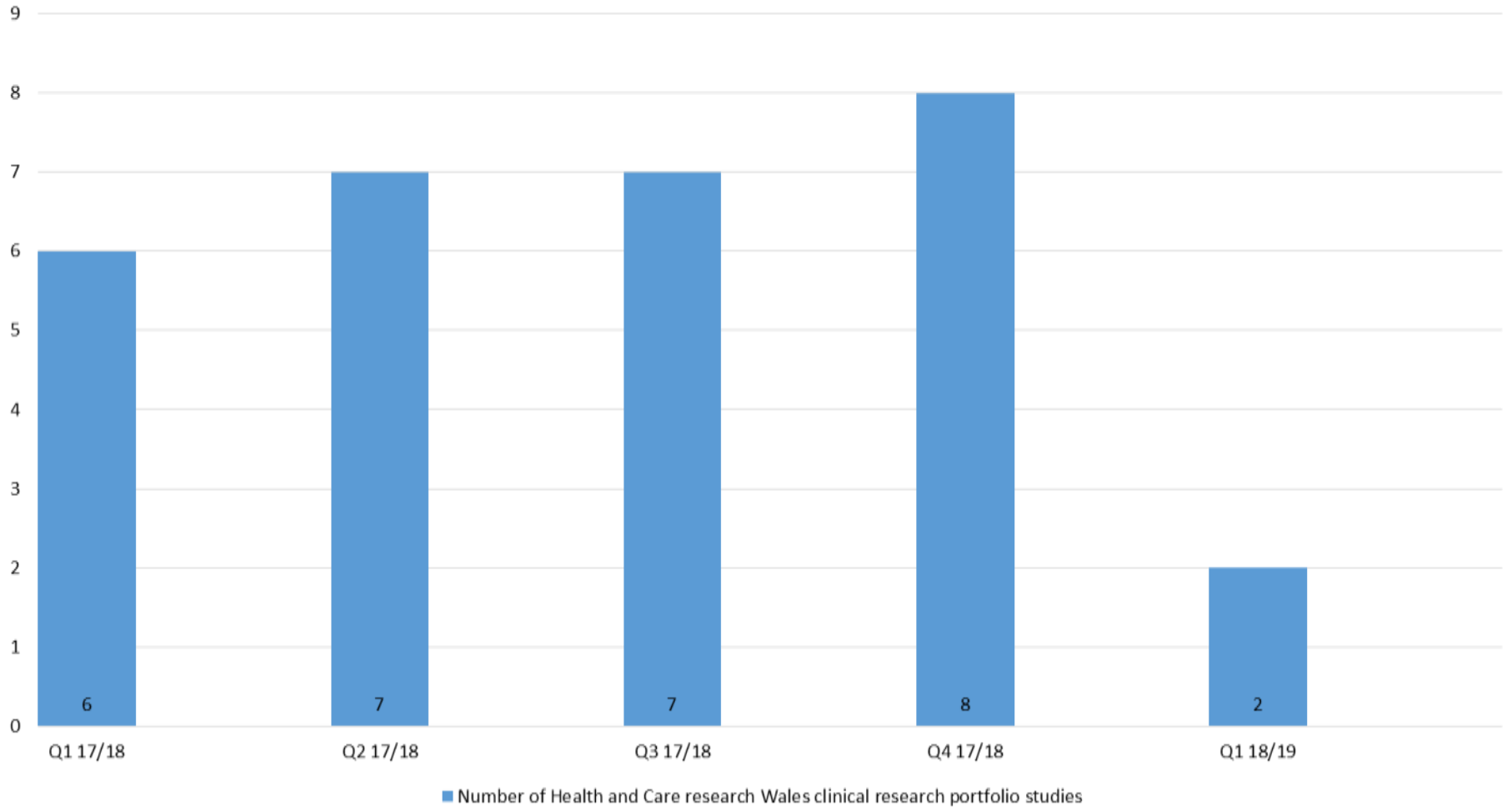
% patients conveyed to hospital following a face to face assessment





EFFECTIVE CARE

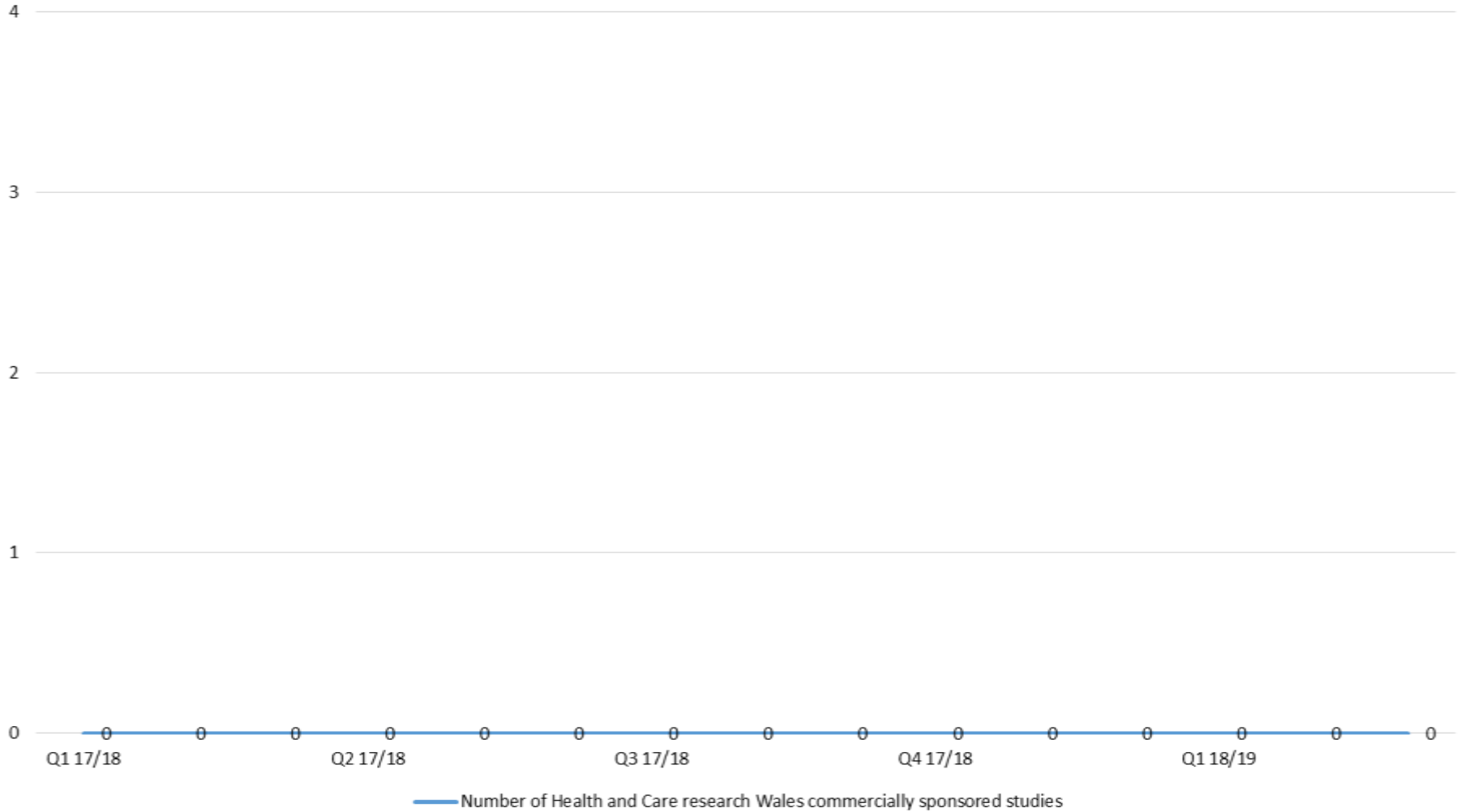
Number of Health and Care research Wales clinical research portfolio studies (cumulative annually)





EFFECTIVE CARE

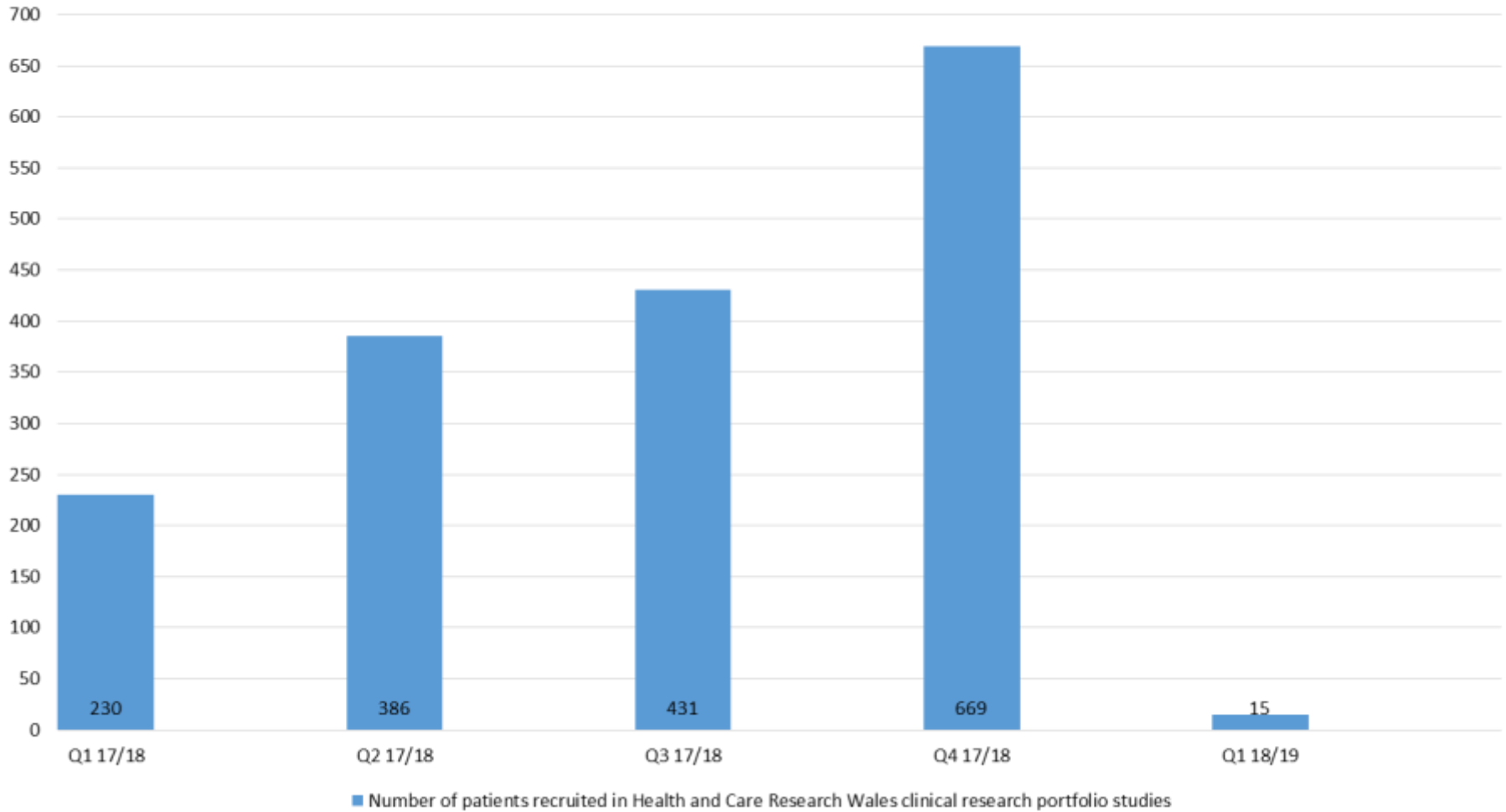
Number of Health and Care research Wales commercially sponsored studies





EFFECTIVE CARE

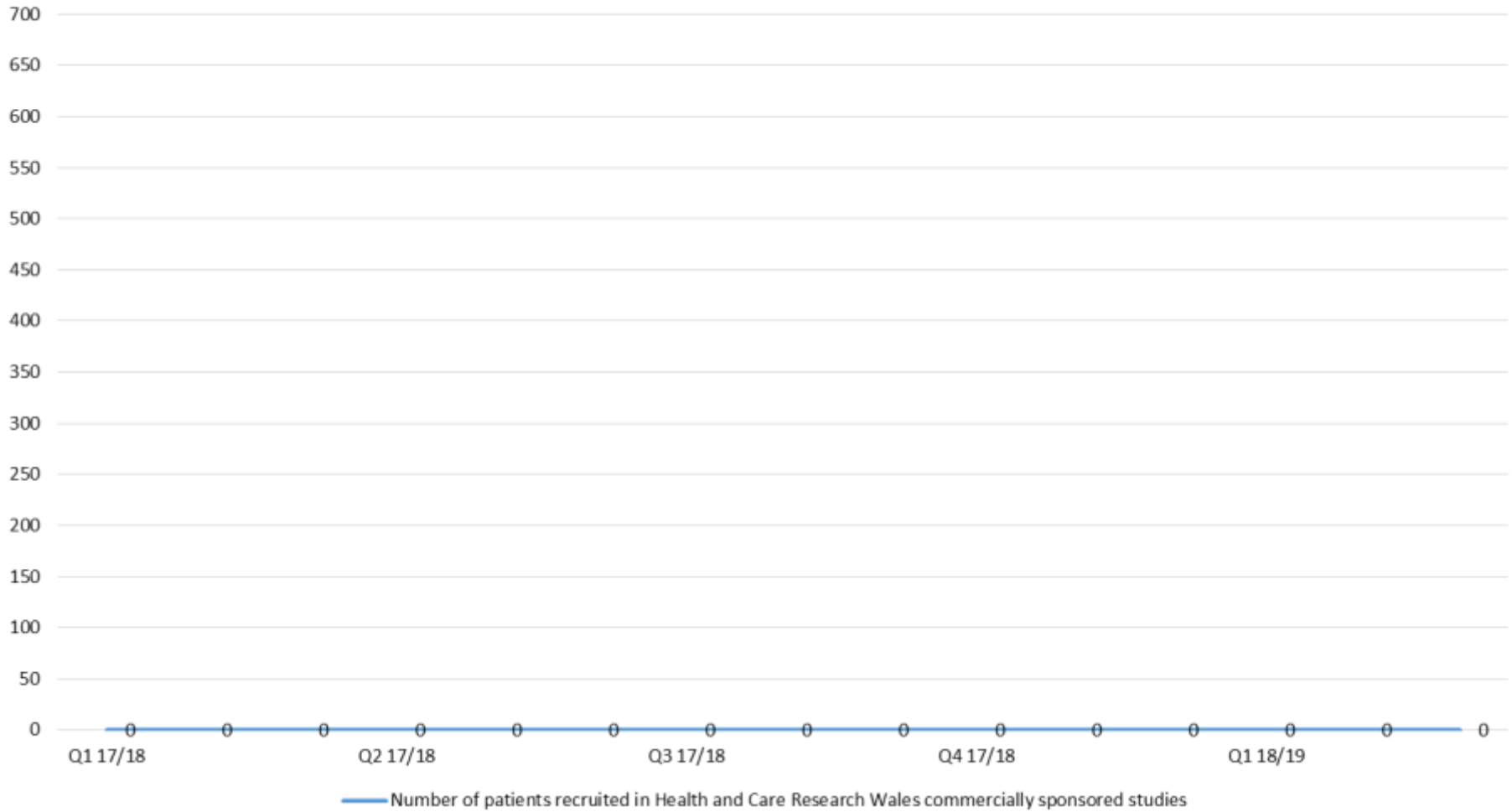
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies





EFFECTIVE CARE

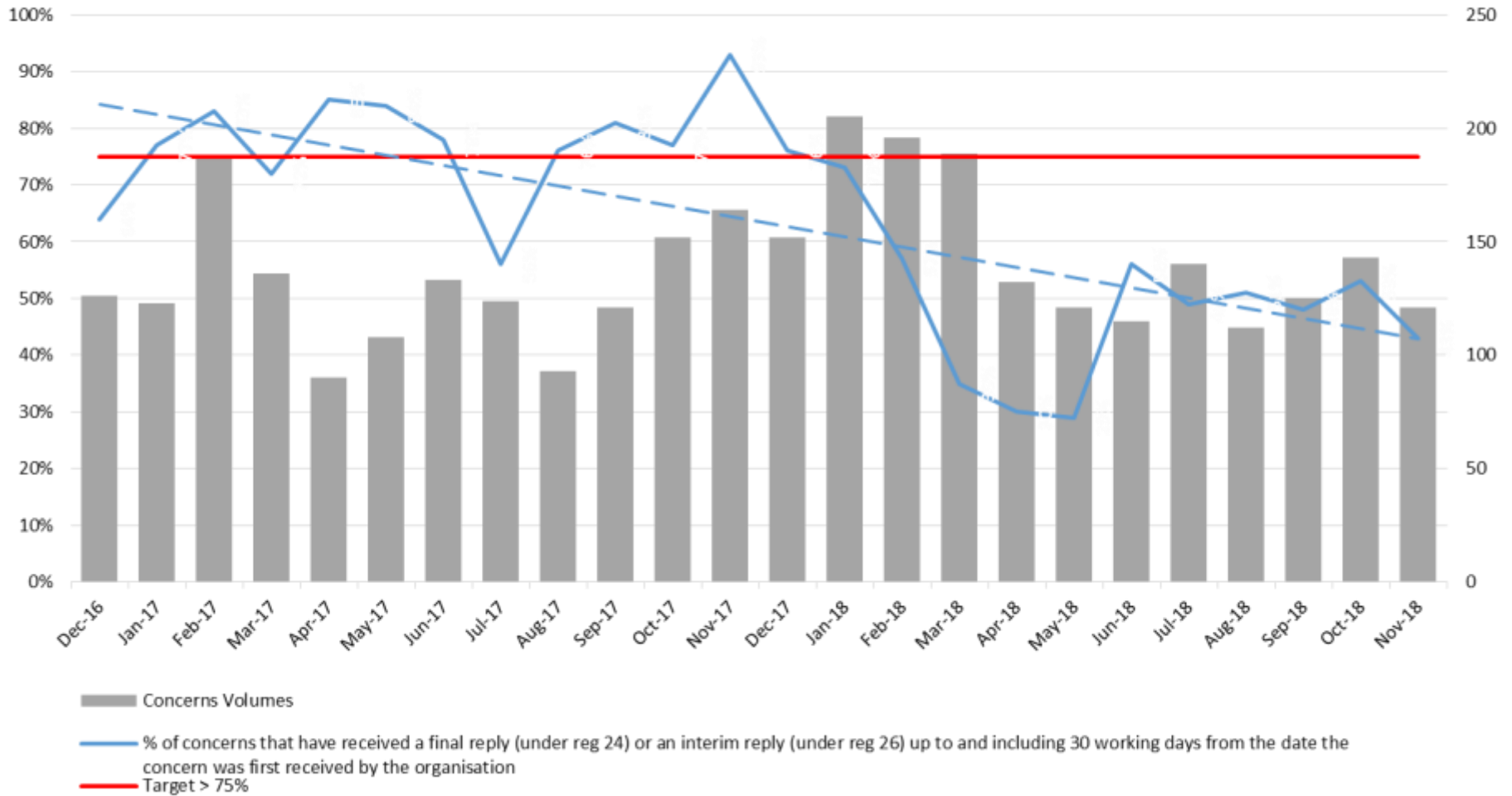
Number of patients recruited in Health and Care Research Wales commercially sponsored studies





INDIVIDUAL & DIGNIFIED CARE

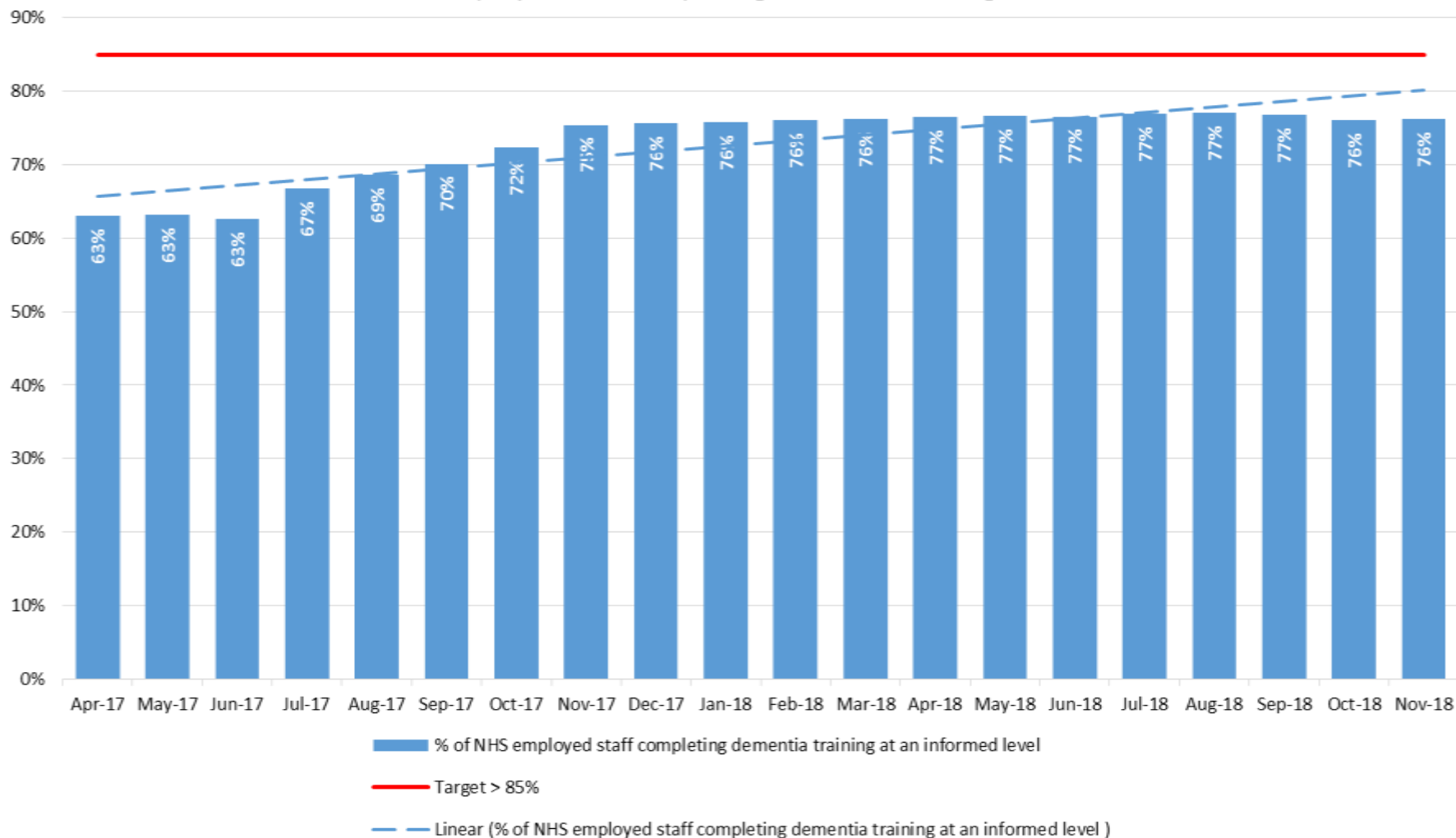
Concerns - Response within 30 days against Concerns Volumes





INDIVIDUAL & DIGNIFIED CARE

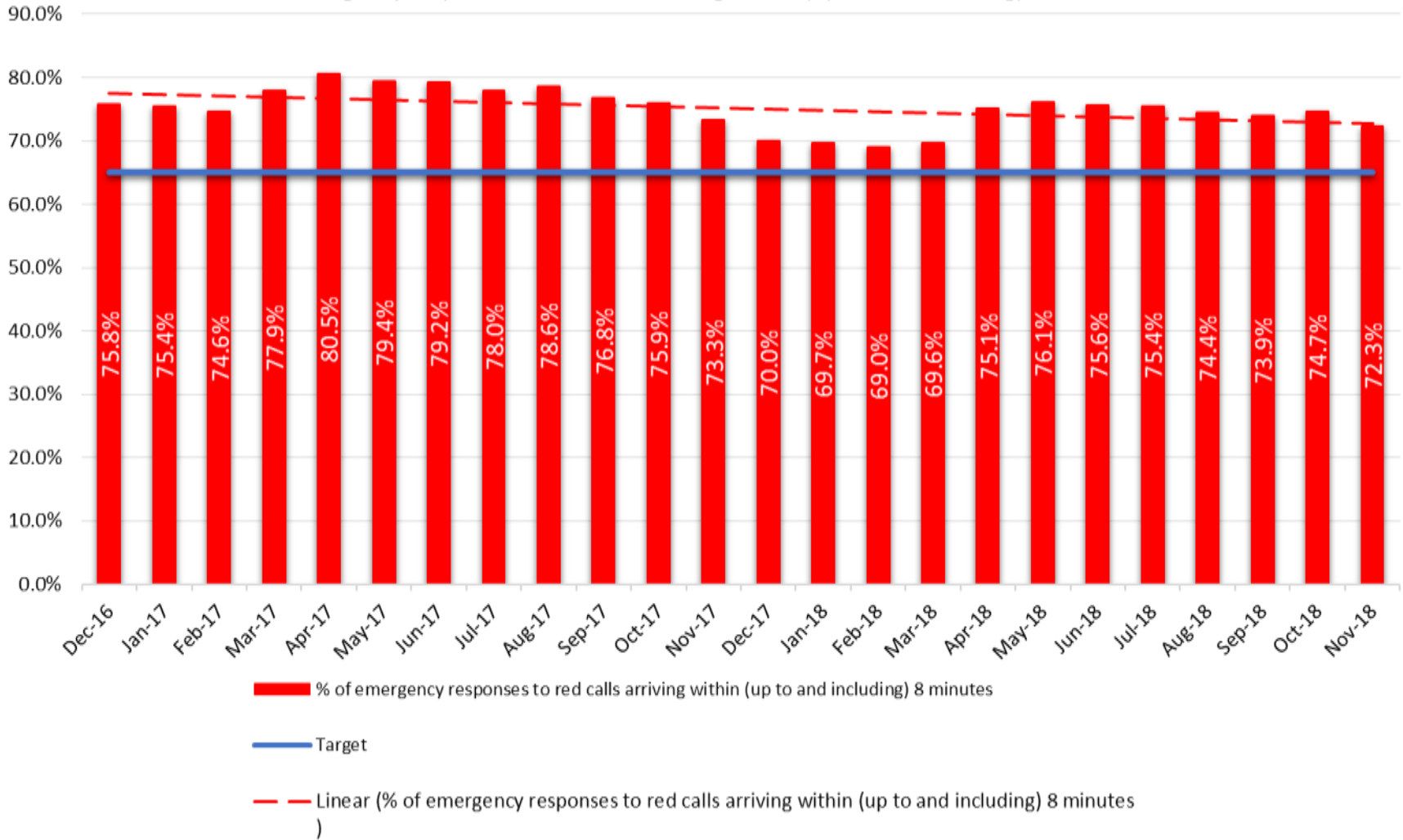
% of NHS employed staff completing dementia training at an informed level





TIMELY CARE

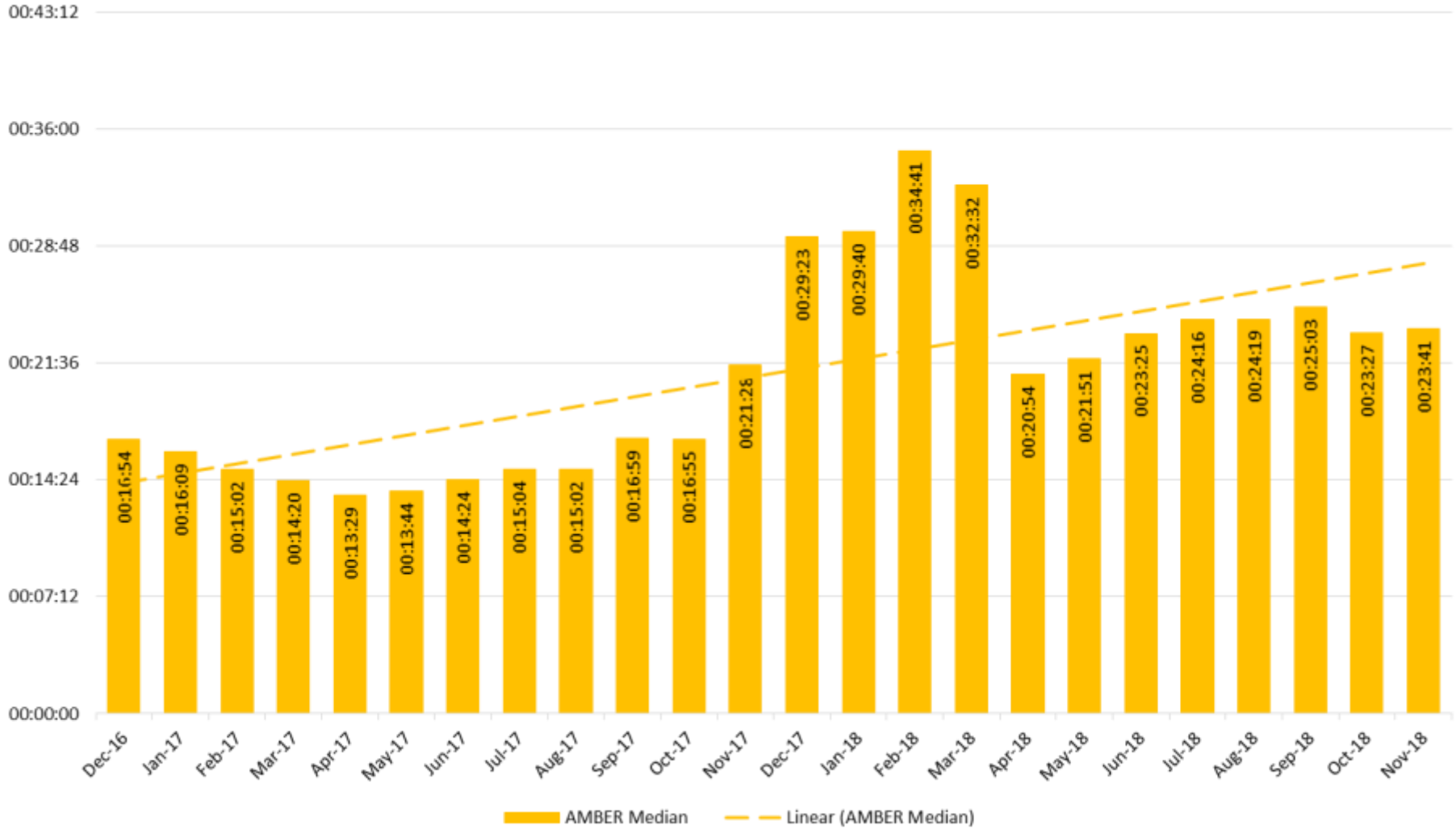
% of emergency responses to red calls arriving within (up to and including) 8 minutes





TIMELY CARE

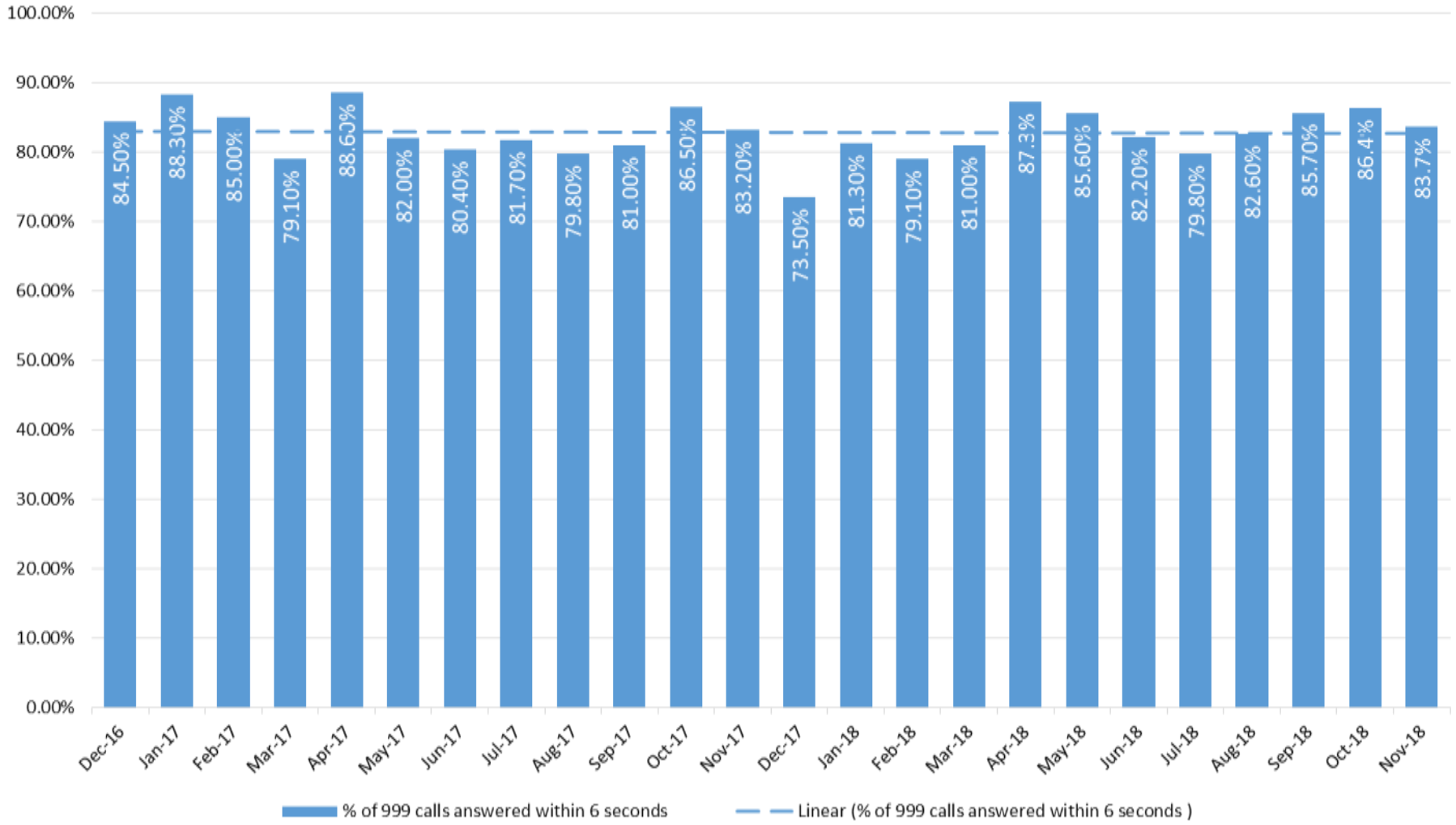
AMBER Median





TIMELY CARE

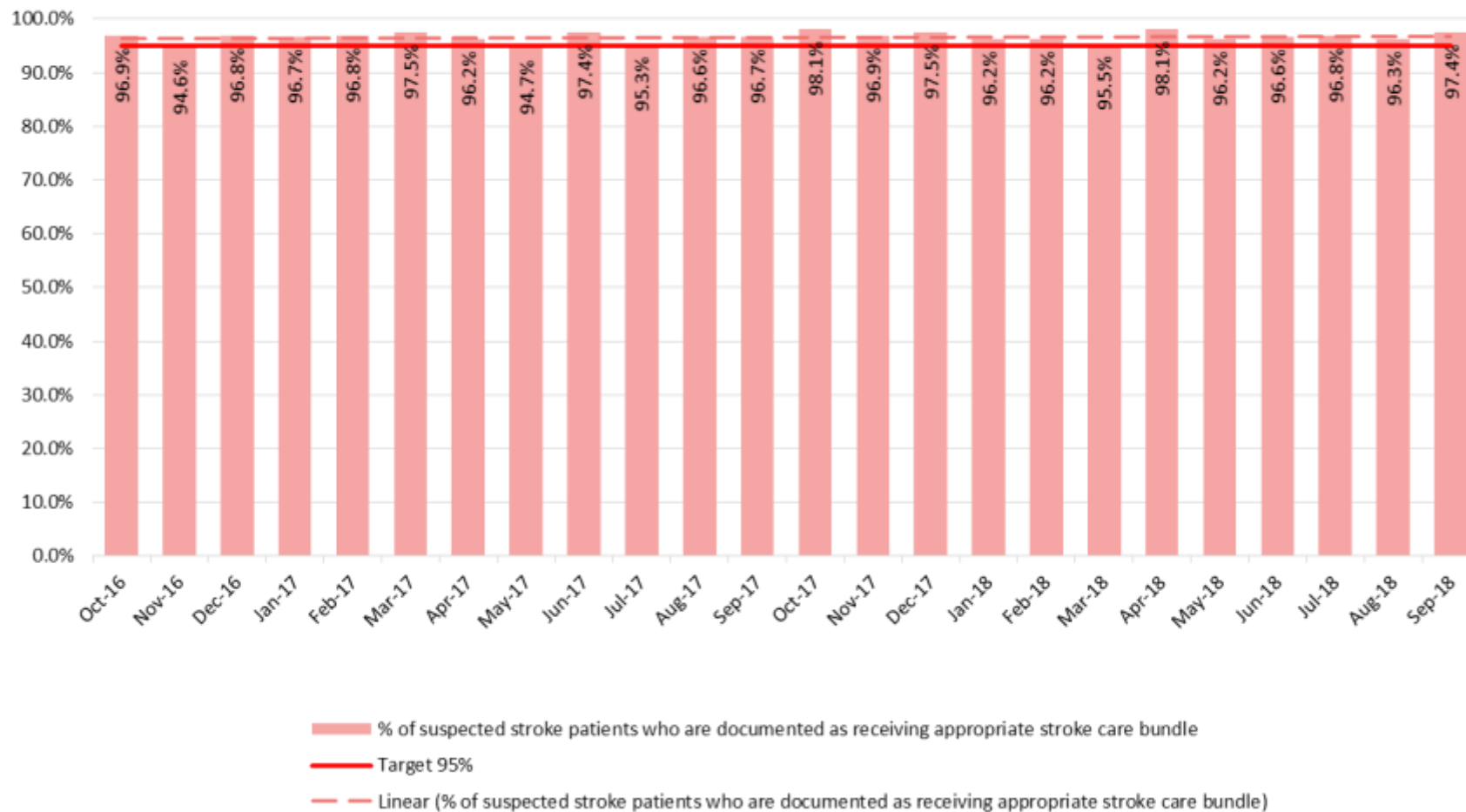
% of 999 calls answered within 6 seconds





TIMELY CARE

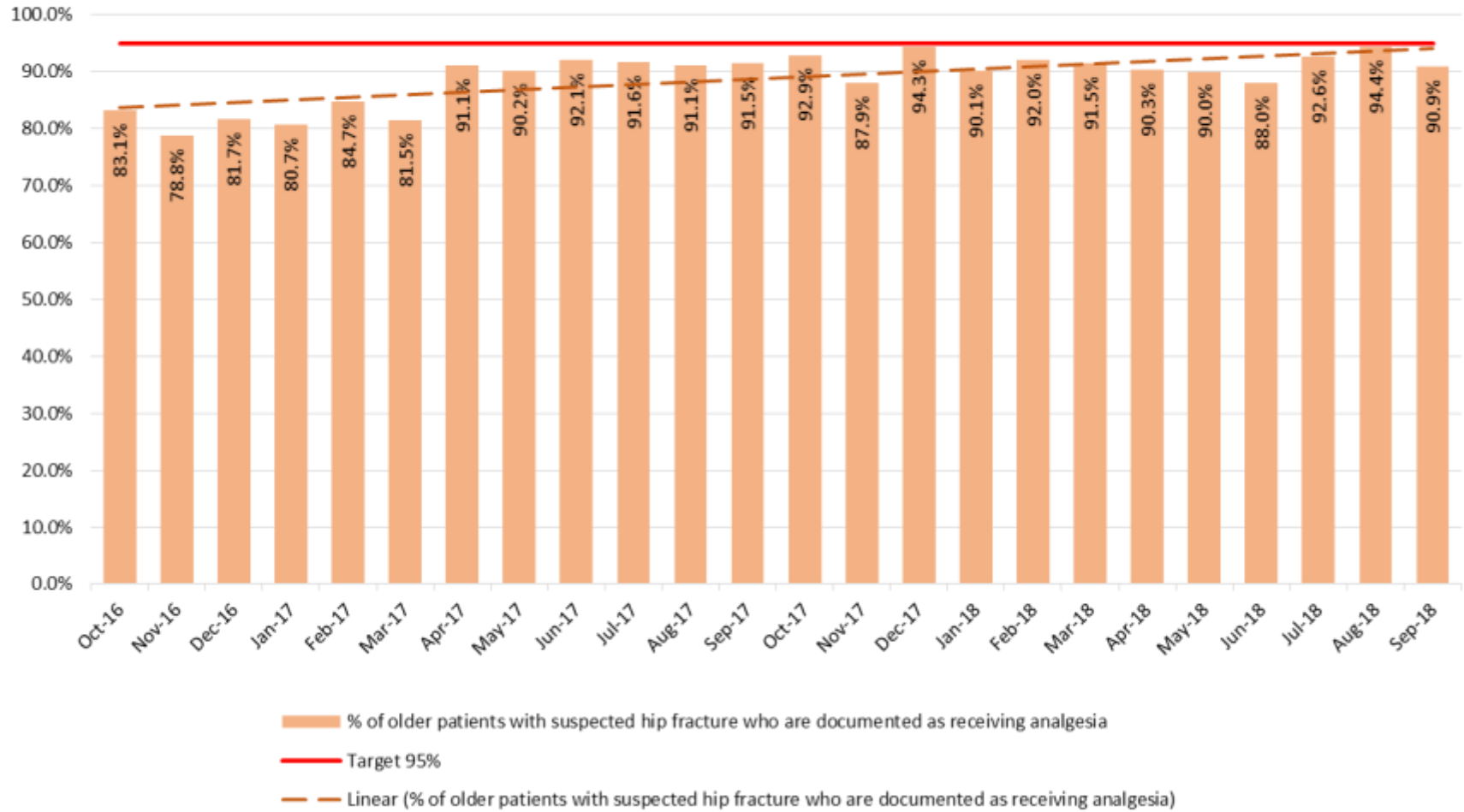
% of suspected stroke patients who are documented as receiving appropriate stroke care bundle





TIMELY CARE

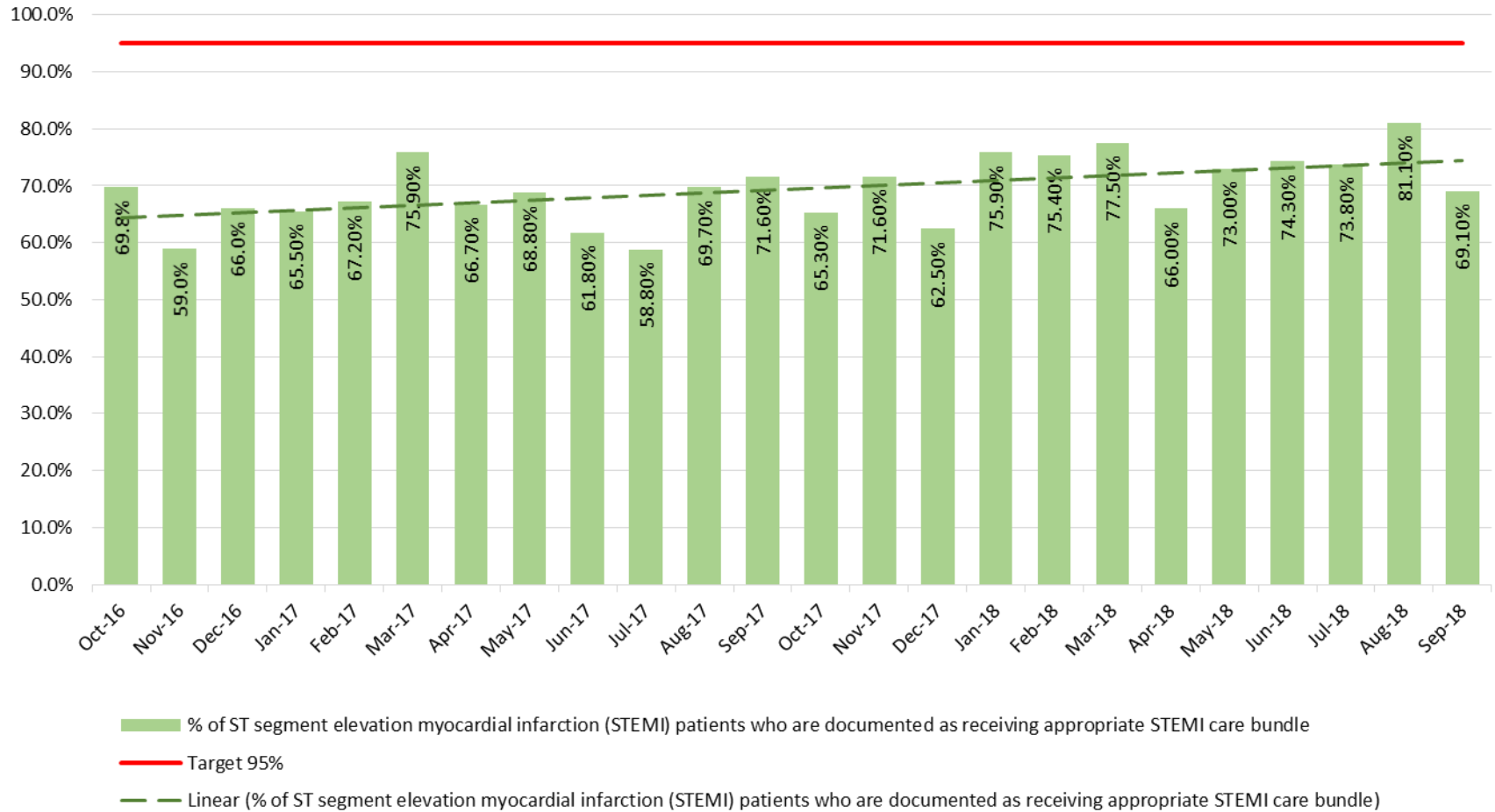
% of older patients with suspected hip fracture who are documented as receiving analgesia





TIMELY CARE

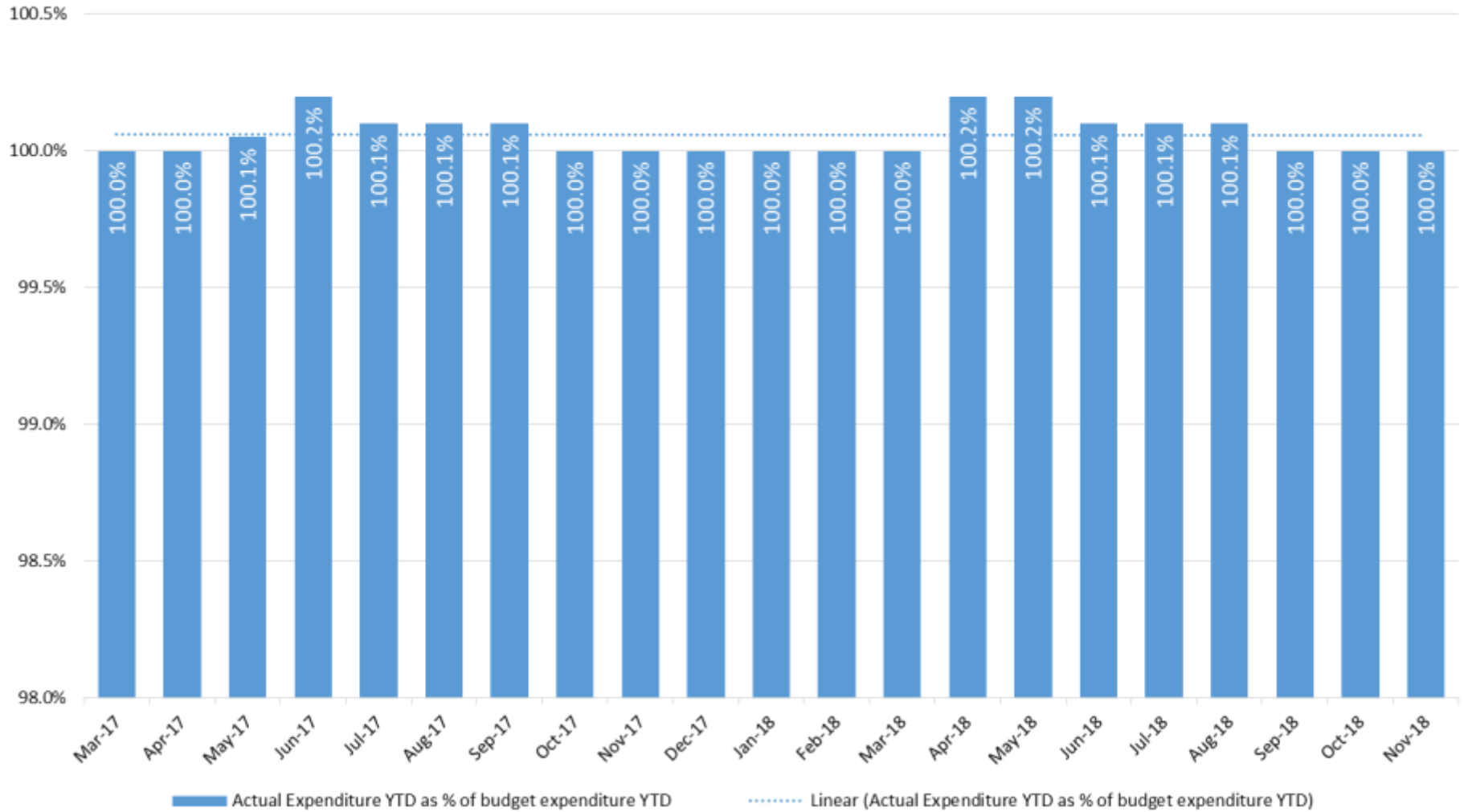
% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle





STAFF AND RESOURCES

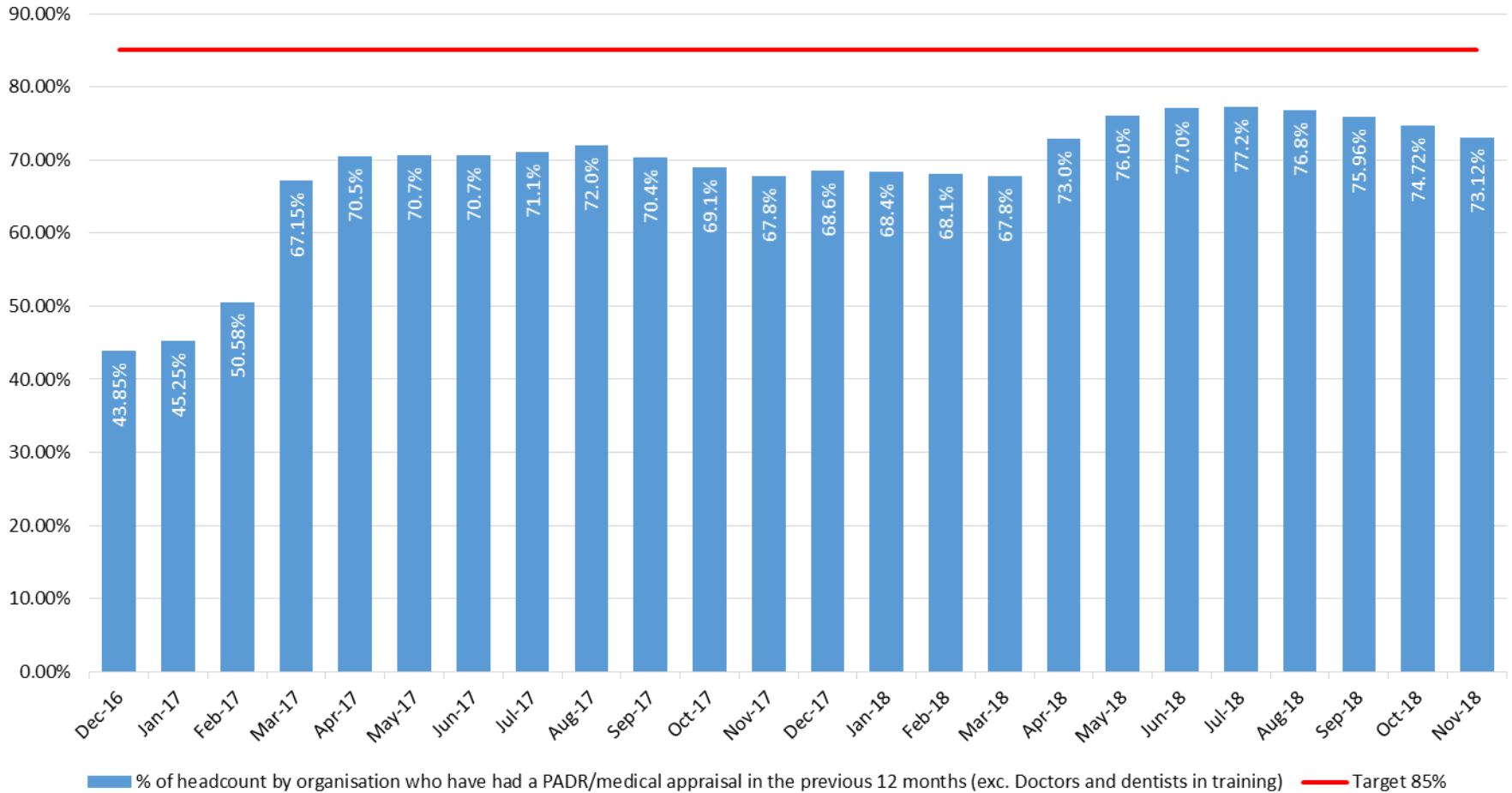
Actual Expenditure YTD as % of budget expenditure YTD





STAFF AND RESOURCES

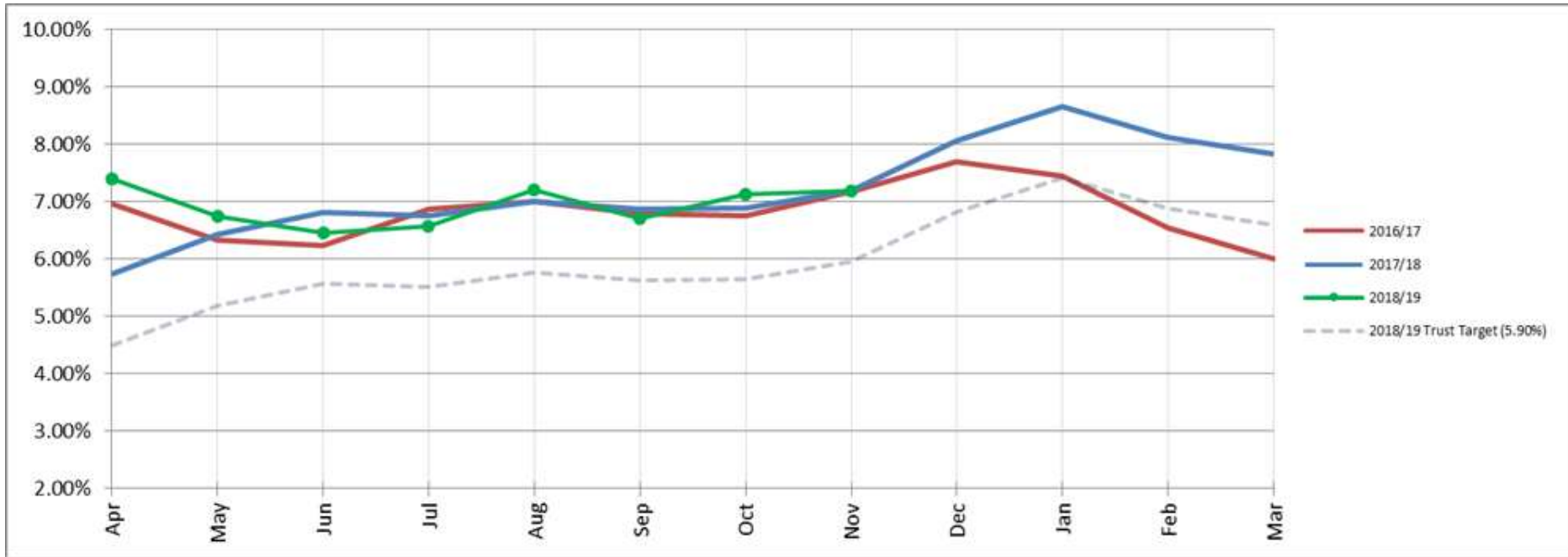
% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)





STAFF AND RESOURCES

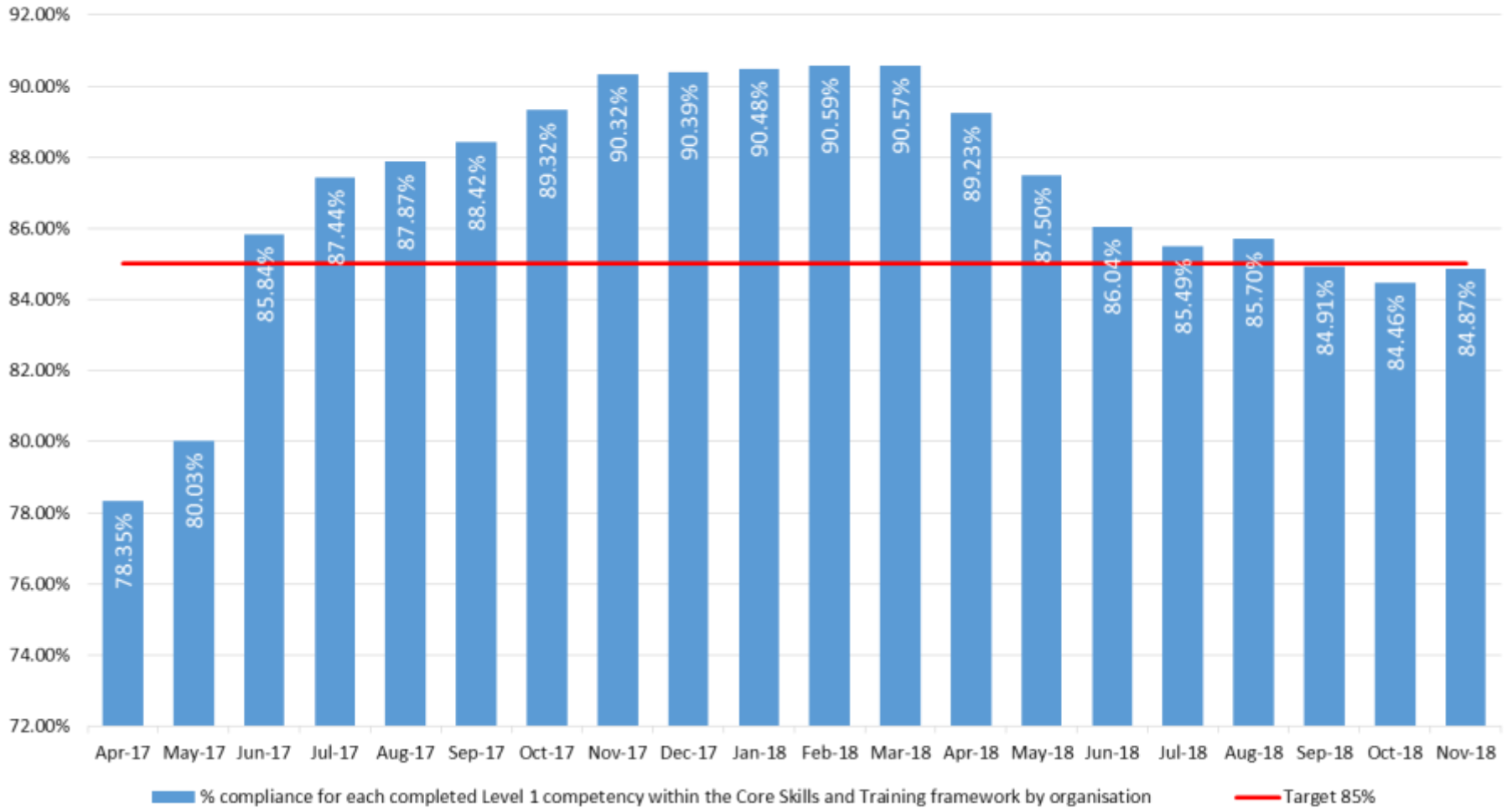
Sickness





STAFF AND RESOURCES

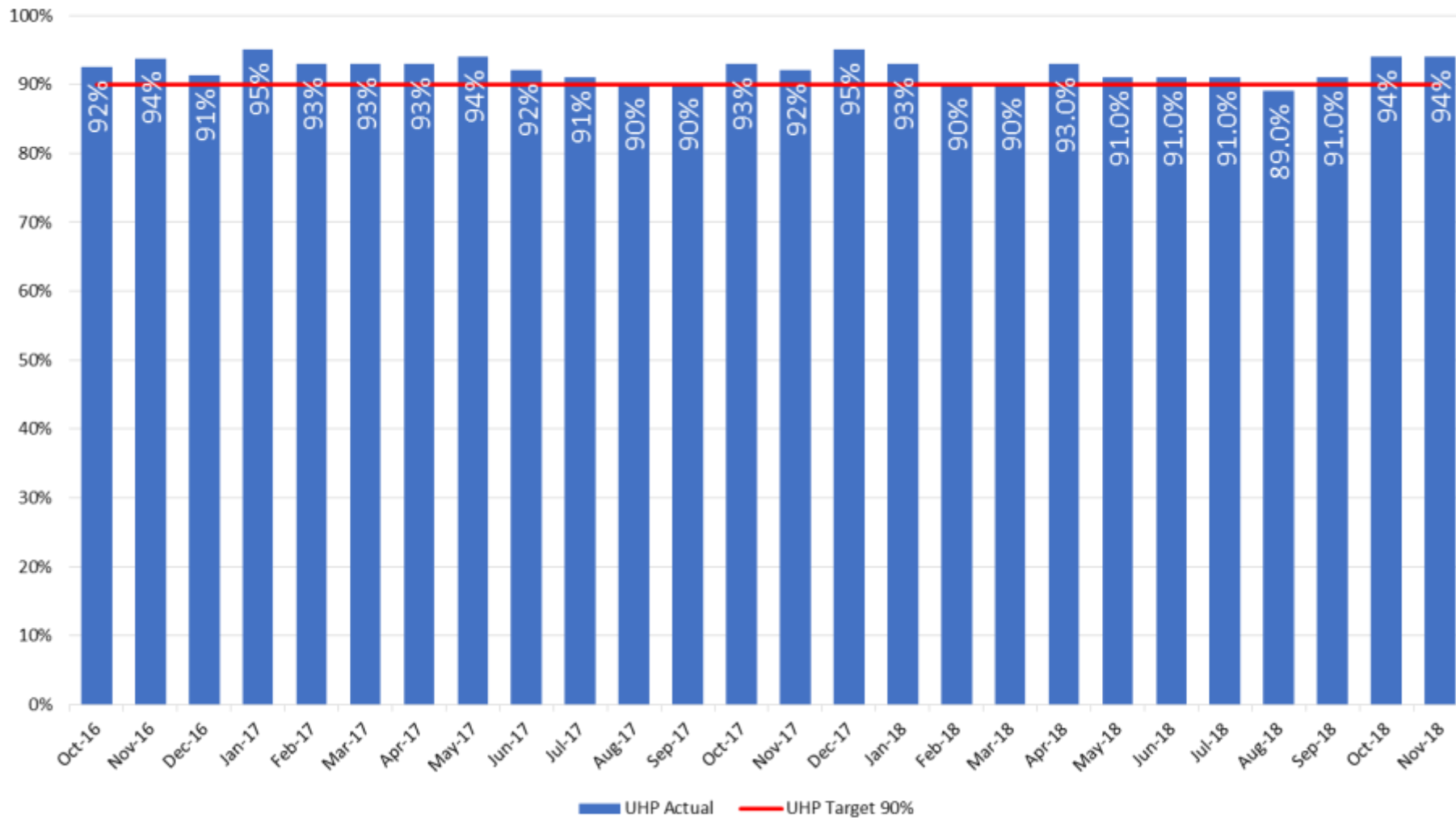
% compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation





STAFF AND RESOURCES

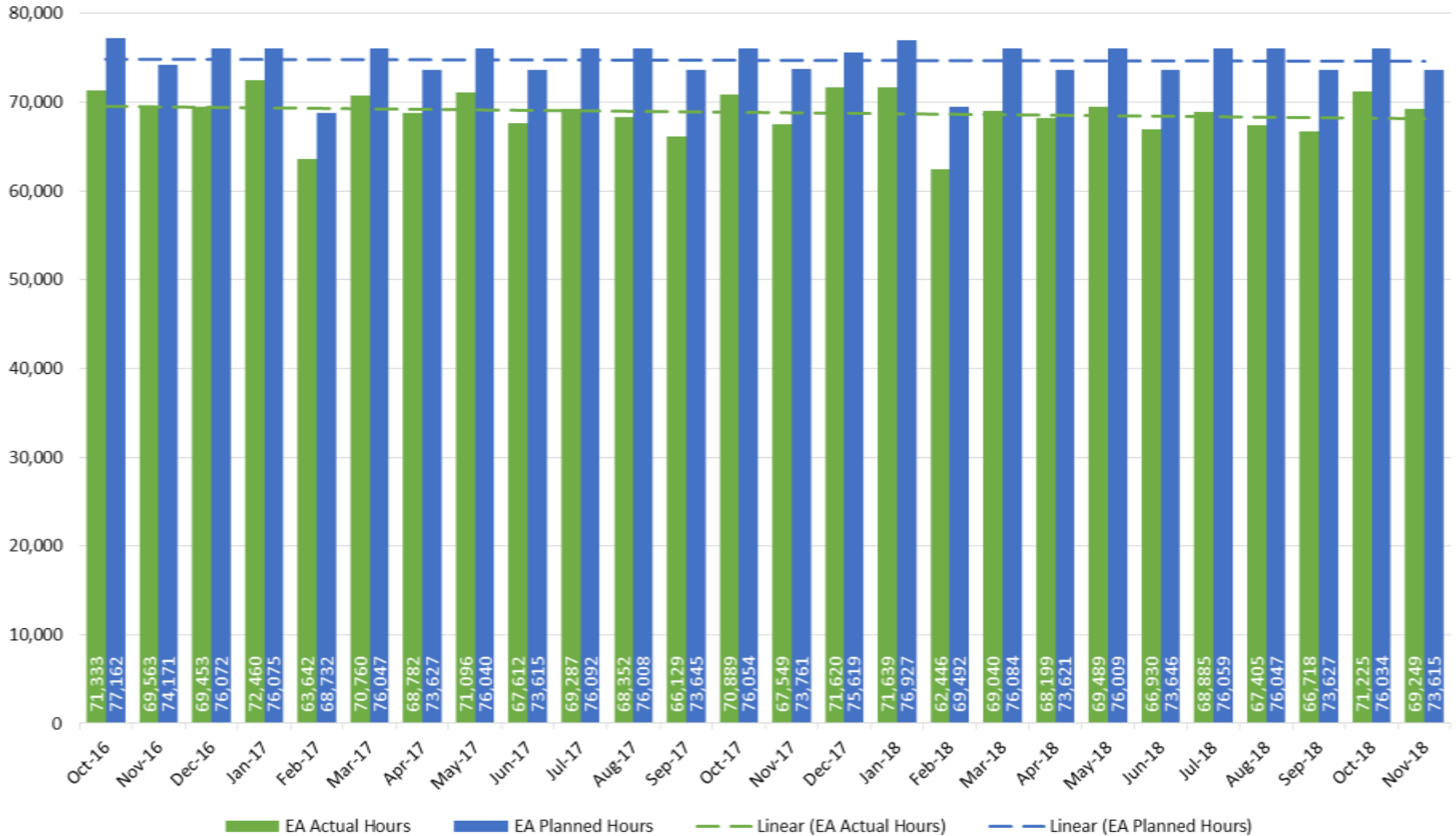
Emergency Ambulance Unit Hours Production





STAFF AND RESOURCES

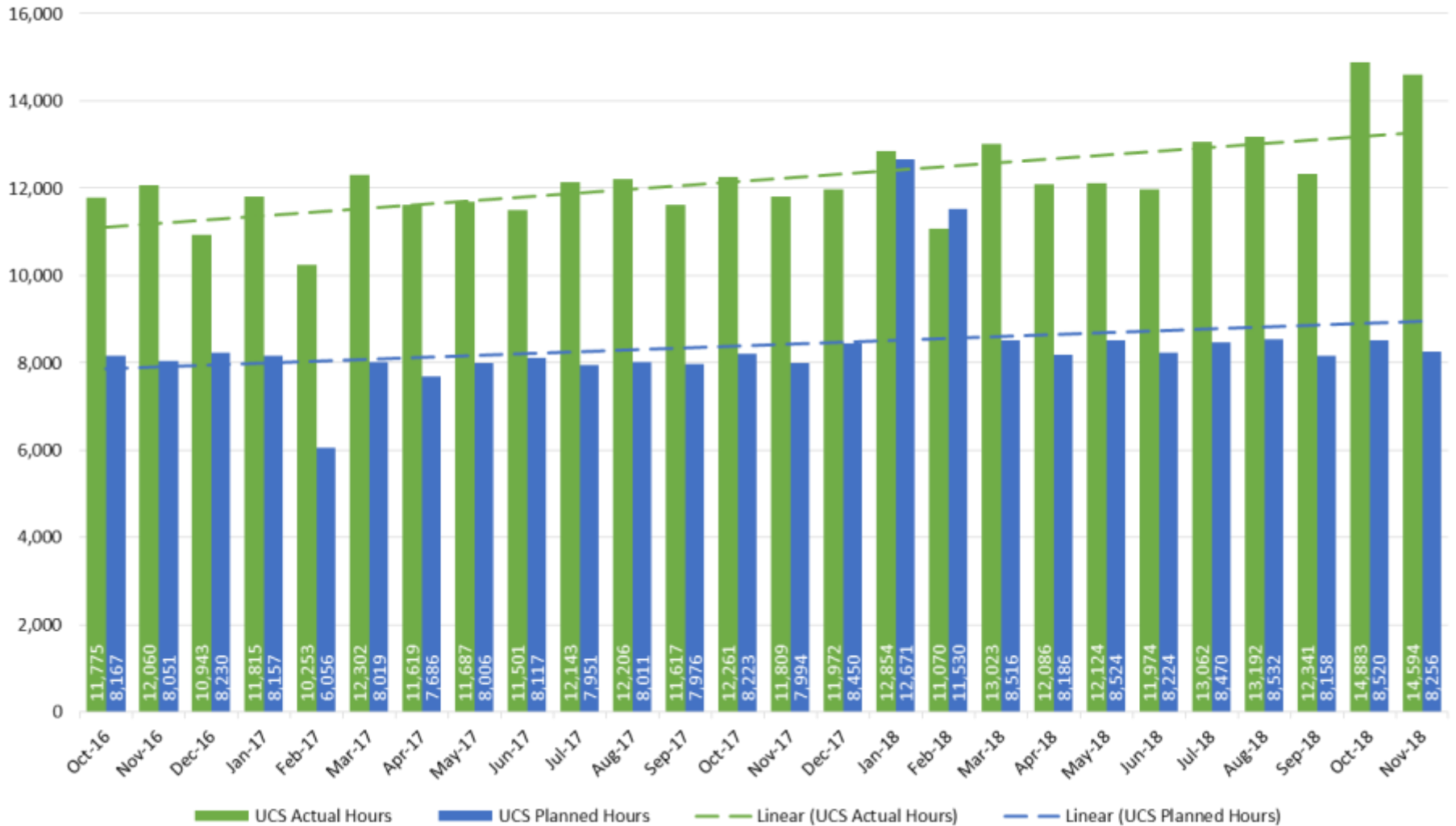
EA Hours Planned vs Actual





STAFF AND RESOURCES

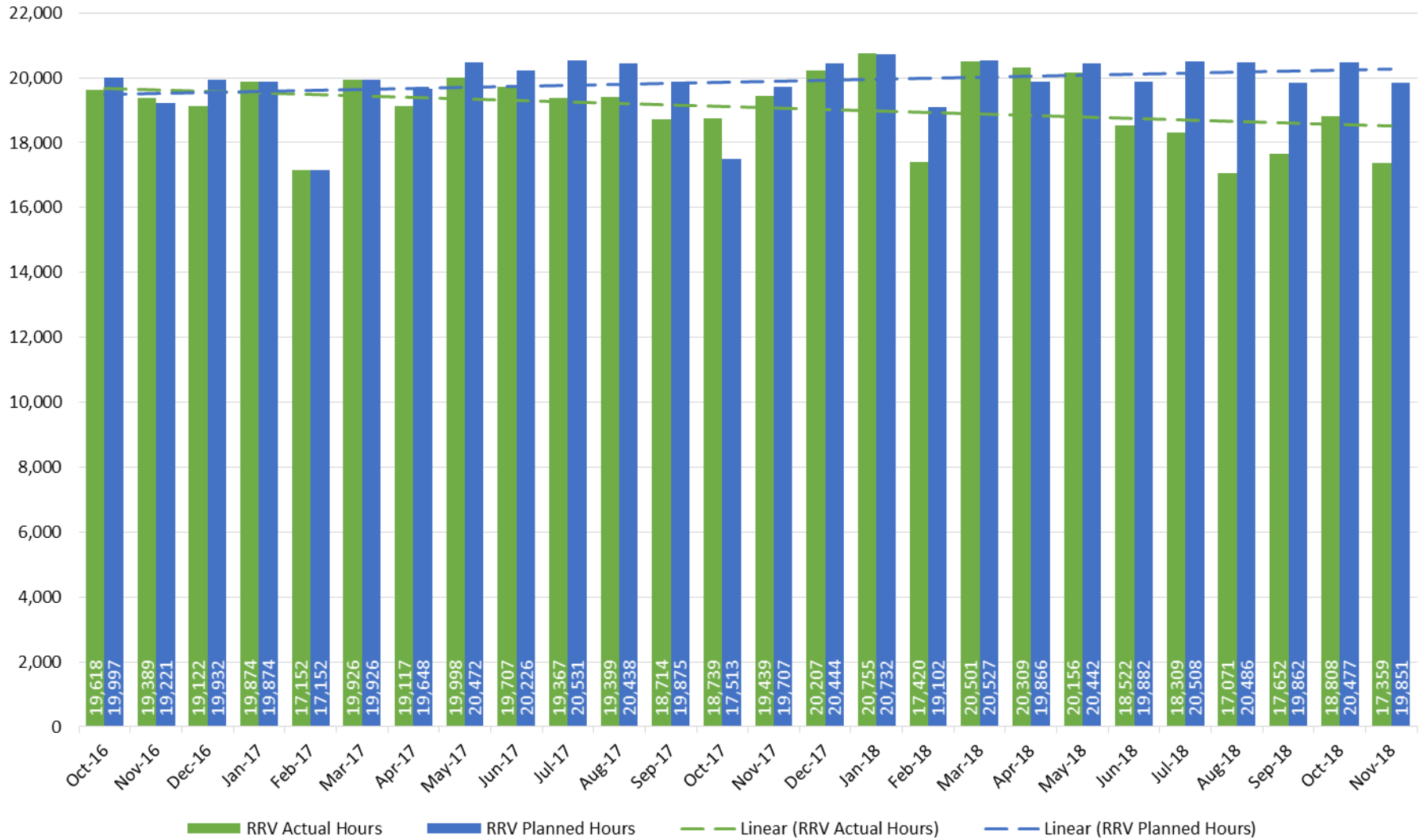
UCS Hours Planned vs Actual





STAFF AND RESOURCES

RRV Hours Planned vs Actual

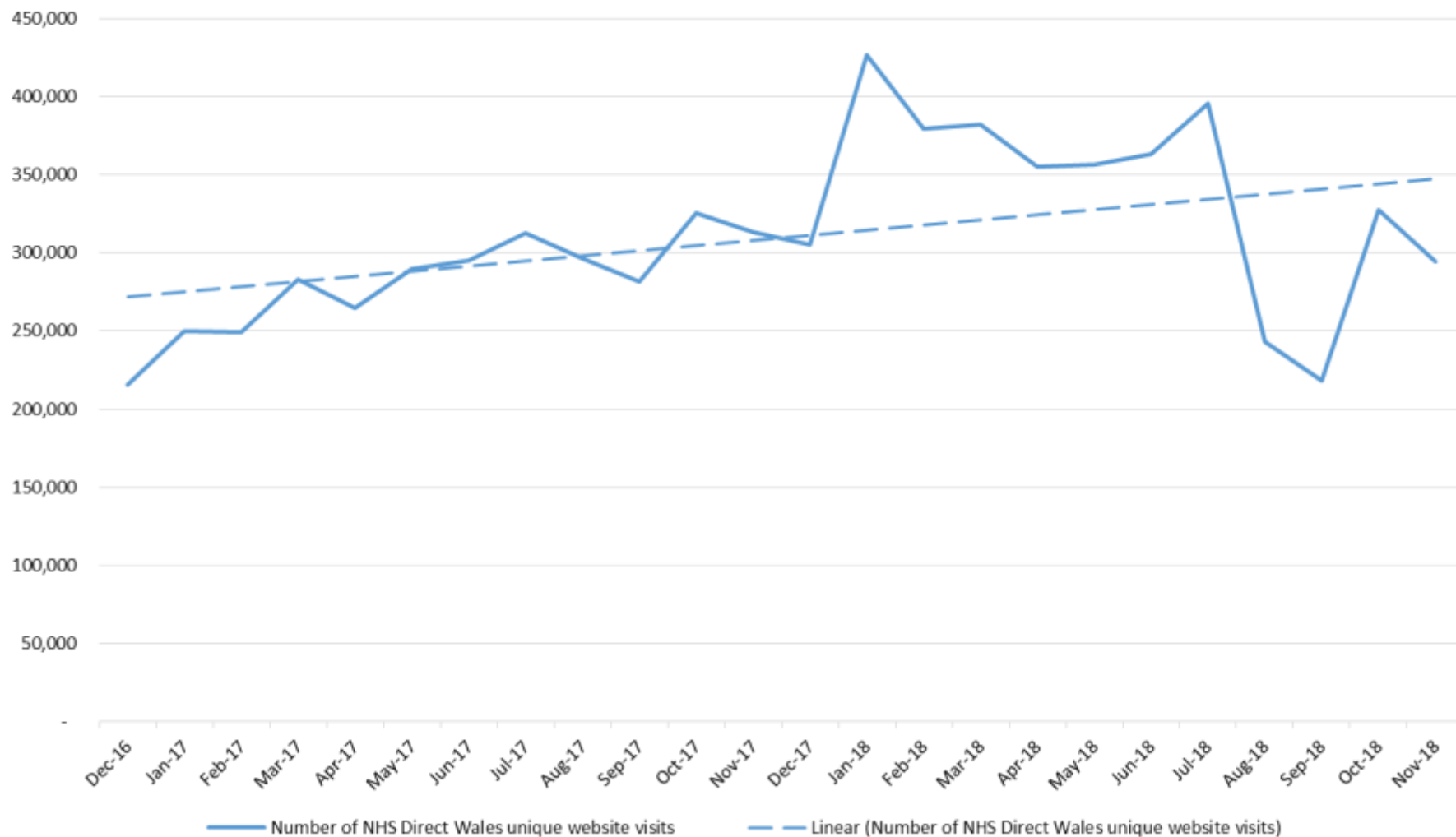




EMS STEP 1



Number of NHS Direct Wales unique website visits

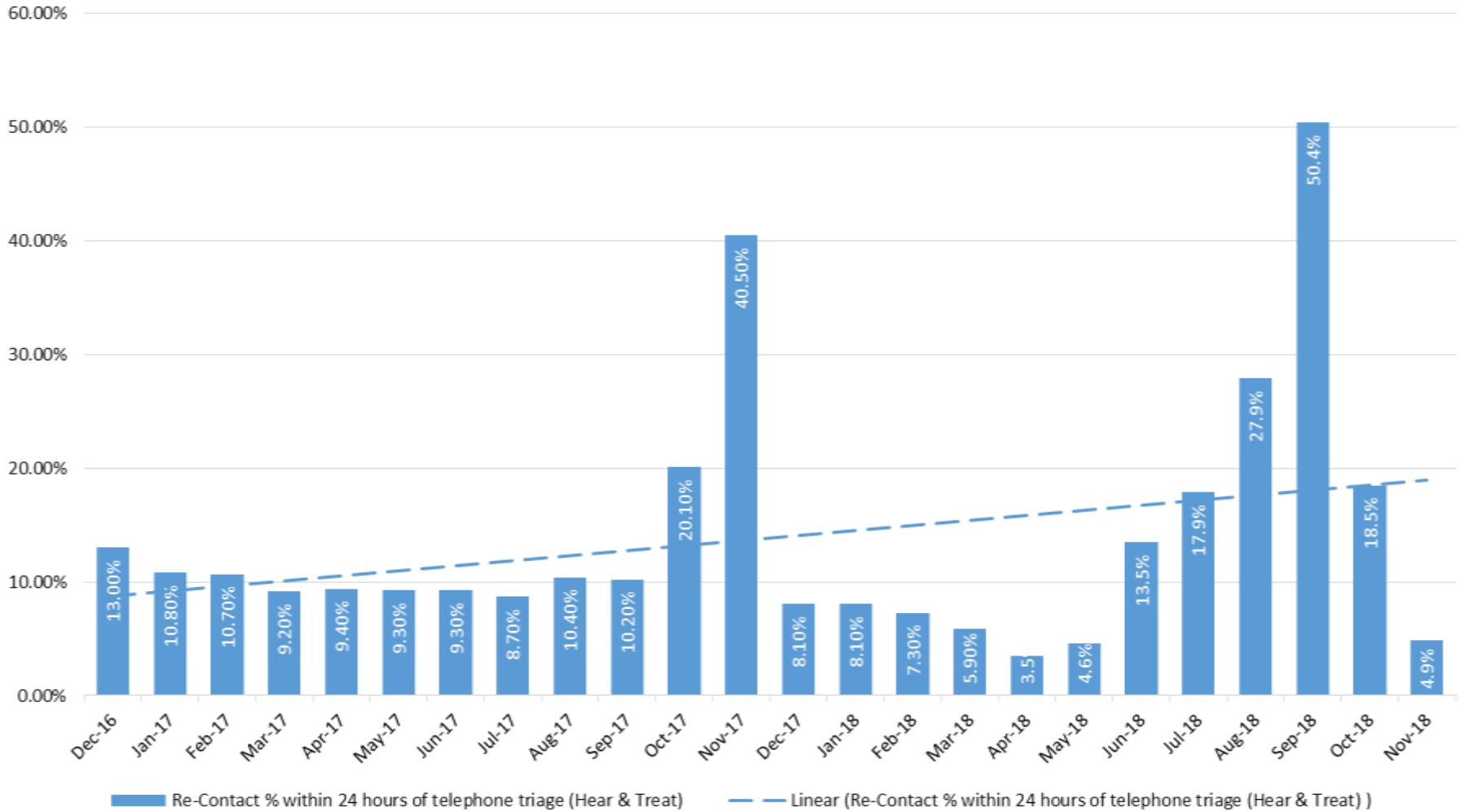




EMS STEP 2



Re-Contact % within 24 hours of telephone Hear & Treat

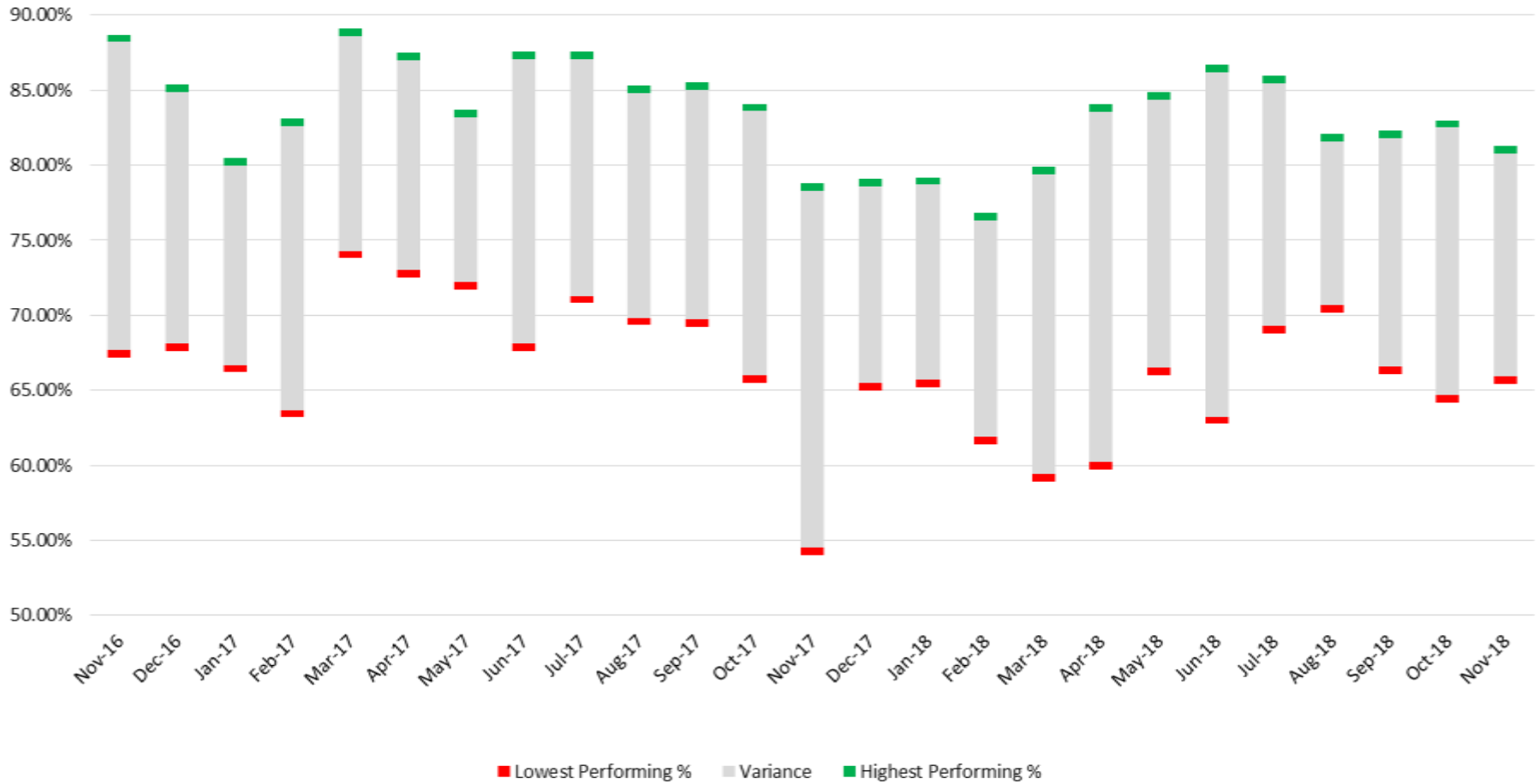




EMS STEP 3



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

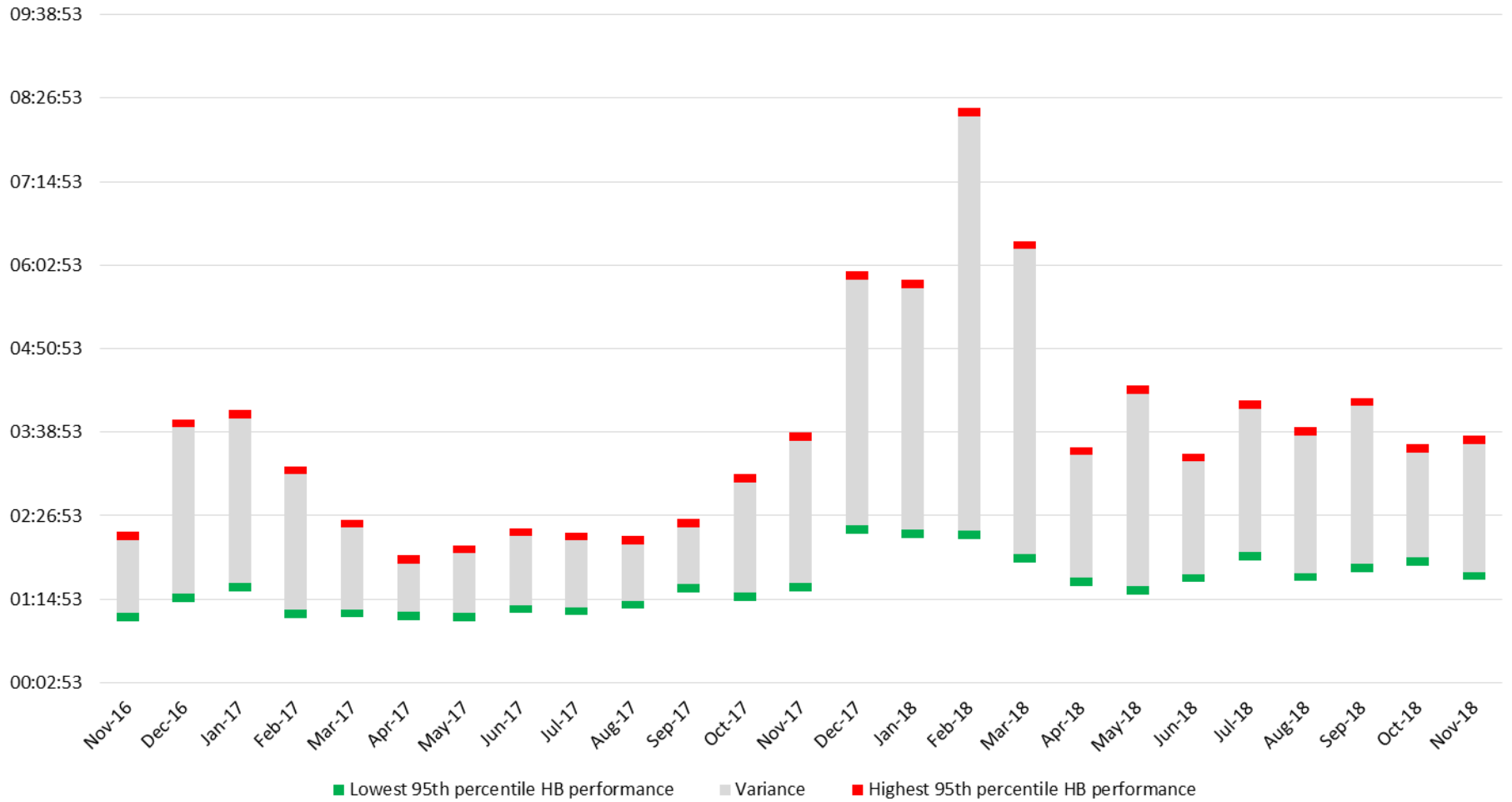




EMS STEP 3



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

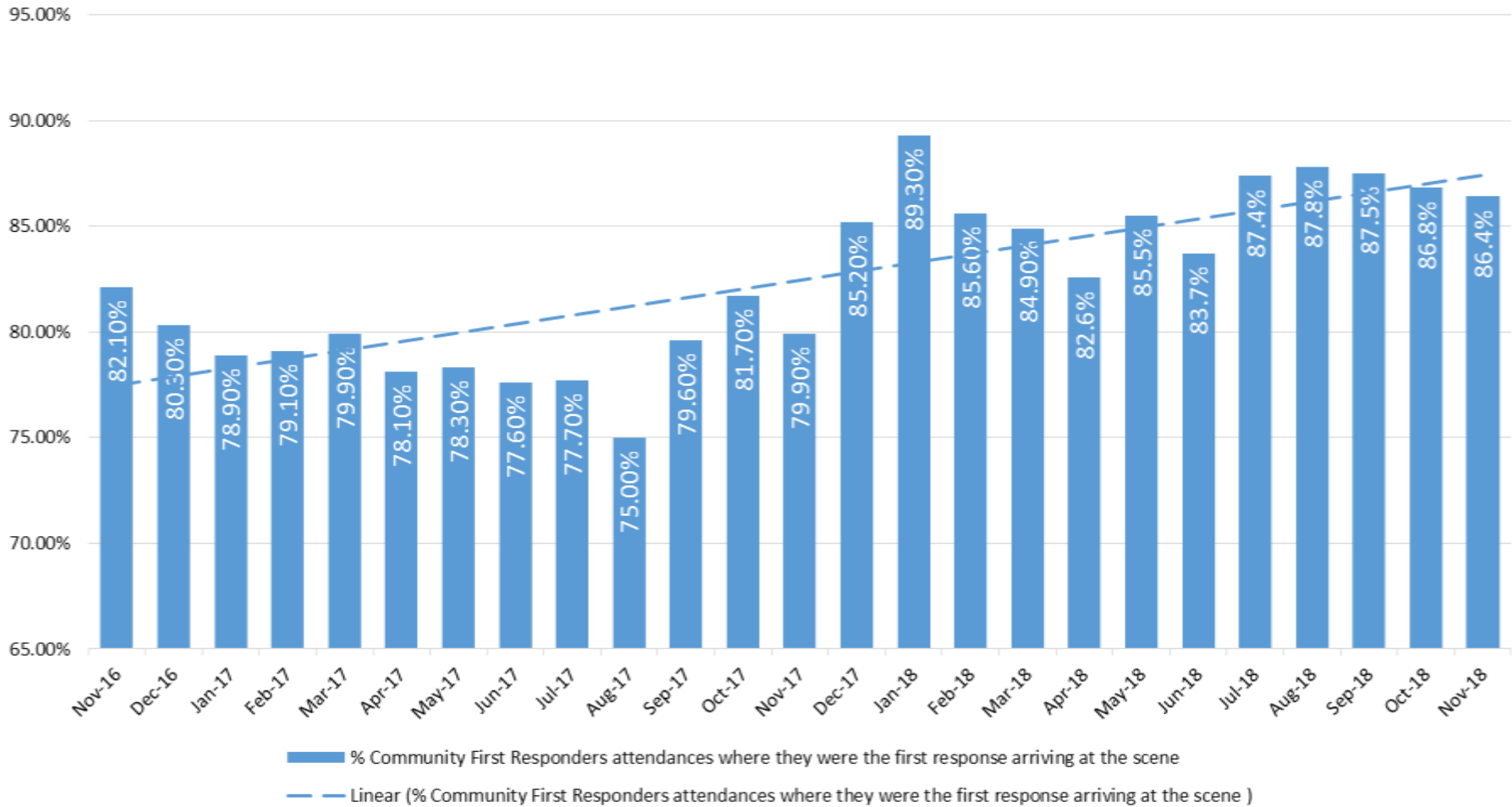




EMS STEP 3



% Community First Responders attendances where they were the first response arriving at the scene

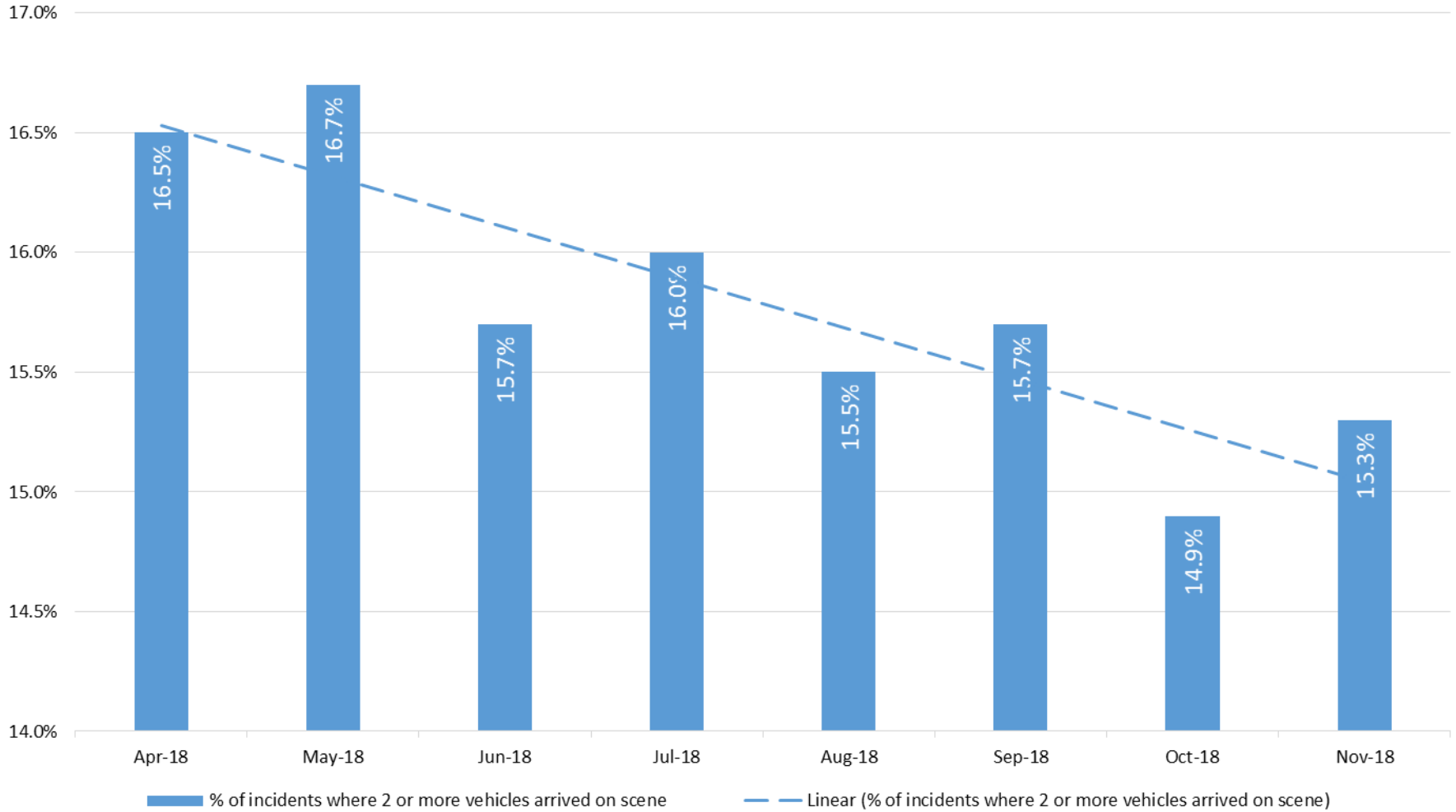




EMS STEP 3



% of incidents where 2 or more vehicles arrived on scene

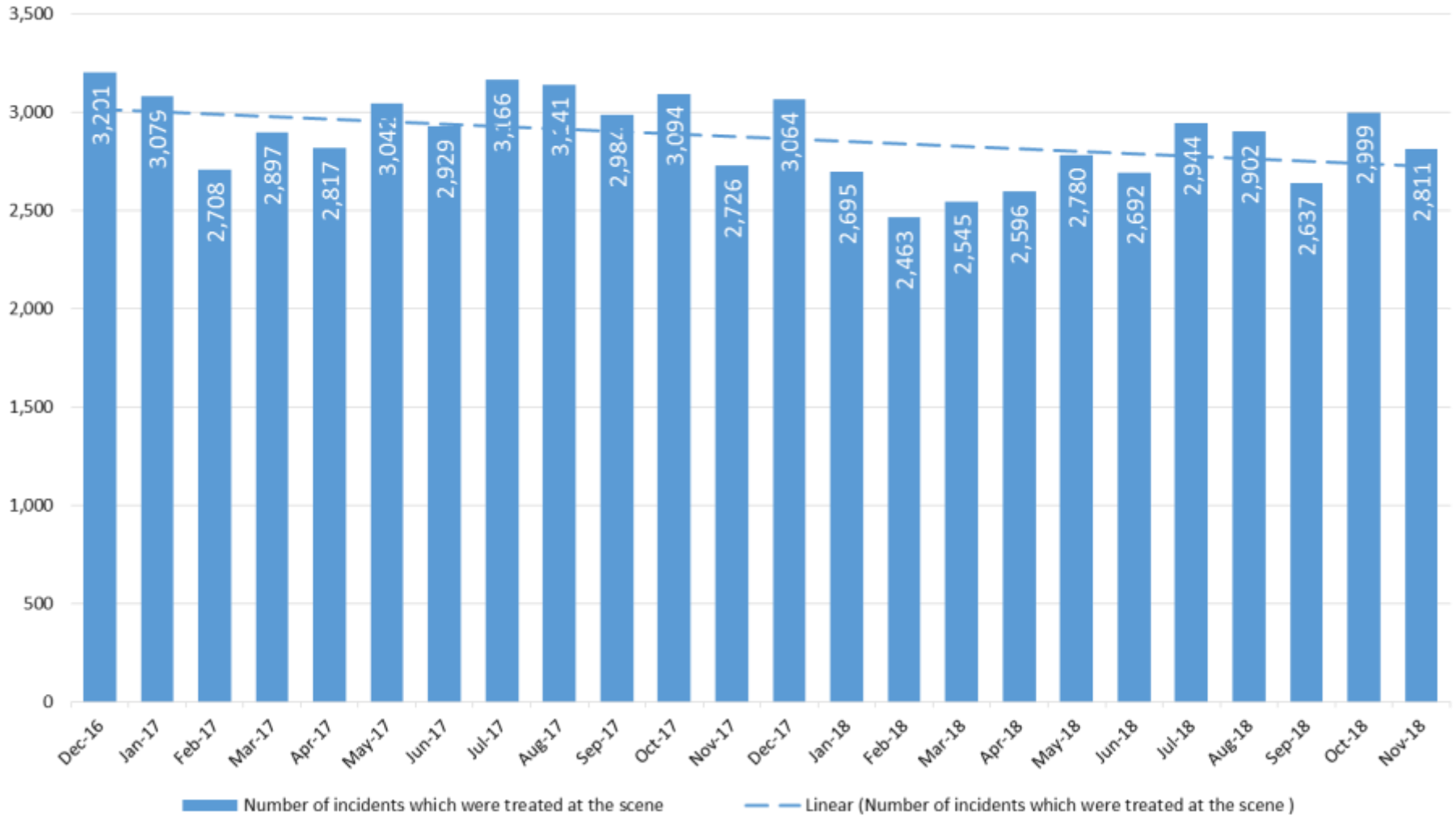




EMS STEP 4



Number of incidents which were treated at the scene

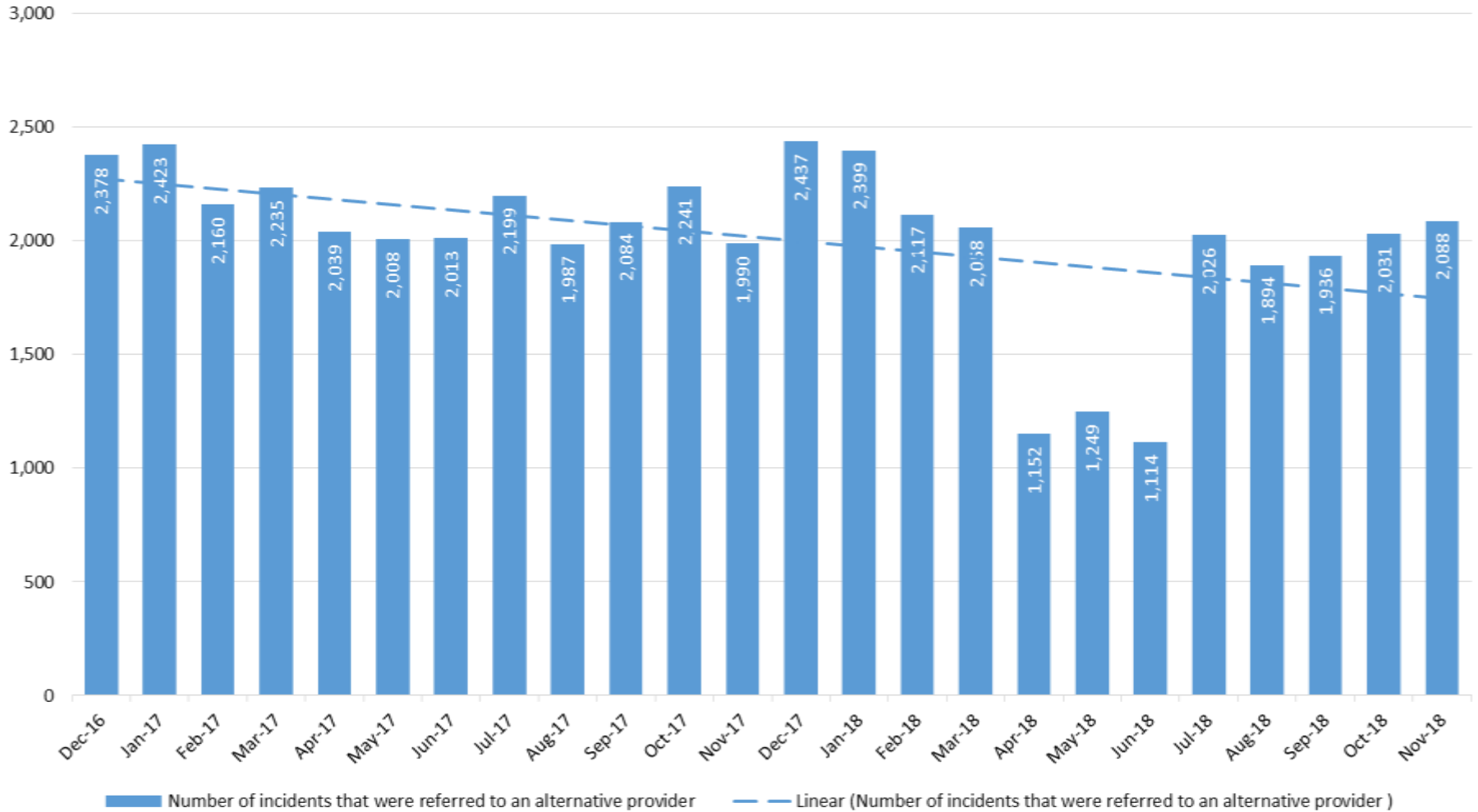




EMS STEP 4



Number of incidents that were referred to an alternative provider

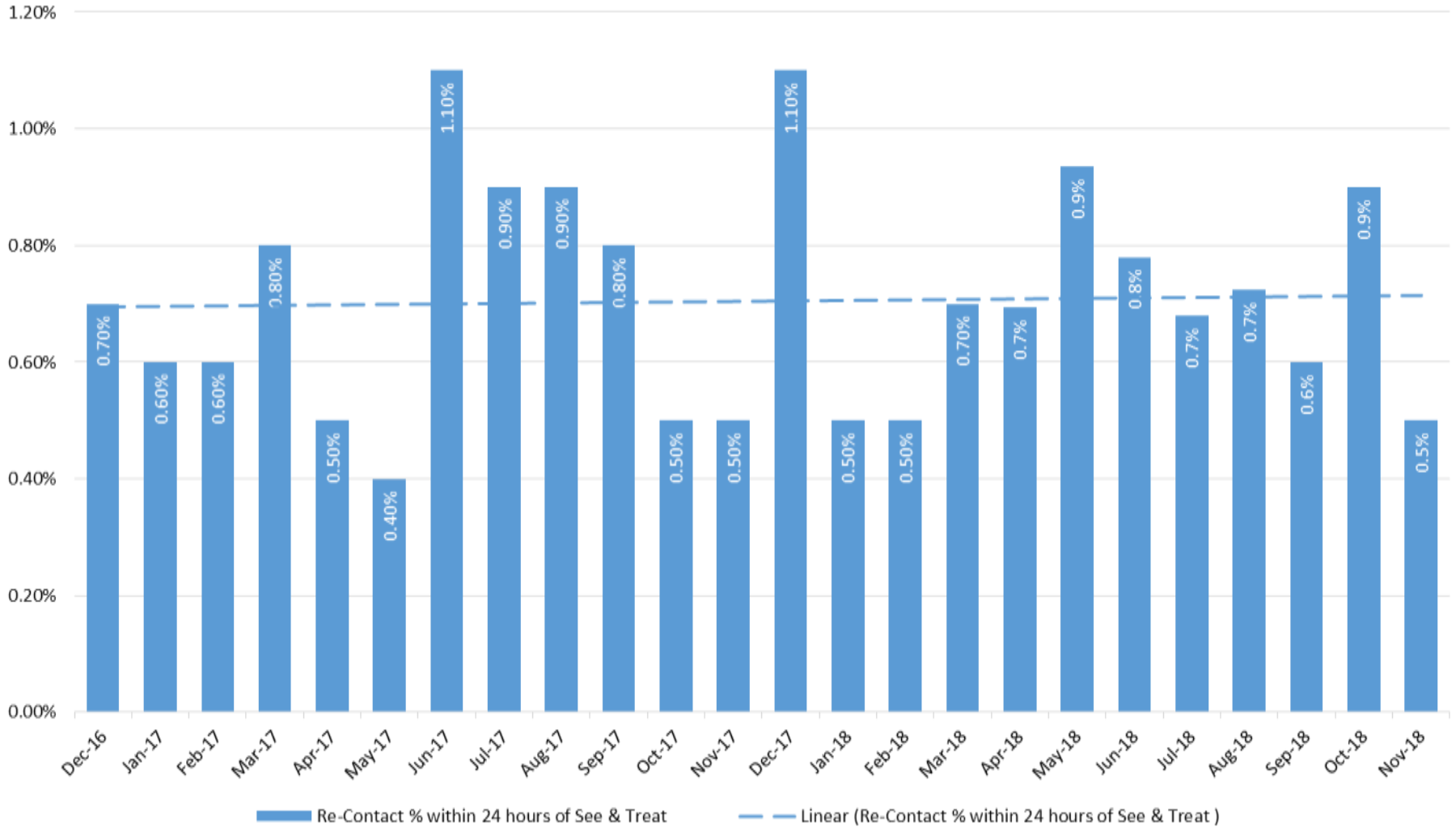




EMS STEP 4



Re-Contact % within 24 hours of See & Treat

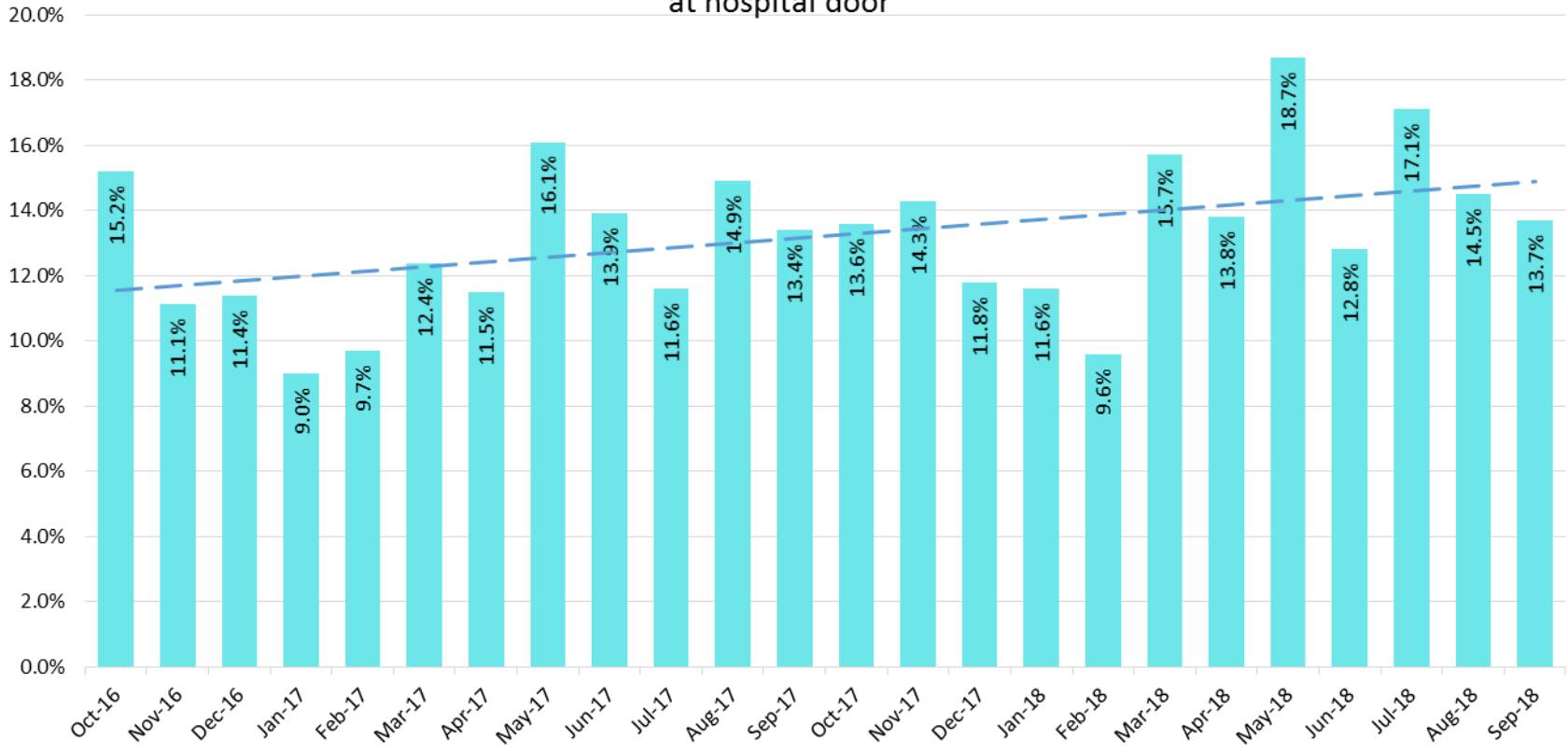




EMS STEP 4



% patients with attempted resuscitation following cardiac arrest, documented as having ROSC at hospital door



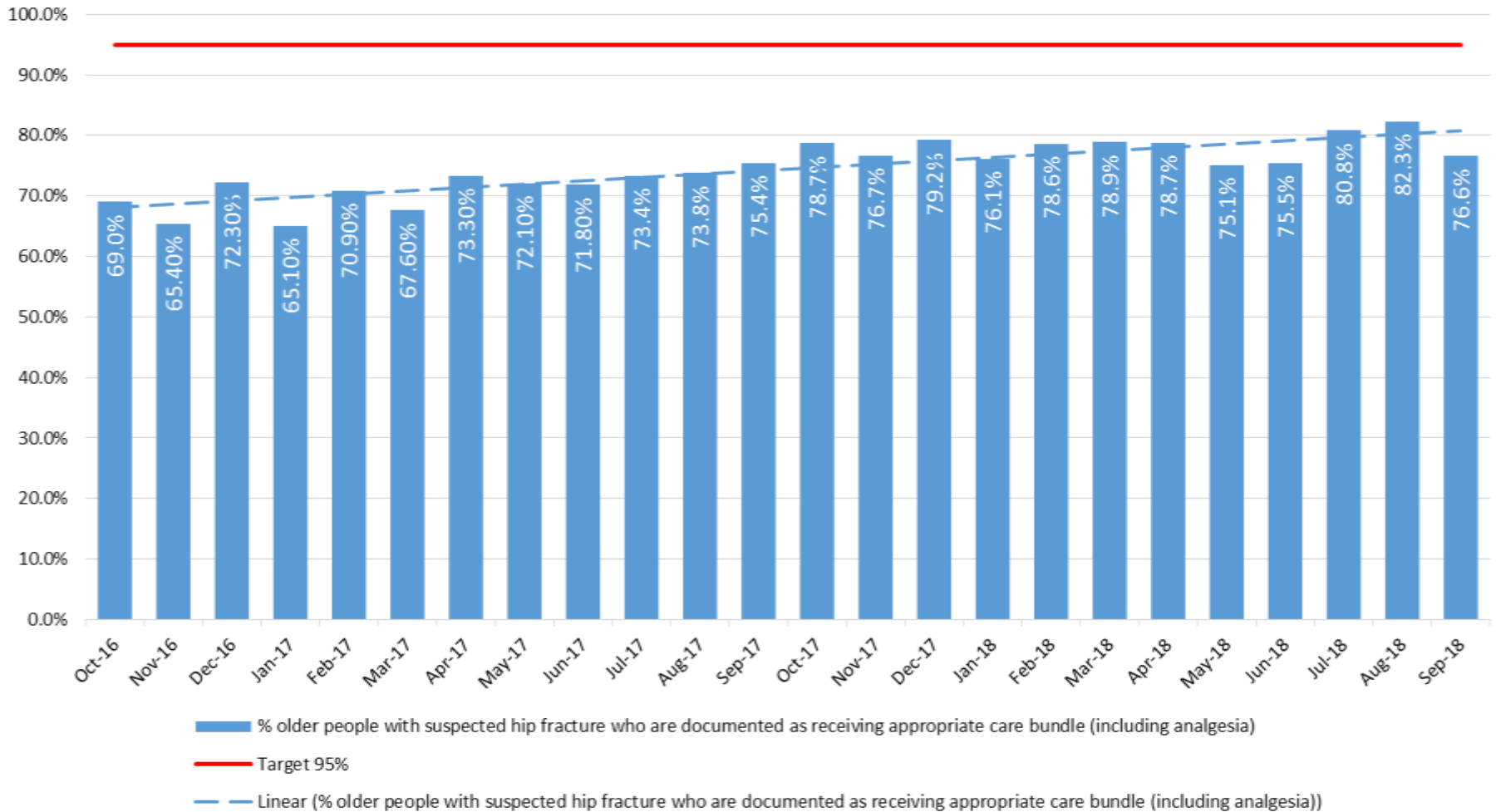
- % of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door
- Linear (% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital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



EMS STEP 4



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

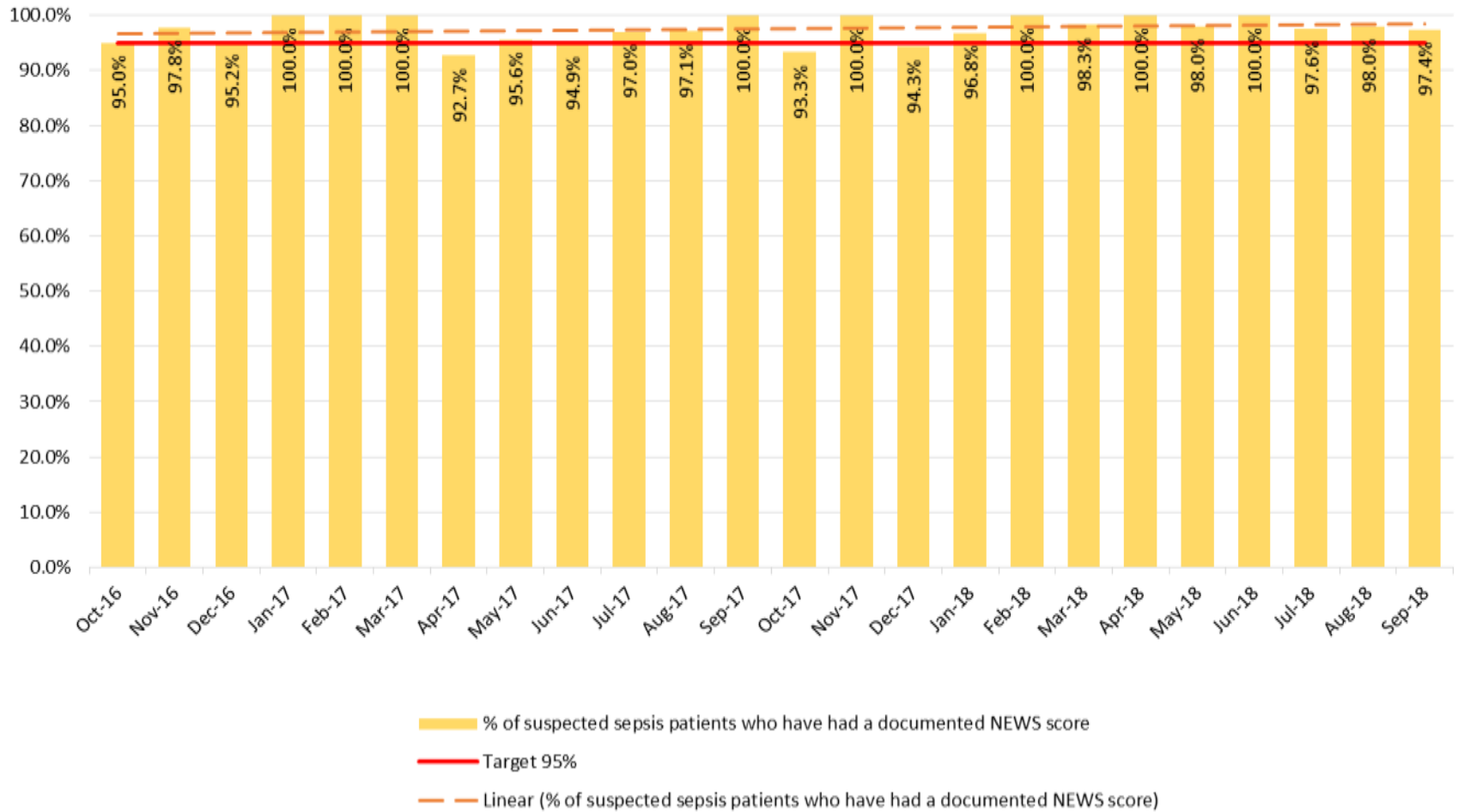




EMS STEP 4



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

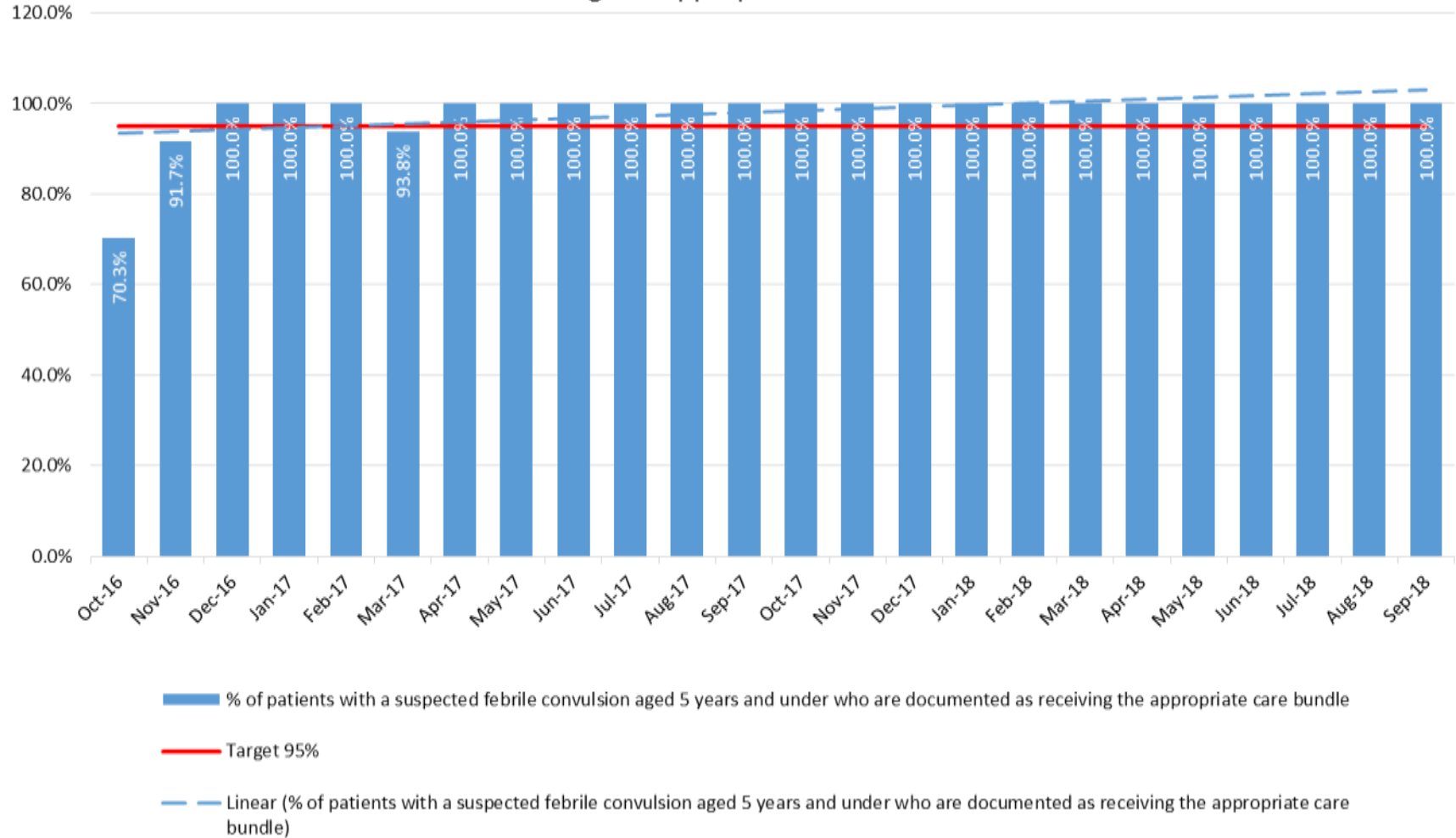




EMS STEP 4



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

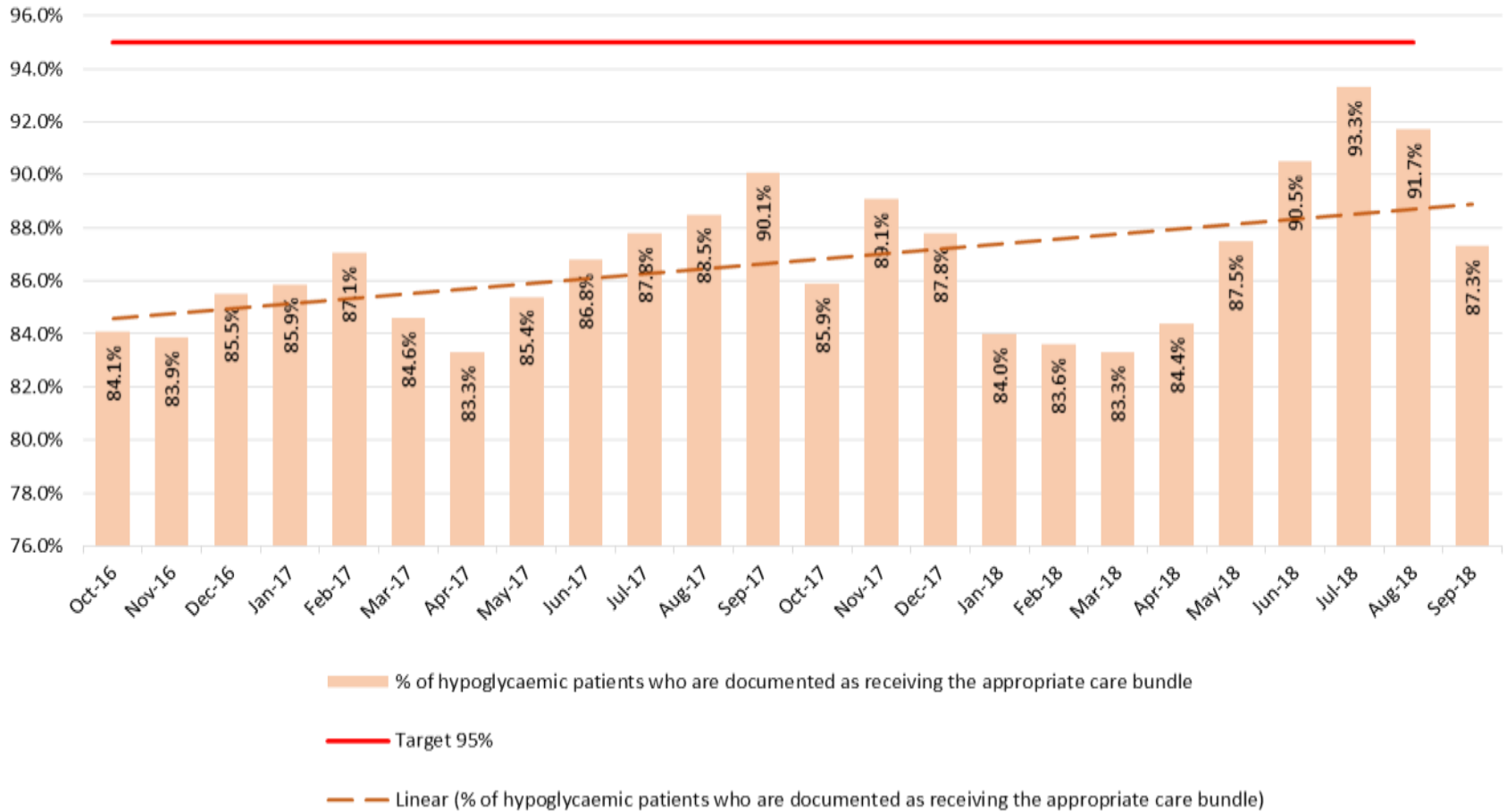




EMS STEP 4



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

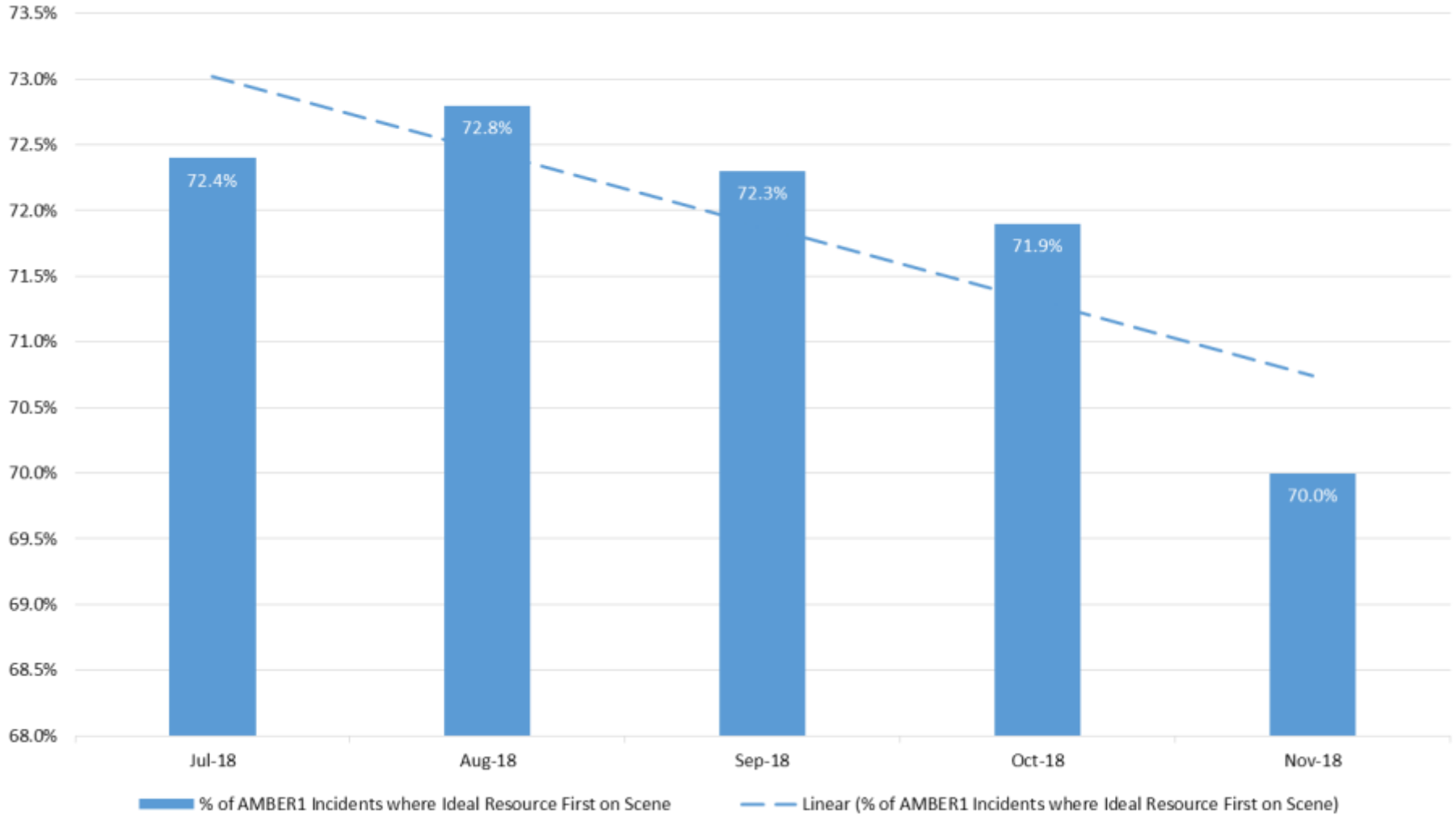




EMS STEP 4



% of AMBER1 Incidents where Ideal Resource First on Scene

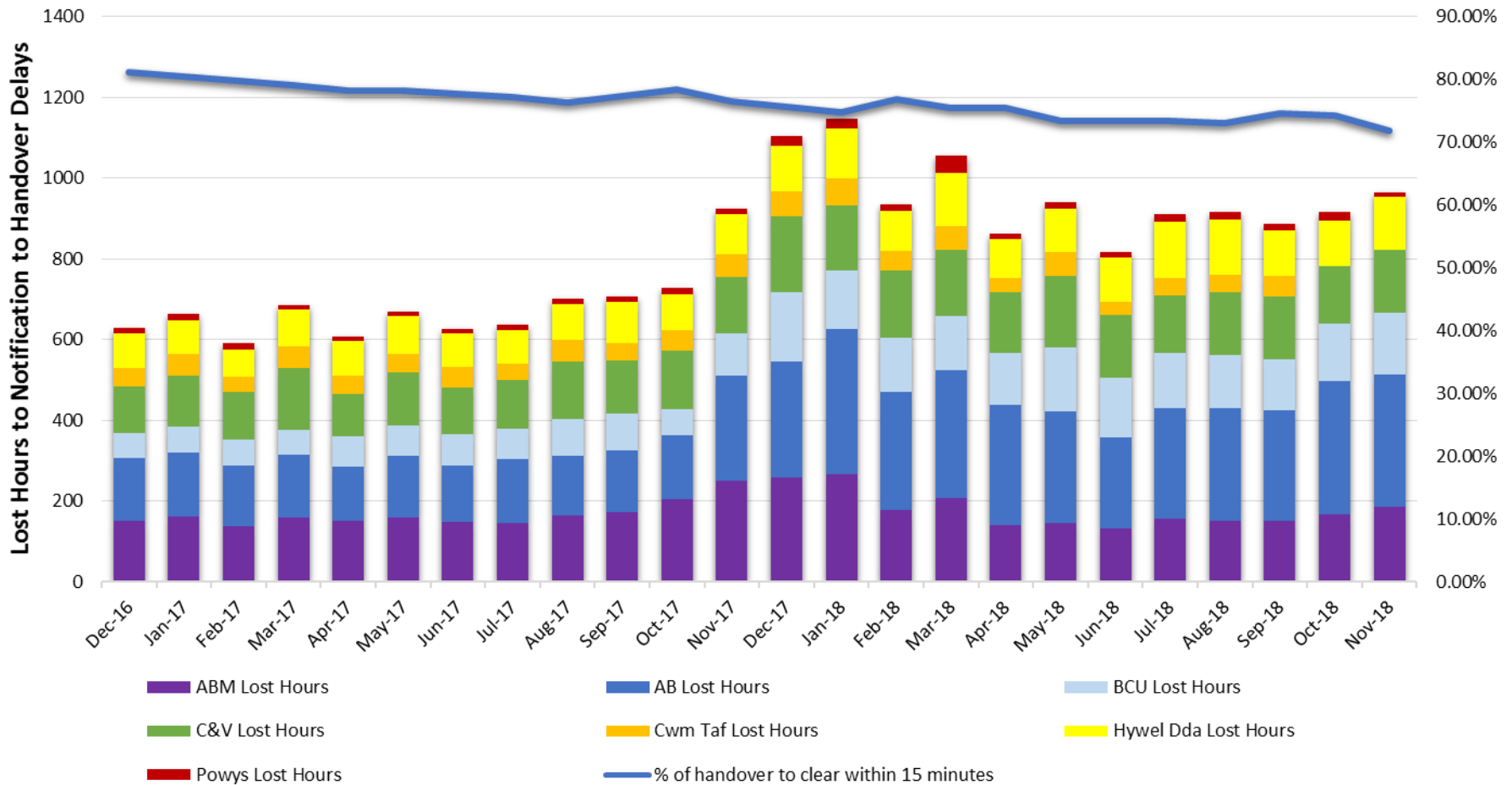




EMS STEP 5



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

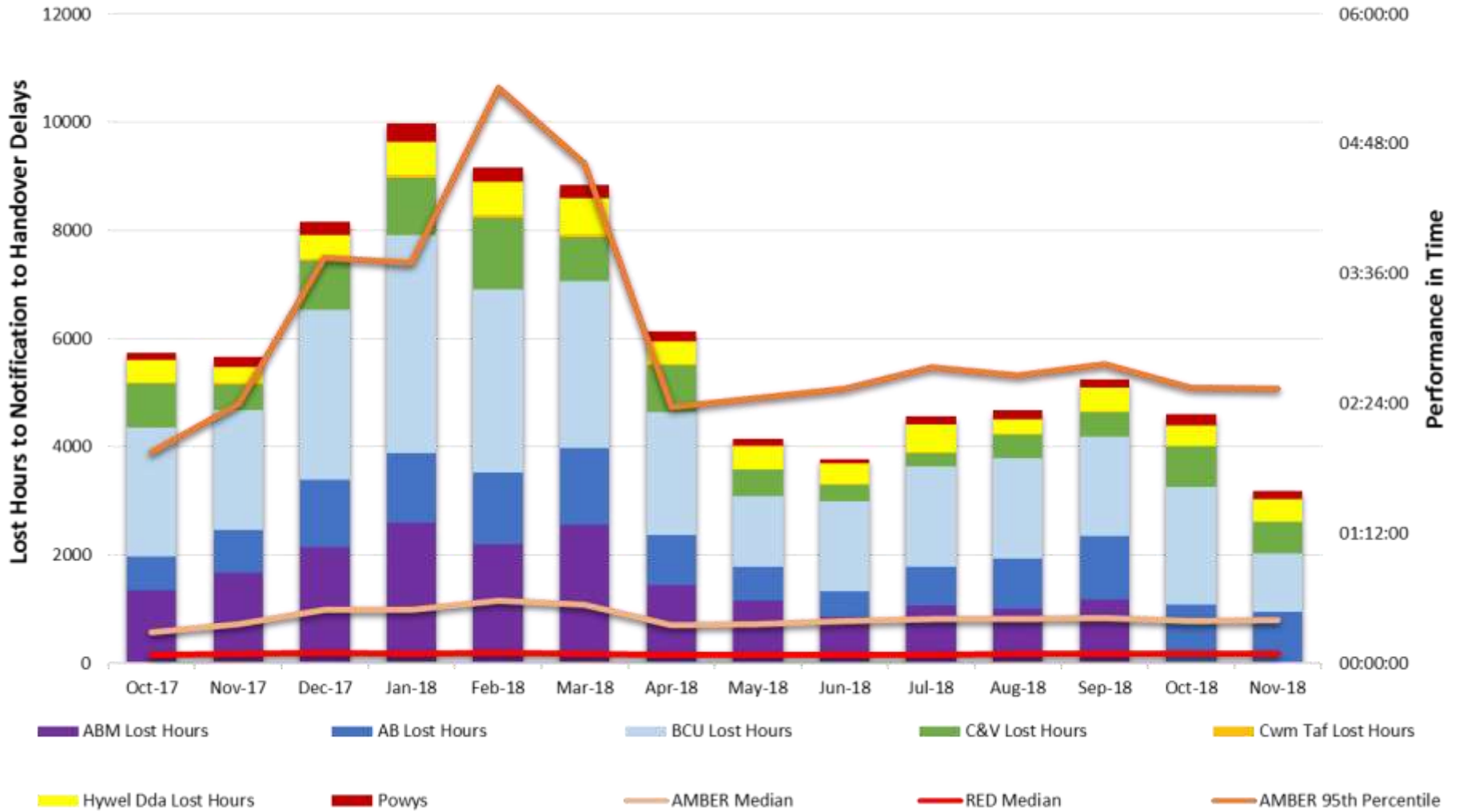




EMS STEP 5



Response Times against Lost Hours to Notification to Handover Delays

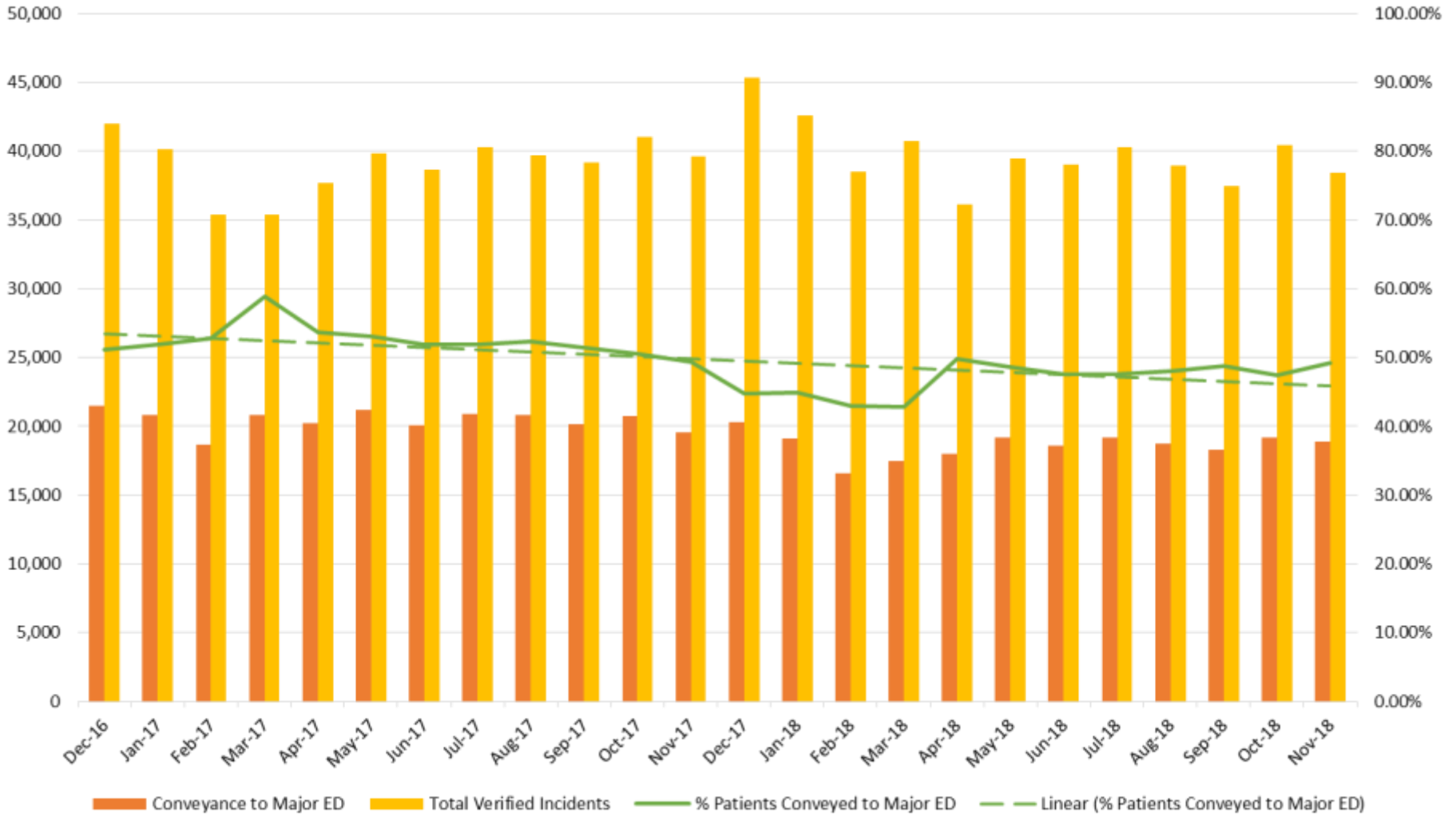




EMS STEP 5



Conveyance to Major ED





NEPTS STEP 1



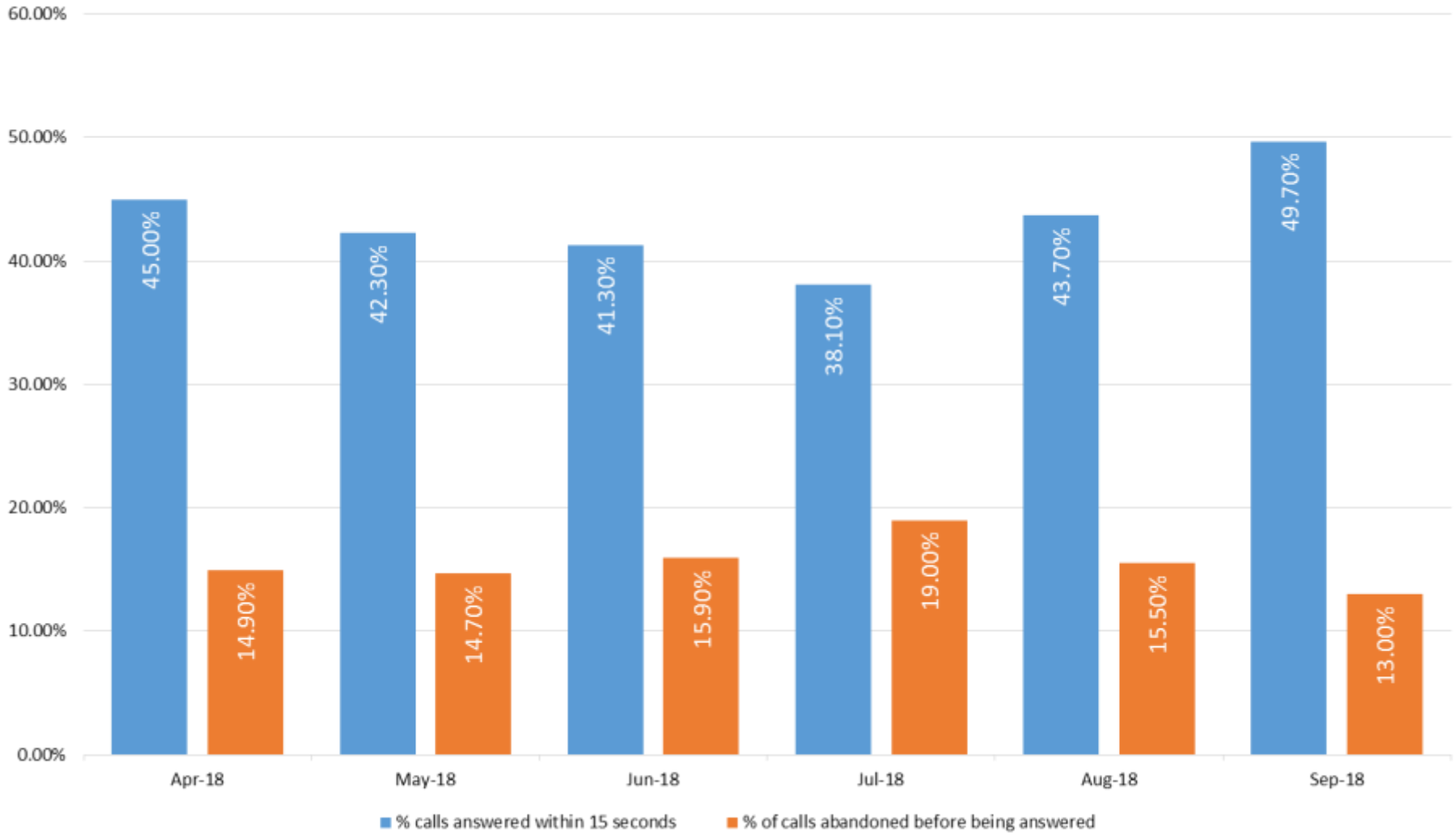
There are currently no indicators under NEPTS Step 1



NEPTS STEP 2



% Calls answered within 15 seconds against % of call abandoned before being answered

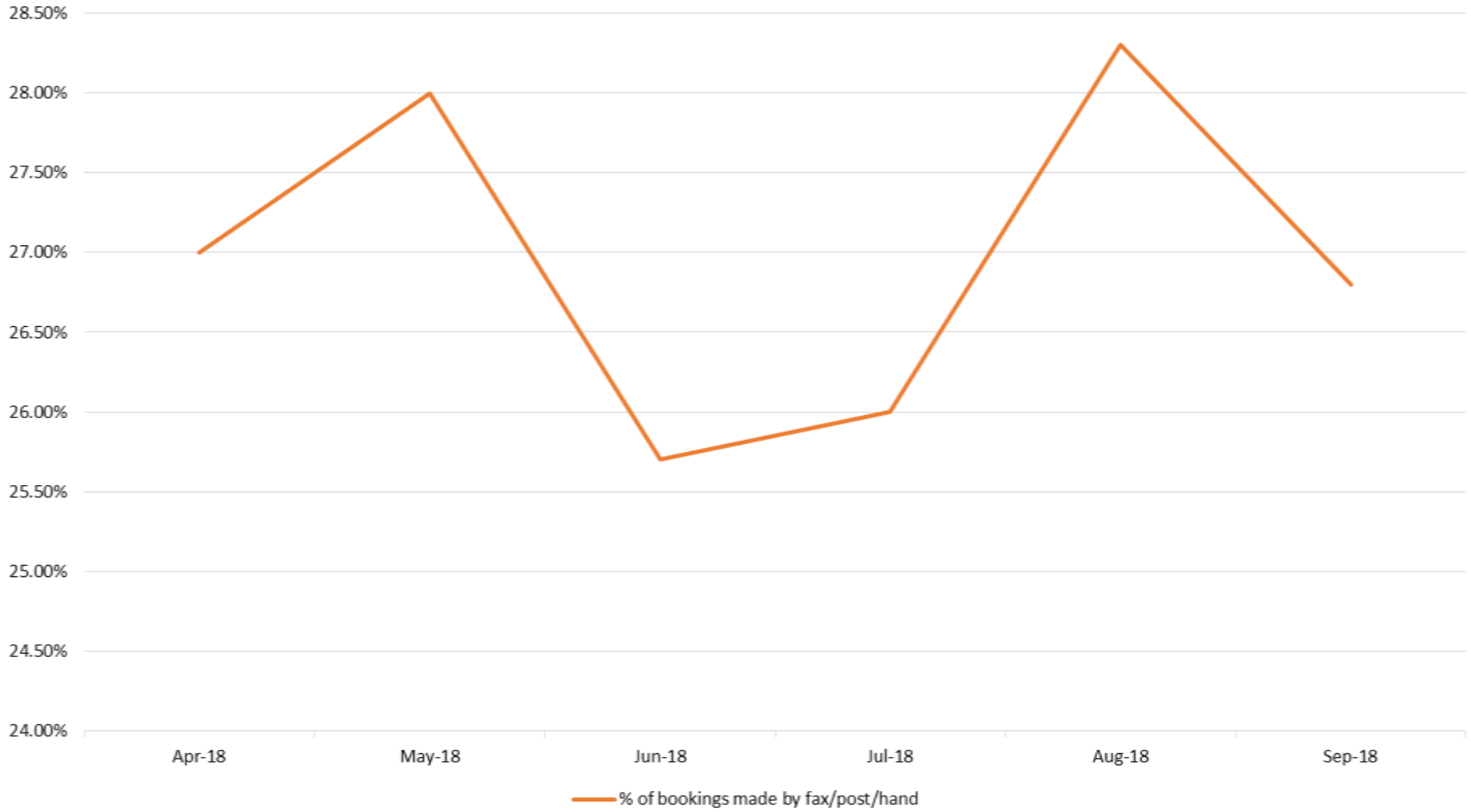




NEPTS STEP 3



% of bookings made by fax/post/hand

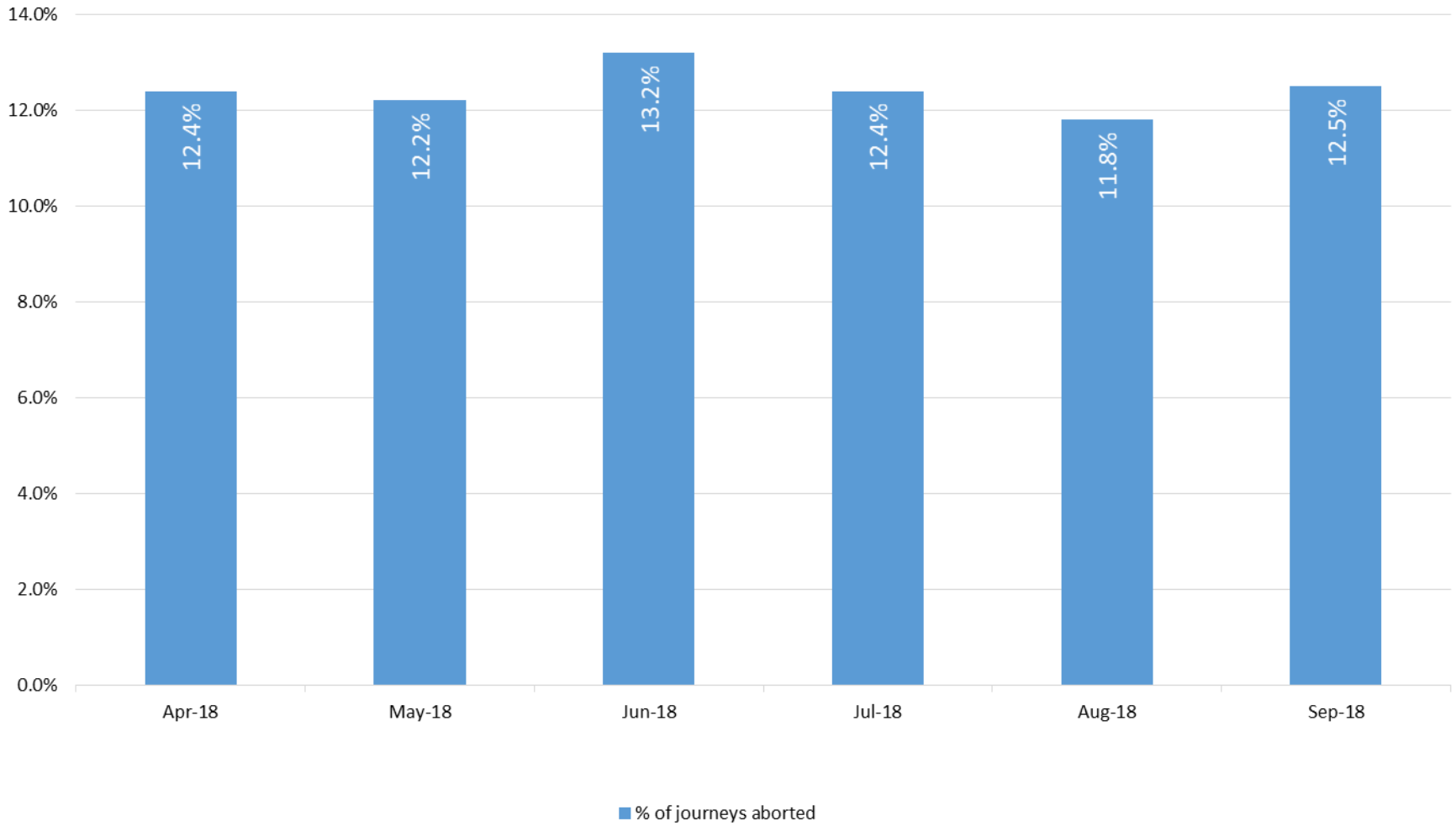




NEPTS STEP 4



% of journeys aborted

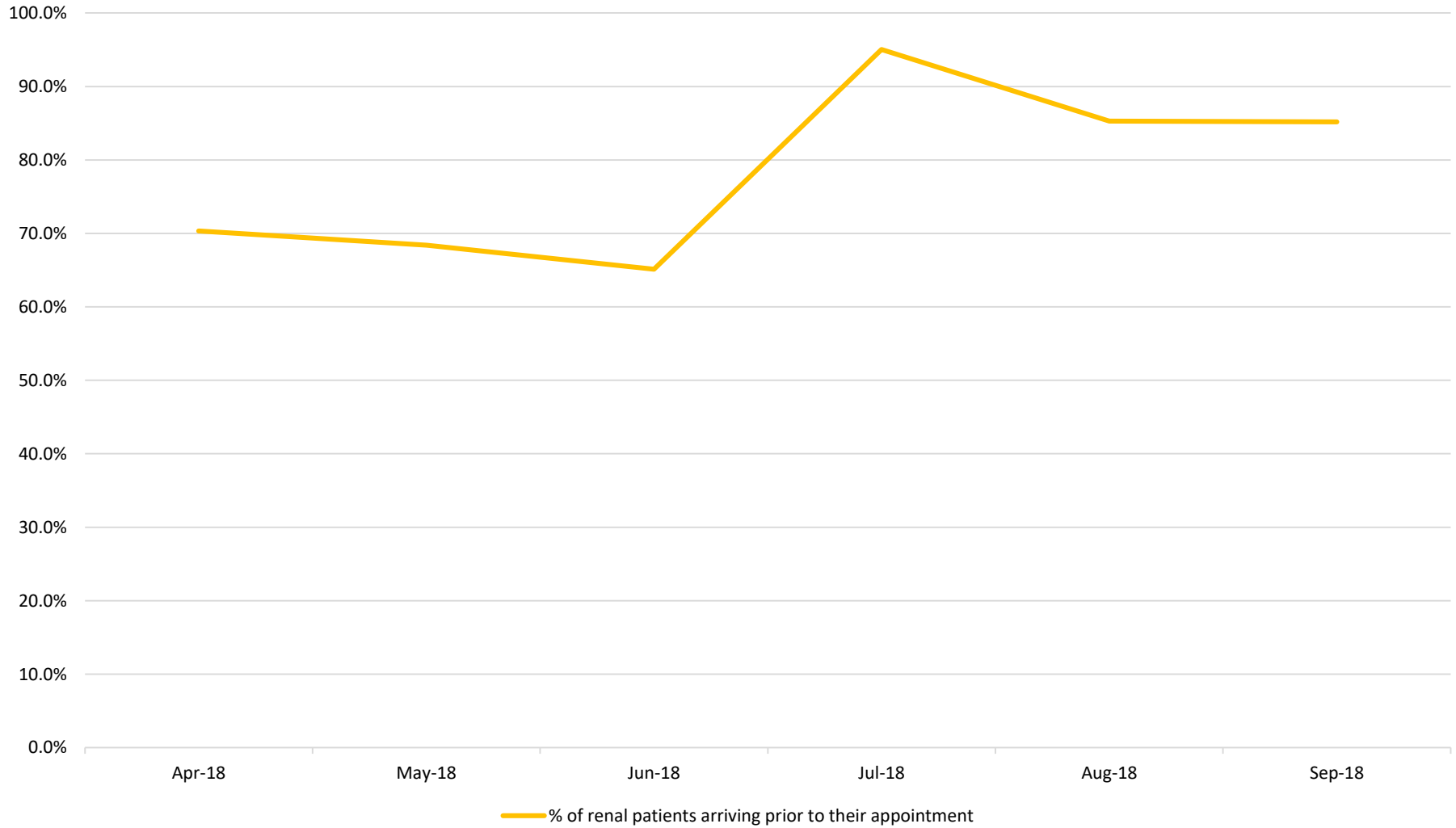




NEPTS STEP 4



% of renal patients arriving prior to their appointment

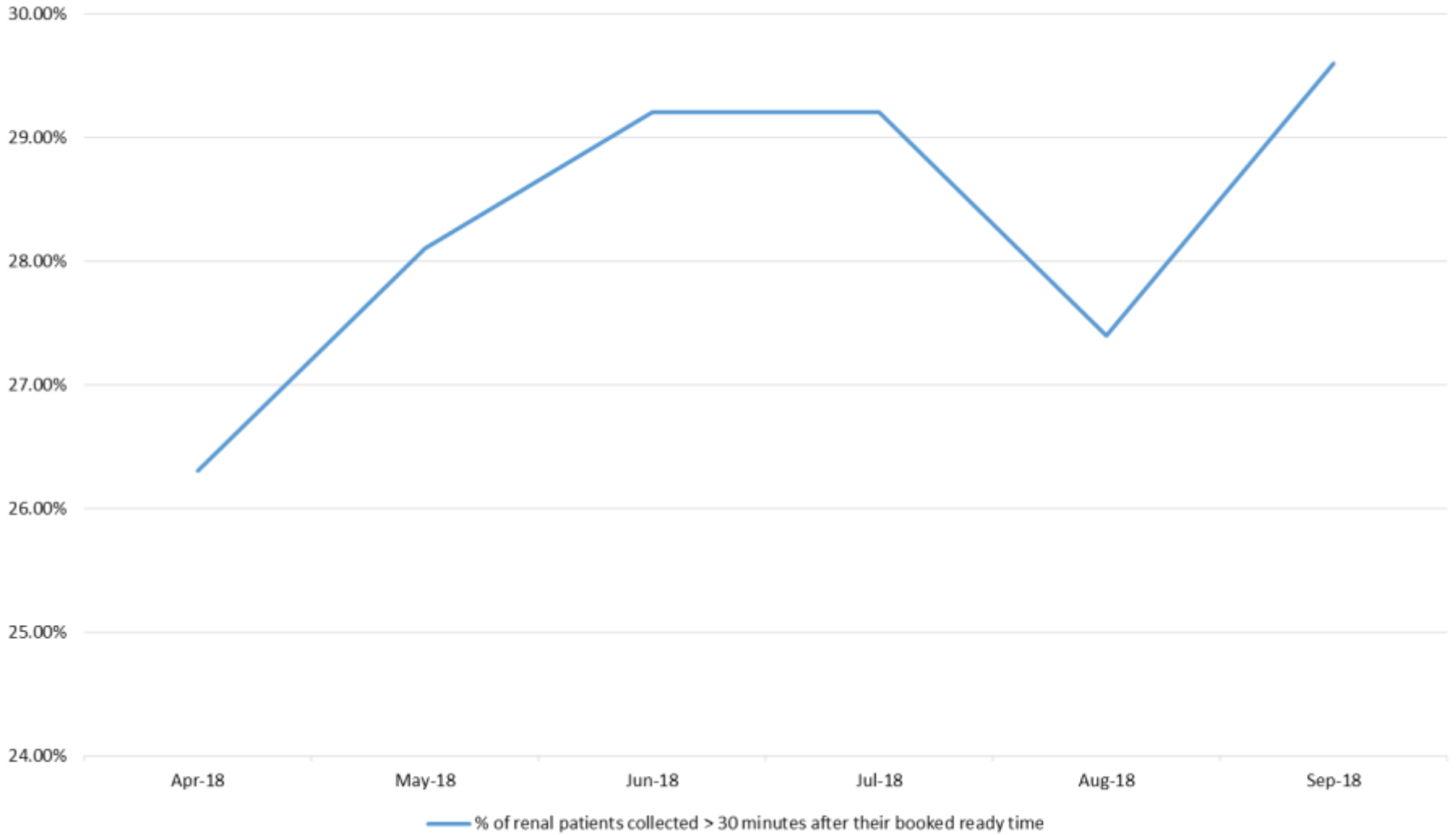




NEPTS STEP 5



% of renal patients collected > 30 minutes after their booked ready time



ANNEX 3 - CHRISTMAS AND NEW YEAR PERIOD (23/12/18 to 02/01/19) PERFORMANCE*					*NB. DATA UNVERIFIED	
DATE	RED 8 MIN %	AMBER MEDIAN	AMBER 65th	AMBER 95th	LHB with RED < 65% OUTLIERS	LHB AMBER 95th OUTLIERS
12/23/2018	74.53%	0:28 tt:45	0:42 tt:00	2:48 tt:17	-	Abertawe Bro Morgannwg (5:11:50) Cwm Taf (4:19:37)
12/24/2018	75.28%	0:17 tt:51	0:26 tt:59	1:47 tt:31	Cwm Taf (57.14%) Hywel Dda (37.5%)	Abertawe Bro Morgannwg (2:19:09)
12/25/2018	58.18%	0:17 tt:51	0:26 tt:37	1:38 tt:30	Abertawe Bro Morgannwg (55.56%), Aneurin Bevan (53.85%), Betsi Cadwaladr (45.45%), Cwm Taf (57.14%), Hywel Dda (40.00%)	-
12/26/2018	77.38%	0:25 tt:57	0:37 tt:59	2:44 tt:52	Powys (0.00%) (2)	Abertawe Bro Morgannwg (4:33:53) Cardiff & Vale (3:52:51)
12/27/2018	77.63%	0:23 tt:41	0:34 tt:31	2:38 tt:59	Abertawe Bro Morgannwg (53.85%) Powys (0.00%) (1)	Cardiff and Vale (5:55:03)
12/28/2018	74.68%	0:20 tt:35	0:32 tt:01	2:44 tt:35	Hywel Dda (45.45%) Powys (50.00%) (2)	Cardiff & Vale (3:50:02) Abertawe Bro Morgannwg (3:30:33)
12/29/2018	79.78%	0:27 tt:16	0:43 tt:59	3:06 tt:32	-	Abertawe Bro Morgannwg (6:01:47)
12/30/2018	75.00%	0:20 tt:56	0:31 tt:14	2:31 tt:00	Powys (60.00%) (5)	Abertawe Bro Morgannwg (6:59:08)
12/31/2018	71.05%	0:23 tt:50	0:38 tt:12	2:56 tt:44	Cwm Taf (50.00%) Hywel Dda (55.56%)	Abertawe Bro Morgannwg (5:19:17))
1/1/2019	71.03%	0:32 tt:23	0:50 tt:09	4:02 tt:02	Hywel Dda (33.33%)	Aneurin Bevan (5:04:58)
1/2/2019	70.73%	0:30 tt:26	0:45 tt:26	3:07 tt:15	Cwm Taf (55.56%) Hywel Dda (41.67%)	Abertawe Bro Morgannwg (5:50:23)
AVERAGE ALL WALES RESPONSE OVER CHRISTMAS/NEW YEAR PERIOD	73.21%	0:24 tt:30	0:37 tt:12	2:44 tt:12	-	-



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

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

MEETING	Trust Board
DATE	29 January 2019
EXECUTIVE	Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Officer
CONTACT DETAILS	Tel: 01745 532519 Email: Melfyn.Hughes@wales.nhs.uk

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

REPORT PURPOSE	Provide Trust Board on the content of the Welsh Language Standards Compliance Notice issued to the Trust by the Welsh Language Commissioner on 30 November 2018.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	16 January 2019	Consideration and Support
Trust Board	29 January 2019	For Noting

SITUATION

1. On 30 November 2018, the Trust received its Statutory Compliance Notice (**Annex 1**) from the Welsh Language Commissioner under Section 44 of the Welsh Language (Wales) Measure 2011, along with all other Health Bodies in Wales.
2. The Compliance Notice indicates specific timescales for compliance against each standard. It is expected that compliance against each individual standard will be effective from the date indicated in the notice. The Trust's statutory Welsh Language Scheme will cease to apply on the day in which it is required to comply with a standard for the first time (imposition date). In this case, the earliest date will be 30 May 2019.

RECOMMENDED: That Trust Board

(1) Note the requirements of the Trust's Final Compliance Notice.

BACKGROUND

3. The Welsh Language (Wales) Measure 2011 creates a system for setting duties on organisations in the form of Welsh Language Standards. These duties apply to delivering services in Welsh, considering the impact of policy decisions on the Welsh language and promotion of the Welsh language.
4. Exercising Welsh language duties is not a new development as all public sector organisations have been implementing Welsh Language Schemes that were established in 1993 by the Welsh Language Act.
5. The aim of the Welsh language Standards is to build on the work of the language schemes by ensuring consistency for individuals in terms of access to Welsh-medium services across Wales and clarity as to what individuals can expect to receive in Welsh.
6. A consultation period of 12 weeks was held on the Draft Compliance Notice between 18 July 2018 and 10 October 2018 and the Trust responded appropriately.
7. The Trust appealed on a number of Standards which it felt were either too onerous to implement within the identified timescale or, were unachievable. The outcome of appeals varied from standards: remaining unchanged, not being imposed, variations in the compliance requirements and extensions to the imposition days, for example:

As a result of the evidence of the consultation there is now no requirement on Health Boards and Trusts to keep a record across the whole organisation of the wishes of individuals to receive correspondence (Standards 2 and 3) or telephone calls (standard 19) in Welsh.

8. In light of the outcomes of the appeals there are standards that still remain challenging to implement even with the maximum 2 year timescale: Standards 39 and 43: require the NHS Direct Wales website to be completely bilingual by 30 November 2020.
9. In accordance with section 54 (2) of the Welsh Language (Wales) Measure 2011, the Trust has the right to challenge and appeal against this final Compliance Notice by applying to the Welsh Language Commissioner requesting a determination as to whether or not the requirement to comply with one or more standards, or to comply with one or more standards in a specific way, is unreasonable or disproportionate. The duties noted in the Compliance Notice can be challenged either before or after the imposition date has come into force.
10. Any appeal requires demonstration that a requirement to comply with the standard, or to comply with a standard in a specific way, is unreasonable or disproportionate. The standard of reasonableness that will be applied is the legal standard established in administrative law. If, on appeal the Commissioner determines that the requirement to comply is not unreasonable or disproportionate there is a right of appeal to the Welsh Language Tribunal.

Content of the Final Compliance Notice

11. Under the Compliance Notice issued to the Trust on 30 November 2018, the Trust is required to meet **114** standards which organised into the following categories:
 - Service Delivery Standards: an expansion of all current requirements outlined in the Welsh Language Scheme
 - Policy Making Standards: considering the effects of policy on the Welsh language
 - Operational Standards: the use of Welsh within the operational arrangements of organisations
 - Record Keeping Standards: ensuring records are kept on all aspects of the delivery of the Standards

Compliance timescales for each category of standard:

Standard	6 months 30/05/19	1 year 30/11/19	2 years 30/11/20	Total
Service Delivery	51	8	0	59
Policy Making	9	0	0	9
Operational	26	11	2	39
Record Keeping	3	0	0	3
Supplementary	4	0	0	4
Total	93	19	2	114

The Trust will need to meet the majority of the standards by 30 May 2019.

ASSESSMENT

12. The combined effect of the Compliance Notice and standards is that greater compliance will be required by all Trust services and unless addressed it will leave the Trust at considerable risk of incurring civil penalties which may be up to £5,000 per breach.
13. A new significant requirement to be introduced under the Standards is the requirement that services provided to internal staff be offered through the medium of Welsh for example meetings, contracts and training.
14. There is an increased responsibility to ensure that switchboards and reception areas (including Help-lines) that deal with the public offer a bilingual service and a comprehensive sign-posting service to Welsh medium services. Specific staff training will be required by staff that work in these areas to ensure that they adopt the correct approach.
15. Some services for example W&OD and PECI will be disproportionately affected and require more support to work towards compliance if the risk to the Trust are to be limited. However, all services will be affected.
16. Compliance with the **114** Standards is spread over two years. Areas that require development will need to be identified immediately by Heads of Services and service delivery plans of each service area will have to show how the service intends to meet the Standards. Service areas will also need to embed the ethos and requirements of the Standards in all policies in order to fully comply with the standards.
17. There will be a need for awareness-raising across the Trust to ensure effective implementation of the standards. The Trust will need to provide corporate support for service areas in the provision of translation services.

Next Steps

18. Over the next few months a detailed action plan will 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.
19. The Compliance Notice will be disseminated to all service managers so they have an opportunity to familiarise themselves with the new requirements and to develop Action/Delivery Plans that ensure their service areas are compliant with the statutory standards and the timescale for implementation (6 months – 2 years). The Trust's Welsh Language Officer will be available to provide assistance and guidance when preparing these plans.
20. A Senior Officer responsible for monitoring the implementation of the standards in each service area will need to be identified. This officer will need to report on progress against the relevant Service Action/Delivery Plan.

21. As a result of the new standards it is likely that the Trust will need to increase its translation capacity to meet the additional requirements. It is advised that each directorate anticipate the demand and frequency of translation work that will be required to comply with the standards in relation to their service areas. As the Trust does not employ a translator and in order to satisfy future translation requirements the Trust should look into the possibility of establishing an agreement with another Welsh public body in carrying out translation activities on its behalf similar to that is currently utilised by some Welsh Local Authorities.

Challenging the Compliance Notice

22. Alongside the above actions it is recommended that the Trust considers whether it is appropriate to challenge standards that are felt to be unreasonable or disproportionate. It is proposed that ADLT assesses whether any challenge are to be submitted by the Trust to the Welsh Language Commissioner.

23. The Commissioner has made it clear that the standards were legislated by Welsh Government and that the Commissioner's role is purely regulatory. In light of this, the existence of the standards cannot be challenged, only whether it is unreasonable or disproportionate for the Trust to be subject to the standards in question. There may be more positive and quicker outcomes in challenging the timetable of implementation of any given standard(s) on the basis of reasonableness and proportionality as opposed to challenging the requirement to comply with a specific standard(s).

24. The burden of proof will be on the Trust and any challenge undertaken will need to provide significant evidence to support it. If the Commissioner determines that the requirement to comply is not unreasonable or disproportionate, there is a right of appeal to the Welsh Language Tribunal.

Conclusion

25. It is important that the Standards that have been identified as being unreasonable and/or disproportionate are challenged appropriately while those that can be implemented are adopted and relevant plans prepared to ensure they comply with the legislation.

26. Additional resources will be required to ensure the Trust meets its new statutory obligations across its services. Although the new standards will affect all service areas, until a full mapping process has been undertaken it will not be possible to give a detailed picture of the extent of any further investment/resources that may be required.

27. Each service area will need to develop plans that identify areas for improvement and establishing a structure for monitoring and reviewing progress.

EQUALITY IMPACT ASSESSMENT

Not required

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	Not Applicable
Environmental/Sustainability	Not Applicable
Estate	Not Applicable
Health Improvement	No
Health and Safety	No
Financial Implications	Unquantifiable at present
Legal Implications	Paragraph 1 and 2
Patient Safety/Safeguarding	Not Applicable
Risks	Non-compliance with provisions of the standards could result in financial penalties.
Reputational	Non-compliance with provisions of the standards could result in potential reputational risk
Staff Side Consultation	Yes



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

COMPLIANCE NOTICE – SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011

Welsh Ambulance Services NHS Trust – Issue Date: 30/11/2018

Standard Number	Class of Standard	Standard	Imposition Day
1	Service Delivery standards	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	30/05/2019
4	Service Delivery standards	<p>When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version.</p> <p>You must comply with standard 4 in every circumstance, except:</p> <ul style="list-style-type: none">○ when you send the same correspondence to several persons, and all of those persons have informed you that they do not wish to receive correspondence in Welsh.	30/05/2019
5	Service Delivery standards	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.	30/05/2019
6	Service Delivery standards	If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the	30/05/2019

		Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).	
7	Service Delivery standards	You must state - (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	30/05/2019
8	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	30/05/2019
9	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.	30/11/2019
10	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/11/2019
11	Service Delivery standards	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less	30/05/2019

		favourably than the English language.	
12	Service Delivery standards	If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service.	30/05/2019
13	Service Delivery standards	When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.	30/11/2019
14	Service Delivery standards	If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.	30/05/2019
15	Service Delivery standards	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.	30/05/2019
16	Service Delivery standards	When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.	30/11/2019
17	Service Delivery standards	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/11/2019

18	Service Delivery standards	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.	30/05/2019
19	Service Delivery standards	<p>When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.</p> <p>You must comply with standard 19 in every circumstance, except:</p> <ul style="list-style-type: none"> ○ where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; and ○ where no Welsh speaking member of staff is available to provide a service on that specific subject matter. <p>The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand");</p> <p>The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.</p>	30/11/2019
20	Service Delivery	Any automated telephone systems that you have must provide the	30/05/2019

	standards	complete automated service in Welsh.	
21	Service Delivery standards	<p>If you invite one person only (“P”) to a meeting—</p> <p>(a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and</p> <p>(b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.</p> <p>You must comply with standard 21 in relation to persons that are individuals by 30 May 2019.</p> <p>You must comply with standard 21 in relation to every other person by 30 November 2019.</p>	30/05/2019
22	Service Delivery standards	<p>If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting.</p> <p>You must comply with standard 22 in relation to persons that are individuals by 30 May 2019.</p> <p>You must comply with standard 22 in relation to every other person by 30 November 2019.</p>	30/05/2019
22A	Service Delivery standards	<p>If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.</p>	30/05/2019

		<p>You must comply with standard 22A in relation to persons that are individuals by 30 May 2019.</p> <p>You must comply with standard 22A in relation to every other person by 30 November 2019.</p>	
22CH	Service Delivery standards	<p>If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.</p> <p>You must comply with standard 22CH in relation to persons that are individuals by 30 May 2019.</p> <p>You must comply with standard 22CH in relation to every other person by 30 November 2019.</p>	30/05/2019
26	Service Delivery standards	<p>If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.</p>	30/05/2019
27	Service Delivery standards	<p>When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.</p>	30/05/2019
28	Service Delivery standards	<p>If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must—</p> <p>(a) ask each person invited to speak whether he or she wishes to use the Welsh language, and</p> <p>(b) if that person (or at least one of those persons) has informed you</p>	30/05/2019

		that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).	
29	Service Delivery standards	<p>If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh—</p> <p>(a) that they are welcome to use the Welsh language, and</p> <p>(b) that a simultaneous translation service is available.</p> <p>You must comply with standard 29 in every circumstance, except:</p> <ul style="list-style-type: none"> ○ where an invitation or material advertising a meeting has asked the public to inform you whether they wish to use the Welsh language, and none of them have informed you that they wish to use the Welsh language at the meeting. 	30/05/2019
30	Service Delivery standards	If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.	30/05/2019
31	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).	30/05/2019
32	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in	30/05/2019

		<p>relation to services offered to persons attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).</p> <p>You must comply with standard 32 in every circumstance except in relation to face to face services offered at the event.</p> <p>In relation to face to face services offered at the event, you must comply in every circumstance, except:</p> <ul style="list-style-type: none"> ○ when the event’s invitation or advertisement asks persons to inform you if they wish to use the Welsh language, and no one has informed you that they wish to use Welsh at the event. 	
33	Service Delivery standards	Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.	30/05/2019
34	Service Delivery standards	Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version.	30/05/2019
36	Service Delivery standards	If you produce a form that is to be completed by an individual, you must produce it in Welsh.	30/05/2019
37	Service Delivery standards	If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh- (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.	30/11/2019

38	Service Delivery standards	<p>If you produce a document or a form in Welsh and in English you must—</p> <p>(a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not);</p> <p>(b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and</p> <p>(c) ensure that the English language version clearly states that the document or form is also available in Welsh.</p>	30/05/2019
39	Service Delivery standards	<p>You must ensure that—</p> <p>(a) the text of each page of your website is available in Welsh,</p> <p>(b) every Welsh language page on your website is fully functional, and</p> <p>(c) the Welsh language is not treated less favourably than the English language on your website.</p> <p>You must comply with standard 39 in every circumstance by 30 May 2019, except for:</p> <ul style="list-style-type: none"> ○ the Welsh Ambulance Service website; and ○ the A-Z Health Encyclopaedia, the pregnancy sections and the travel health sections of the NHS Direct Website. <p>You must comply with standard 39 in relation to the Welsh Ambulance Service website by 31 December 2019.</p>	30/05/2019

		You must comply with standard 39 in relation to NHS Direct website in every circumstance by 30 November 2020.	
40	Service Delivery standards	You must ensure that— (a) the text of the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website.	30/05/2019
41	Service Delivery standards	You must ensure that when you publish a new page on your website or amend a page— (a) the text of that page is available in Welsh, (b) any Welsh language version of that page is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to that page.	30/05/2019
42	Service Delivery standards	If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.	30/05/2019
43	Service Delivery standards	You must provide the interface and menus on every page of your website in Welsh. You must comply with standard 43 in every circumstance by 30 May 2019, except for: <ul style="list-style-type: none"> ○ the Welsh Ambulance Service website; and ○ the A-Z Health Encyclopaedia, the pregnancy sections and the travel health sections of the NHS Direct Website. You must comply with standard 43 in relation to the Welsh	30/05/2019

		<p>Ambulance Service website by 31 December 2019.</p> <p>You must comply with standard 43 in relation to NHS Direct website in every circumstance by 30 November 2020.</p>	
44	Service Delivery standards	All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.	30/05/2019
45	Service Delivery standards	<p>When you use social media you must not treat the Welsh language less favourably than the English language.</p> <p>You must comply with standard 45 in the following circumstances:</p> <ul style="list-style-type: none"> ○ when using social media on your corporate and departmental accounts. 	30/05/2019
46	Service Delivery standards	If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).	30/05/2019
47	Service Delivery standards	<p>When you—</p> <p>(a) erect a new sign or renew a sign (including temporary signs); or</p> <p>(b) publish or display a notice;</p> <p>any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.</p>	30/05/2019
48	Service Delivery standards	<p>When you—</p> <p>(a) erect a new sign or renew a sign (including temporary signs); or</p> <p>(b) publish or display a notice;</p> <p>which conveys the same information in Welsh and in English, the</p>	30/05/2019

		Welsh language text must be positioned so that it is likely to be read first.	
49	Service Delivery standards	You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.	30/05/2019
50	Service Delivery standards	<p>Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.</p> <p>You must comply with standard 50 in relation to the following by 30 May 2019:</p> <ul style="list-style-type: none"> ○ Bangor site reception service <p>You must comply with standard 50 in relation to the following by 30 November 2019:</p> <ul style="list-style-type: none"> ○ every other reception service 	30/05/2019
52	Service Delivery standards	<p>You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.</p> <p>You must comply with standard 52 in relation to the following by 30 May 2019:</p> <ul style="list-style-type: none"> ○ Bangor site reception service <p>You must comply with standard 52 in relation to the following by 30 November 2019:</p> <ul style="list-style-type: none"> ○ every other reception service 	30/05/2019
53	Service Delivery standards	You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.	30/05/2019

54	Service Delivery standards	Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.	30/05/2019
55	Service Delivery standards	When you invite applications for a grant, you must— (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and (b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).	30/05/2019
56	Service Delivery standards	When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.	30/05/2019
57	Service Delivery standards	Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.	30/11/2019
58	Service Delivery standards	When you publish invitations to tender for a contract, you must— (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).	30/05/2019

59	Service Delivery standards	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	30/05/2019
60	Service Delivery standards	You must promote any Welsh language service that you provide, and advertise that service in Welsh.	30/05/2019
61	Service Delivery standards	If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	30/05/2019
62	Service Delivery standards	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.	30/05/2019
63	Service Delivery standards	If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	30/05/2019
64	Service Delivery standards	When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first. You must comply with standard 64 in every circumstance, except: <ul style="list-style-type: none"> ○ on vehicles where bilingual messages existed before 30 May 2019. 	30/05/2019
69	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or	30/05/2019

		adverse), the policy decision would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	
70	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
71	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
72	Policy Making standards	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
73	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the	30/05/2019

		policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	
74	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
75	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
76	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019

77	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30/05/2019
79	Operational standards	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.	30/05/2019
80	Operational standards	When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	30/11/2019
81	Operational standards	You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours. You must comply with standard 81 in every circumstance by 30	30/11/2019

		<p>November 2019, except:</p> <ul style="list-style-type: none"> ○ when the activity is carried out through the use of the Electronic Staff Record (ESR). <p>You must comply with standard 81 in every circumstance by 30 November 2020.</p>	
82	Operational standards	<p>If you publish any of the following, you must publish it in Welsh -</p> <ul style="list-style-type: none"> (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns. 	30/11/2019
83	Operational standards	<p>You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may -</p> <ul style="list-style-type: none"> (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; <p>and you must also inform each member of staff of that right.</p>	30/05/2019
84	Operational standards	<p>If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must -</p> <ul style="list-style-type: none"> (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from 	30/11/2019

		Welsh to English.	
85	Operational standards	When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.	30/05/2019
86	Operational standards	You must - (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.	30/05/2019
87	Operational standards	If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/11/2019
88	Operational standards	When you inform a member of staff ("A") of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A -	30/05/2019

		(a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.	
89	Operational standards	You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).	30/05/2019
90	Operational standards	<p>You must ensure that -</p> <p>(a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet.</p> <p>You must comply with standard 90 in relation to pages on your intranet that relate to the matters within the following operational standards:</p> <ul style="list-style-type: none"> ○ the use of the Welsh language within your internal administration ○ complaints made by staff ○ disciplining staff ○ developing skills through planning and training the workforce; and ○ recruiting and appointing 	30/11/2020
91	Operational standards	<p>You must ensure that -</p> <p>(a) the text of the homepage of your intranet is available in Welsh, (b) any Welsh language text on your intranet's homepage (or, where</p>	30/05/2019

		relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.	
93	Operational standards	If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.	30/05/2019
94	Operational standards	You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.	30/05/2019
95	Operational standards	You must provide the interface and menus on your intranet pages in Welsh. You must comply with standard 95 in relation to the following: <ul style="list-style-type: none"> ○ any page or homepage on your intranet that is available in Welsh in accordance with standards 90 and/or 91; ○ any page you designate and maintain on your intranet in accordance with standard 94. 	30/11/2020
96	Operational standards	You must assess the Welsh language skills of your employees.	30/05/2019
97	Operational standards	You must provide opportunities for training in Welsh in the following areas, if you provide such training in English - (a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and	30/11/2019

		(dd) health and safety.	
98	Operational standards	You must provide opportunities for training in Welsh on using Welsh effectively in - (a) meetings; (b) interviews; and (c) complaints and disciplinary procedures.	30/11/2019
99	Operational standards	You must provide opportunities during working hours - (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers. You must comply with standard 99(a) by 30 May 2019. You must comply with standard 99(b) by 30 November 2019.	30/05/2019
100	Operational standards	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.	30/05/2019
101	Operational standards	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.	30/05/2019
102	Operational standards	You must provide training courses so that your employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.	30/05/2019
103	Operational standards	When you provide information to new employees (for example by means of an induction process), you must provide information for the	30/05/2019

		purpose of raising their awareness of the Welsh language.	
104	Operational standards	You must provide - (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.	30/05/2019
105	Operational standards	You must - (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.	30/05/2019
106	Operational standards	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019
106A	Operational standards	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh	30/11/2019
107	Operational standards	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will	30/05/2019

		not be treated less favourably than an application submitted in English.	
107A	Operational standards	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	30/11/2019
107B	Operational standards	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30/05/2019
108	Operational standards	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	30/05/2019
109	Operational standards	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	30/05/2019
110	Operational standards	You must publish a plan for each 5 year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;	30/11/2019

		(b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b).	
110A	Operational standards	Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.	30/11/2019
111	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs),or (b) publish or display a notice in your workplace; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	30/05/2019
112	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs); or (b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019
113	Operational standards	You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.	30/05/2019
114	Operational standards	When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if	30/05/2019

		the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	
115	Record Keeping standards	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.	30/05/2019
116	Record Keeping standards	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.	30/05/2019
117	Record Keeping standards	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019
118	Standards which deal with Supplementary Matters	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	30/05/2019
119	Standards which deal with Supplementary Matters	You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	30/05/2019
120	Standards which deal	(1) You must produce a report (an “annual report”), in Welsh, in	30/05/2019

	with Supplementary Matters	<p>relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year.</p> <p>(2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)—</p> <p>(a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);</p> <p>(b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116);</p> <p>(c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where—</p> <p>(i) Welsh language skills were essential;</p> <p>(ii) Welsh language skills needed to be learnt when appointed to the post;</p> <p>(iii) Welsh language skills were desirable; or</p> <p>(iv) Welsh language skills were not necessary.</p> <p>(3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.</p> <p>(4) You must ensure that a current copy of your annual report is available on your website.</p>	
121	Standards which deal with Supplementary Matters	You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making	30/05/2019

		standards or the operational standards with which you are under a duty to comply.	
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Meri Huws

Meri Huws
Welsh Language Commissioner

Date: 30/11/2018



WALES AUDIT OFFICE
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Auditor General for Wales

Structured Assessment 2018 – **Welsh Ambulance Services NHS Trust**

Audit year: 2018

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The team who delivered the work comprised Fflur Jones, Anthony Veale, Michelle Phoenix, Sharon Jeffries and Melanie Williams under the direction of Dave Thomas.

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Report

About this report

- 1 This report sets out the findings from the Auditor General's 2018 Structured Assessment work at the Welsh Ambulance Services NHS Trust (the Trust). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2018 Structured Assessment work has included interviews with officers and Independent Members, observations at board, committee and management meetings and reviews of relevant documents, performance and financial data. We also conducted a survey of board members across all health boards and NHS trusts. Sixteen regular attenders of the Trust Board were invited to take part and 12 (75%) responded.
- 3 This year's Structured Assessment work follows similar themes to previous years' work, although we have broadened the scope to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity. The report groups our findings under three themes – the Trust's governance arrangements, its approach to strategic planning and the wider arrangements that support the efficient, effective and economical use of resources. The report concludes with our recommendations.
- 4 [Appendix 1](#) summarises the action that has been taken to address previous year's Structured Assessment recommendations. [Appendix 2](#) sets out the Trust's response to the recommendations arising from our 2018 work.

Background

- 5 Our 2017 Structured Assessment work found that the Trust had continued to take forward the corporate arrangements that support the efficient, effective and economical use of its resources. We also highlighted several areas for improvement. In terms of finance we noted a need for a greater focus on transformational approaches to financial efficiencies and more explicit scrutiny on under-performing saving schemes. While we noted that governance and assurance arrangements were continuing to develop there was a need for further action in several areas, with scope to increase the pace of change and improvement. We also highlighted that asset management and sickness absence continued to present challenges and the Trust needed to ensure that it had sufficient ICT capacity to support on-going service modernisation.
- 6 During 2017-18, the Trust remained on routine monitoring under the NHS Wales Escalation and Intervention Framework. It once again achieved a break-even financial position, reporting a £70,000 surplus at year-end, and secured an approved Integrated Medium-Term Plan for 2018-21 within the timeframe required by the Welsh Government. Since our last Structured Assessment report the Trust has seen a significant turnover at the Executive level, and an interim Chair has been in place since April 2018.

7 During winter 2017-18, the Trust was escalated to Level Four on the Resource Escalation Action Plan (REAP)¹ escalation framework for the first time in its history. The escalation reflected the unprecedented increase in demand, which had a significant impact on its resource capability, and its performance with regard to amber 95th percentile waits.² This led to the review of amber performance by the office of the Chief Ambulance Services Commissioner, who published his findings in November 2018.³ There was also a significant change to the Trust's paramedic workforce during 2017 with most of the Trust's paramedics opting to progress from band five to band six posts. This change will continue to require careful management in the years ahead.

Main conclusions

- 8 This year's Structured Assessment work has demonstrated that **the Trust continues to develop its strategic planning agenda and is committed to operating more efficiently and effectively, but could improve its grip and pace of change in some areas**. In reaching this conclusion we found:
- whilst there have been notable improvements to some aspects of the Trust's governance arrangements, there is scope to further strengthen arrangements in some important areas;
 - the Trust has set a clear strategic vision, continues to develop a long-term strategy and has plans to ensure alignment of and improve underpinning plans; and
 - there is a strong commitment to be more efficient but there is a need to strengthen its strategic approach to assets and to address long-standing issues with sickness absence.
- 9 The findings which underpin these conclusions are considered in more detail in the following sections.

¹ This is the Trust's plan for managing when demand outweighs capacity

² The Clinical Response Model categorises emergency calls according to the severity of clinical need: Red (life threatening emergencies), Amber (serious but not life-threatening) and Green (not serious or life threatening). Amber 95th percentile waits is an indicator to monitor the waiting times for the 5% of amber calls where callers waited the longest time for an ambulance to arrive.

³ 'Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber', November 2018. The findings and recommendations from the review have been accepted in full by Cabinet Secretary for Health and Social Care and agreed by EASC and WAST.

Governance

- 10 As in previous years, our Structured Assessment work has examined the Trust's governance arrangements. We comment on the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. We also looked at the information that the Board and its sub-committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. We have drawn upon results from our survey of board members to help understand where things are working well, and where there is scope to strengthen arrangements.
- 11 We found that **whilst there have been notable improvements to some aspects of the Trust's governance arrangements, there is scope to further strengthen arrangements in some important areas.**

Conducting business effectively

- 12 We looked at how the Board organises itself to support the effective conduct of business. We found that **there are plans to address weaknesses in information to the Board and its committees and the Trust's business cycle.**
- 13 There have been some changes to the cadre of Non-Executive Members during 2018 with the appointment of an existing member to the role of Interim Chair and the recruitment of an interim Non-Executive Member. The recruitment process for a new Chair will take place in early 2019. The Interim Non-Executive Director will cover the resulting Board vacancy until the new Chair is appointed. In addition, the role of Vice-chair will need to be assigned after one of the Non-Executive Directors vacated the role recently.
- 14 There has been an on-going programme of work by the Board to ensure it is operating effectively. Board members take part in a comprehensive programme of board development. The Board Development Programme contains several planned activities for identifying training needs and developing the skills and knowledge of board members. It includes: a workshop on the role of Non-Executive Directors; continuing work with Academi Wales⁴; and work with Aston Team Performance Inventory.⁵The Trust paused the Board Development Programme during summer 2018 to await the arrival of the new Trust Chief Executive in September 2018. The development needs of all board members are identified through annual performance and development reviews (PADRs) and regular board development sessions are used to discuss and explore issues in depth. During 2017-18, board development sessions covered issues such as the General Data Protection Regulation (GDPR).
- 15 While the conduct of the Board is generally effective, the management of the agenda, the volume of information for board and committee meetings and the frequency of meetings means members feel

⁴ The Trust has been working with Academi Wales on their three stage 'Maturity Model for Boards' programme. During 2017-18 the Trust worked on stage three of the model, with modules on high performing boards and a maturing board profile.

⁵ The Aston Team Performance Inventory is an online assessment tool which identifies strengths and development needs in teams; targets team development where the team requires most support to achieve high performance and benchmarks against other comparable teams.

pushed for time. Our review of board and committee papers found that papers are often between 400 and 600 pages in length and cover a broad range of items. Our board member survey found that:

- 4 of the 12 (33%) members responding felt that there is always or mostly sufficient time to consider all agenda items compared with 71% of board members across Wales;
- 3 of the 12 (25%) members responding felt that the agenda is always or mostly a manageable length compared with 74% of board members across Wales; and
- 6 of the 12 (50%) members responding felt that the agenda is always or mostly organised so that the most important items appear first compared with 58% of board members across Wales.

- 16 These survey findings suggest that the manageability of the Board agenda could improve. Comments provided by board members further emphasized this need. Comments included: the need for 'smaller agendas'; more frequent board meetings as '...four a year not enough'; and adequate time for key agenda items given 'sometimes there is time to give topics proper consideration but mostly it's against the clock, so I feel there is lack of understanding of the detail.'
- 17 The Trust's Standing Orders require Board and Committee papers to be circulated seven days in advance of meetings. Whilst the Trust is largely achieving this, there have been instances where these Standing Orders requirements have not been met, and in some cases we have noted papers being issued the day before, or the morning of the meeting. There are going to be occasions when business needs make it difficult to meet the seven day rule, however, these should be exceptional, and ideally agreed in advance with the respective Chair. The overall aim here is that Board and Committee members have sufficient time to read papers in advance of meetings to support effective discussion and scrutiny. In addition, the Trust has recently introduced new software for board and committee papers (known as iBabs). There have been some initial challenges as members adapt to and become familiar with this new software, although we understand that the system is now bedded in successfully.
- 18 In last year's Structured Assessment, we made a recommendation to improve the quality of board and committee papers. We raised the need for greater consistency in completing reporting checklists, consistently capturing the discussion points from committee minutes and presenting routinely the Emergency Ambulance Services Committee (EASC)⁶ minutes to the Board. According to the September audit recommendation tracker the Chair's Working Group approved the protocol for board and committee minutes in March 2018, but the Trust has paused a review of the reporting checklist until December 2018 due to a wider review of committee structures. While the tracker log notes that the Board routinely receives EASC minutes, our review shows the Board has not received any of the four sets of approved 2018 EASC minutes during its meetings since March 2018. Whilst there are other mechanisms by which the Board are made aware of the work of EASC, including the Commissioner's attendance at some board meetings and Trust officials attending EASC meetings, the Trust has acknowledged that making EASC minutes routinely available is a useful and necessary thing to do.
- 19 The Board currently has three main committees: the Audit Committee; the Finance and Resources Committee; and the Quality, Patient Experience and Safety Committee (also known as QuEST).⁷ Each

⁶ The Emergency Ambulance Services Committee is a Committee of the seven Welsh Health Boards that commission services from the Trust and the Chief Ambulance Services Commissioner

⁷ The Trust also has a Charitable Funds Committee and a Remuneration Committee, though these meet less frequently and have smaller memberships.

committee engaged in some form of evaluation during 2017-18, where members and frequent attenders were invited to give their opinion on the effectiveness of the committees they attended. Common issues raised across the three committees included the timing of meetings and a need to rationalise the papers received. In addition, our board member survey found that 7 of the 12 members (58%) were confident or really confident that the Board receives an appropriate balance between strategic and operational information compared with 63% of board members across Wales.

- 20 During 2017-18, the Trust continued to develop a governance mapping exercise, which looks at the hierarchy between various group and committee meetings, reporting arrangements and flows of information between the groups, committees and the Board. The mapping work is ongoing and should support improvements in arrangements for reporting and oversight. The Trust is using the governance map to review the Terms of Reference for each committee during 2018-19.
- 21 In addition, during summer 2018 a small number of the Trust's Non-Executive Directors (NEDs) formed a working group to review committee workloads. Based in part on committee benchmarking exercises undertaken by the Board during 2017-18, the working group concluded that the Finance and Resources Committee was overburdened. The working group developed a set of recommendations for the Board which included establishing a new Workforce (also known as People) Committee; and rationalising the information received by each committee.
- 22 The NED-led work has led to revisions in the duration and frequency of Board meetings. Historically, board and committee meetings take place quarterly, with the exception of two short additional board meetings each year to review and approve the Integrated Medium-Term Plan (IMTP) and the annual accounts. Given the volume of information received, several members reported that they find it difficult to get through the required business in a small number of meetings lasting between three and four hours. During autumn 2018, the Trust explored the options available to address this issue and as a result, board meetings, including the two additional meetings, will now be full-day rather than half-day. This change, coupled with a review of the papers received by committees and the establishment of a new committee should address the pressures members face and further improve the conduct of board business.
- 23 Between December 2017 and September 2018 Chair's actions were taken ten times by the Trust. The Trust's Standing Orders make provision for necessary decisions to be taken through this means. However, between these dates we note that Chair's actions were either noted or approved within board papers rather than considered and ratified by the Board as set out in the Trust's Standing Orders. The revisions to the Board meeting schedule should help reduce the need for Chair's actions going forward. Inevitably, Chair's actions are still going to be needed on occasions, and where they are taken, it is important that they are sufficiently described within Board papers, even if the item has already been discussed and agreed at one of the Board's committees. The Board has chosen to report Chair's actions during its open session. However, in some instances, board papers lacked detail on the decisions taken to support ratification where potentially important and high-value decisions are made. For example, an item of business approved in December 2017 was simply described in board papers as 'Barry Ambulance Station'.
- 24 The Trust approved a revised version of its Scheme of Reservation and Delegation in March 2018, however, it is not clear what powers are delegated by the Board to its committees. The document states that 'the scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) committee terms of reference, and ii) formal

arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation.' When asked during interviews, the Chairs of each committee were unsure about the powers delegated by the Board. As previously stated, the terms of reference for each committee will be reviewed during 2018-19, which provides an opportunity to clarify these arrangements.

Identifying risks to achieving strategic priorities

- 25 We looked at the Board's approach to assuring itself that risks to achieving priorities are well managed. We found that **the Board Assurance Framework continues to develop, and while risk procedures are cohesive practice is inconsistent.**
- 26 The Board formally approved its Board Assurance Framework (the Framework) in September 2017, although it was expected that the Framework would continue to evolve. During 2018, the Trust completed work to align the Framework to strategic objectives as set out in its IMTP 2018-21.
- 27 In our 2017 Structured Assessment, we reported that the Framework could be strengthened by including greater detail on the threats to achieving strategic objectives, improving information on the controls and assurances and assigning oversight of each identified risk and the associated controls to a designated committee. Our assessment of progress shows that the description of threats to achieving strategic aims and controls and assurances has improved and identifies local, corporate and external assurances. The Framework also assigns oversight of each strategic aim and its associated risks and controls to a designated committee for scrutiny. The Framework was not presented to one Board meeting and two Audit Committee meetings during 2018 due to discussions on the corporate risk register. From December 2018, the Trust has decided that the Board and each of its three main committees will receive the Framework at each meeting to strengthen oversight and scrutiny.
- 28 Board assurance arrangements should be a logical extension of an organisation's existing risk management arrangements.⁸ However, some board members told us that they feel the Board does not yet use the Framework effectively because of weaknesses in risk management practice.
- 29 During 2017 and 2018, the Trust has continued to work on its Risk Management procedures. It established a Risk Management Development Group and a Risk Register Advisory group to better collate, challenge and moderate risks.⁹ The Trust is currently developing guidance for its Risk Management Framework and Strategy to ensure that it scores risks consistently across the organisation. Work is also underway to develop an e-risk tool, which will enable departments to note and update its risks live. The e-risk tool will become live during 2019-20.
- 30 Despite ongoing work to improve risk management, risk practice remains inconsistent. In January 2018, the Trust adjusted its ambition for risk, aiming to become 'risk managed' in 2018-19 rather than in 2017-18 and to become 'risk enabled' in 2019-20, recognising that the Trust has not yet fully

⁸ [Academi Wales' Good Governance Guide for NHS Wales Boards, 2017](#)

⁹ The Risk Register Advisory Group advises Directorates across the Trust on the processes and risk assessments that inform the development of local and corporate risk registers and supports the building of confidence and competence of staff to achieve a consistent approach to risk management practice across the Trust. The Risk Management Development Group supports Directorate risk leads by creating a platform that provides support, direction and consistency with implementing the Risk Management Strategy.

embedded risk management.¹⁰ The Risk Management Framework and Strategy requires departments to identify and flag risks and to be involved in discussions to score, moderate and escalate relevant risks to the Corporate Risk Register. However, board and committee members raised concerns about the process for scoring risks on the corporate risk register and the Board Assurance Framework in September 2018. At its September 2018 meeting, the Audit Committee reviewed the Corporate Risk Register. Committee members noted that the risk relating to 'trade union relations' had been escalated, although no detail was given for escalating the risk. Furthermore, committee members and trade union representatives attending the meeting were unsighted of the reasons for escalation. This raises concerns about how risks are measured and monitored, whether the necessary people are involved and whether the Corporate Risk Register provides sufficient detail. Meanwhile, at the September 2018 board meeting a Non-Executive Director raised a query as to why the risk score on the Board Assurance Framework in relation to handover delays¹¹ (which are increasingly a problem for the Trust during times of seasonal pressures) had been downgraded. The explanation given for this was that the scoring of risks is retrospective, and that handover delays had decreased in quarter one of 2018-19. However, this contradicted information contained within the Integrated Quality and Performance Report (IQPR) which stated that handover delays had increased 32% in the first quarter of 2018-19 compared to 2017-18. It also causes concerns given that the Framework should be a living document. Scoring the risk based on past performance suggests that the Trust is not using its risk management practices to enable it to anticipate the biggest upcoming risks (ie winter pressures in quarter three) and to mitigate them as effectively as possible, as its focus is on the risks and activity of the past.

- 31 Several board members also told us that the current risk management process does not always identify the obvious risks to the organisation and its ability to achieve strategic aims. Board members recently took part in a 'sense-check' session where they identified gaps on the risk register by noting the risks they were aware of on a blank piece of paper. This suggests the Board is receiving insufficient assurance that the risk management system is effectively escalating risks when required, which undermines the confidence of board members in the risk register, and subsequently the Board Assurance Framework. While the Trust can demonstrate a continued commitment to improving its risk management, it should prioritise this work to ensure it considers, articulates and scores its risks effectively and has confidence that procedures are robustly embedded.

Embedding a sound system of assurance

- 32 We also examined whether the Trust has an effective system of internal control to support board assurance. We found that **further work is required to strengthen the Trust's system of assurance, particularly in relation to the use of clinical audit.**

¹⁰ The Trust's Risk Management Strategy defines 'risk managed' as 'Trust-wide approach to risk management developed and communicated'; it defines 'risk enabled' as 'Risk management and internal control fully embedded Trust wide'

¹¹ Handover delays refers to the delay in handing over patients from an ambulance crew to a Health Board department, typically an Accident and Emergency Department. The handover is considered as delayed if it is any longer than 15 minutes.

- 33 The Trust's performance management framework is robust and comprehensive. However, despite action to streamline the IQPR during 2017, the number of indicators regularly monitored and reported to the Board and committees remains challenging. The Trust report on a vast range of performance measures, including Welsh Government targets, Ambulance Quality Indicators (AQIs) and internal performance indicators and ambitions. Through the IQPR, the Trust routinely reports the following indicators to the Finance and Resources Committee, the QuEST Committee and the Board:
- three indicators reported to the Welsh Government each month;
 - 78 AQIs - 39 for Emergency Services and 39 for non-emergency patient transport services (NEPTS); and
 - 40 dashboard indicators against the Trust's six strategic aims.
- 34 Comments provided within the board member survey and during interviews described how some members feel unable to scrutinize performance effectively given the volume of information and the limited time available during committee and board meetings. At the September 2018 board meeting for example, the cover paper introducing the IQPR was 27 pages in length while IQPR was 45 pages in length. In addition, the number of AQIs are being reviewed and may increase in future as the Chief Ambulance Services Commissioner's Amber Review¹² recommended the development of clinical and outcome measures that span patients' entire episode of care and enable UK and international benchmarking.
- 35 In 2016, the Trust established a Quality Steering Group (QSG) which collates information from several sub-groups, such as for Serious Adverse Incidents and Research and Development. The QSG produces a Quarterly Assurance Report to highlight key quality issues of interest to the Trust. The Executive Management Team (EMT) and the QuEST Committee consider these reports. Collectively this constitutes a broadly sound set of quality governance arrangements, noting the concerns highlighted above about the difficulties posed by the volume of information and limited committee and board time.
- 36 A team of the Non-Executive Directors undertook a review of Serious Adverse Incidents (SAIs) received by the Trust during the winter of 2017-18. The team had an oversight of all the SAIs raised, and conducted a deep dive into a selected number of SAIs and their root causes. The team produced a number of recommendations and actions from the review, and the Trust has agreed to develop an ongoing process for NEDs to review SAIs and provide detailed scrutiny that adds to the ongoing work of the Investigating Team.
- 37 In March 2018, Internal Audit presented a limited assurance report on the Trust's Clinical Audit and Effectiveness Programme to Audit Committee. It highlighted weaknesses in several aspects of clinical audit, including the absence of a clinical audit strategy, lack of scrutiny of clinical audit findings and little prioritisation for actions arising from some clinical audits. According to the September audit recommendation tracker, the Trust has implemented five of the six recommendations from the Internal Audit review. In relation to governance and monitoring of clinical audit, the tracker states that the QuEST Committee is the primary committee in terms of accountability for clinical audit with clinical audit findings reported to QuEST in two ways:
- clinical indicators reported through the IQPR; and

¹² See Footnote 3

- reports of significant individual audit findings.

- 38 However, it is very difficult for committee members to distinguish the impact of clinical audit on clinical indicators in the IQPR. QuEST receive quarterly updates against clinical audit and effectiveness, though the Quarter One report for 2018-19 was not reported. QuEST also received an audit report on Patient Clinical Records in February 2018. However, there appears scope to further increase the reporting of the findings and recommendations of the clinical audit and effectiveness programme. The lack of regular reports on the findings and recommendations of clinical audit to QuEST raises questions about how the Trust compiles its programme of clinical audit and provides assurance that it uses clinical audit effectively to improve quality, service delivery and patient experience. Some Non-Executive Directors have recognised the need to determine whether the findings and recommendations of clinical audit should be considered in private or public, depending on whether the audit contains sensitive information.
- 39 Eleven out of 12 (92%) board members reported that they always or mostly received assurances on preparation for and compliance with legal requirements, which is broadly comparable with board members across Wales (95%). Section 25a of the Nurse Staffing Levels (Wales) Act¹³ places a duty on health boards and NHS Trusts to ensure there are sufficient nurses to care for patients sensitively in both provided and commissioned services. The Trust, which employs approximately 200 nursing staff, has developed a Nursing Career Framework, which was presented to Executive Management Team in March 2018 and is referenced within the Trust's IMTP 2018-19. The Act and the implications it has for the Trust were also discussed at QuEST in May 2018. However, our interviews with board members indicate that there may be scope to further increase their understanding of how the Act applies to the Trust.
- 40 The Trust introduced a comprehensive process for reviewing and updating its policies in July 2017 including identifying the Trust's policies and their review due dates, as well as identifying the policies that are high-priority. The Trust also agreed a fast track system for policies which are urgent. The Board Assurance Framework provides an update against progress and states that a quarterly report on policies is presented to the Trust's Executive Management Team. The September 2018 iteration of the Board Assurance Framework stated that the Trust had updated 43 of its 130 policies stating that the majority of policies remained out of date. The Trust plans for a further 54 to be reviewed and approved by December 2018. Of the 57 policies originally identified as high priority for review, 20 had been reviewed as of October 2018, and an additional five policies were waiting approval. In addition, in January 2018 the Finance and Resources Committee received a paper on the development of three revised workforce NHS Wales Policies that all Health Boards and Trusts in Wales received in March 2016. The paper acknowledged that, due to an oversight, the policies had not been adopted by the Trust prior to the January 2018 meeting.
- 41 Last year, we identified the need for key Information Governance policies to be updated as part of the preparations for implementing the General Data Protection Regulation in May 2018. The Information Governance Policy was approved in October 2018. Policies including the Information Security Policy, the Disposal Policy and the Patching Policy were out of date at the time of fieldwork, though we note plans to approve the Information Security and Access Control policy in December 2018. Weaknesses in policy, as well as the presence of some outdated software means the Trust is not currently Cyber

¹³ The Nurse Staffing Levels (Wales) Act (the Act) came into force in April 2017

Essentials compliant. The Stratia report published in February 2018 emphasised the need for the Trust to update key policies as a matter of urgency. The Trust monitors progress against actions in response to this report to the Executive Management Team. We are also aware that the Wales Information Governance Board approved and circulated several all-Wales policies related to information and security in September 2018 with NHS bodies expected to adopt these national policies. While the Trust works its way through revising and approving its remaining policies, it should ensure that it progresses this work with appropriate pace and maintains oversight of any new national policies with which it must comply.

- 42 The Information Governance Steering Group oversees the Trust's Information Governance and Security strategy, policies, systems, processes and provides assurance that the organisation is compliant with and managing any risk to that compliance. The Information Governance Steering Group's Terms of Reference states that four of the Group's six core members must be present for the Group to conduct its business which has not always been the case in 2018. While the Trust has recently separated the Information Governance and ICT Steering Group into two separate groups, its not currently clear how these two groups will work together to provide the Trust with collective oversight on its digital projects.
- 43 The Trust has made good progress in improving the format and sign-off arrangements for its audit committee tracker during 2018. In May, the Audit Committee Chair raised a query related to the Trust's audit recommendation tracker, identifying where management had not accurately recorded an action and a recommendation had been closed and removed as a result. In response, the Trust has spoken to managers to increase their awareness of the need to record actions accurately. By the September 2018 meeting of the Audit Committee, the Trust had also revised the audit tracking log. Multiple sign-off for actions against recommendations should ensure greater accuracy and support members in scrutinizing progress. The new format also makes it easier to analyse recommendations by year, priority and progress.
- 44 In our 2017 Structured Assessment work, we recommended that the Trust clearly detail how actions within management responses on the audit recommendation tracker address the recommendation they relate to (for example, where the action is to review an area or function, provide a description of the outcome of that review and how it addresses the initial recommendation). The Trust has responded to this recommendation and management responses are now clearer. However, the progress captured on the tracker log is not wholly consistent with our review of progress during this year's Structured Assessment. For example, in relation to the recommendation for improving board and committee papers, we note that papers are still sent out late, and the Board does not regularly receive EASC minutes. Full detail of our assessment of progress against last year's recommendations is included in [Appendix 2](#).
- 45 The NFI is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. It is a highly effective tool in detecting and preventing fraud and overpayments and helping organisations to strengthen their anti-fraud and corruption arrangements.
- 46 In January 2017, the Trust received 1,791 data-matches as part of the most recent biennial exercise. The data-matches highlight anomalies which when reviewed can help to identify fraud and error. Whilst we would not expect participants to review all data-matches, some of the matches are categorised as 'recommended matches'. These are matches considered to be of high risk and

therefore recommended to be prioritised for early review. The Trust received 105 recommended matches. We reported in the Trust's 2016-17 Annual Audit Report that the Trust had made as at 20 November 2017 has made very limited progress in reviewing the data-matches and had not made effective use of NFI as part of its arrangements to prevent and detect fraud. This has since been addressed following the appointment of the Trust's counter fraud officer. The Trust has made significant progress, completing the review of 243 matches, focusing on the recommended matches. We consider the work undertaken to be reasonable and proportionate. We note that the NFI web application shows that the review of 31 matches is still in progress. In view of the fact that the next release of NFI matches is due in January 2019, the Trust needs to ensure that the reviews currently in progress are completed soon and the findings reported within the NFI web application.

Ensuring organisational design supports effective governance

- 47 We looked at how the Trust organises itself to deliver strategic objectives collectively while ensuring clear lines of accountability for delivery. We found that **there will be a need to manage the impact of the significant turnover at executive officer level and to ensure that there is sufficient capacity in the Trust's corporate functions to support key business processes.**
- 48 During 2018, there have been significant changes within the Executive Management Team. A new Chief Executive Officer took up post in September 2018, the previous Director of Finance (and interim Chief Executive) together with the Director of Planning and Performance and Deputy Director of Non-Emergency Patient Transport left the organisation and the Director of Operations will be leaving the organisation before the end of the year. These changes have required interim working arrangements which are still in place for some posts. They have also required the rebalancing of Executive portfolios both temporarily and permanently to ensure sufficient oversight and management of the organisation's functions. The Trust's Remuneration Committee has overseen the interim arrangements, and the changes have not had a negative on the delivery of the Trust's business.
- 49 Last year we reported that the Trust had restructured its operations and clinical departments with the changes intended to support better regional working, greater clinical focus and clearer accountabilities. The Executive Management Team deferred a paper on the benefits realisation of changing the two structures from September to a later meeting during autumn 2018. Some board members told us it is too soon to demonstrate how well these changes are working and their impact.
- 50 Over the last two years, we have commented on how capacity within the Trust's corporate functions was stretched. This appears to be the case again in 2018. For example, staff that we met told us that the Information Governance team's activity is largely limited to dealing with high priority issues and essential legal requirements; the ICT department is largely limited to reacting to immediate needs and essential work;¹⁴ and due to the size of the planning team project management capacity is very limited which has an impact on project delivery (see [paragraph 73](#)). The pressure on corporate capacity may be worsened as one of the Trust's annual savings schemes relates to management of non-operational vacancies. This scheme achieved over £1 million in savings during 2017-18. It's target for 2018-19 is £300,000 and as of month six was over-achieving by nearly double its target for the year (£233,000). This is likely to further exacerbate capacity constraints within non-operational departments.

¹⁴ During 2017 this work included implementing the new CAD system for the Trust

Strategic planning

- 51 Our work examined how the Board sets strategic objectives for the organisation and how it plans for the short, medium and long-term. We assessed how well the Trust plans how it will achieve its objectives, using its financial planning, workforce planning and other underpinning plans. We also asked if plans are sufficiently joined up, both externally and internally and if they are well informed, drawing on demand and capacity data. Finally, we wanted to know if the Trust is delivering against its strategic plans, and how robustly it monitors progress.
- 52 We found that **the Trust has set a clear strategic vision, continues to develop a long-term strategy and has plans to ensure alignment of and improve underpinning plans.**

Setting the strategic direction

- 53 We looked at how the Board goes about setting its priorities in engagement with key stakeholders and setting them out in a clear IMTP or AOP. We found that **the Trust has set a clear strategic vision and continues to develop a long-term strategy.**
- 54 The Trust has six strategic aims which are set out in its IMTP 2018-21. The strategic aims are clearly defined and align to its vision, priorities, behaviours and purpose. The IMTP 2018-21 covers the final year of the Trust's first three year-rolling plan, published in 2016. The Board were very involved in setting the Trust's strategic direction during the development of the first IMTP (2016-19) and since then the direction has remained consistent with the IMTP refreshed annually rather than subject to a wholesale revision. All board members responding to our survey reported that they were always or mostly involved in setting the vision for the organisation compared with 96% of board members across Wales.
- 55 Last year, we reported that the Trust was developing a long-term strategy (the Strategy) for 2018-2030, aimed to support it to achieve its long-term vision of becoming a truly clinical service. However, the development of the Strategy was paused while the Trust awaited publication of the Welsh Government 'A Healthier Wales' Plan.¹⁵ The Welsh Government Plan was published in May 2018 and the Trust has now resumed its work with an intention to publish the Strategy in early 2019.
- 56 The Board is heavily involved in developing the Strategy 2019-30. The Trust has also engaged extensively with the public, staff and stakeholders to inform development of the Strategy. The Strategy will act as a major driver for the Trust's planning with future iterations of its IMTP setting out the actions necessary to achieve its long-term aims. The Trust is also working to ensure that other relevant plans that will sit beneath Strategy align to its overarching vision.
- 57 While the Trust has engaged with partners in developing its high-level vision, due to the nature of the Trust as a commissioned-service provider, the actions of its commissioners limit its ability to plan for the long-term.¹⁶ Future service changes introduced by the commissioners can have significant

¹⁵ [A Healthier Wales](#) is the Welsh Government Plan for Health and Social Care 2018, published in May 2018

¹⁶ The Trust is commissioned by the seven Health Board in Wales, as well as the Chief Ambulance Services Commissioner.

implications for the Trust and the service it provides.¹⁷ As such, the Strategy will need to be sufficiently flexible and the Trust will need to maintain regular and effective dialogue with its commissioners to ensure it can achieve the aims set out in the Strategy.

Planning effectively

- 58 We looked at the Trust's approach to developing the strategic plan and whether it is underpinned by appropriate strategies and plans that are based on cost, resource and savings analysis. We found that **the Trust developed an approved IMTP for 2018-21 and has plans to improve the clarity and rigour of underpinning plans.**
- 59 The Trust successfully developed an IMTP for 2018-21, within the required timeline. The IMTP 2018-21 is the third consecutive Plan approved by Welsh Government Ministers. The Trust's approach to developing its IMTP continues to be largely informed by underpinning plans at a directorate and regional level, known as Local Delivery Plans (LDPs). The Trust issues updated guidance to each directorate and region every year. The planning process begins in September each year, and by October the Trust has an 'inter-dependency day' exercise to align its LDPs and ensure they are supportive of each other with LDPs signed-off in December. The process to develop IMTPs runs concurrently to the LDP process. In 2018 the Board approved the draft IMTP in January, having reviewed and influenced the emerging draft through board development sessions and public board meetings in autumn 2017.
- 60 The Trust continues to draw upon the findings of the demand and capacity review undertaken in 2017.¹⁸ The review examined the use of the Trust's resources (workforce, estates and assets), population trends and service demands. The review identified several future challenges for the Trust in relation to operational capacity, demand projection, performance and the impact of system wide pressures. According to the IMTP 2018-21, during 2017-18 the Trust further refined the Operational Research in Health (ORH) projections and used them to inform its workforce planning. The Trust has plans to keep its data up-to-date by developing an in-house demand and capacity modelling capability through software called Optima Predict.
- 61 In developing its IMTP, the Trust must respond to commissioning intentions, which EASC provide to the Trust. To inform the intentions, the Trust and its commissioning Health Boards are each required to complete commissioning templates. Commissioning intentions should therefore enable the Trust to understand any service changes planned by commissioning Health Boards that can impact its service, such as moving services from one hospital to another. However, in 2017 and 2018 EASC provided commissioning intentions to the Trust in November, with timescales making it challenging to use them to shape the Trust's IMTP plan, given that much of the IMTP is in draft by this point and it must be submitted to the Welsh Government in January.
- 62 The IMTP 2018-21 includes strategic actions and performance ambitions. There are 44 strategic actions within the IMTP across a wide range of areas and each of these has a 'plan on a page' for its achievement. The IMTP also includes a set of 45 performance ambitions, detailed within an Annex of

¹⁷ For example, the current Transforming Clinical Services changes planned by Hywel Dda University Health Board

¹⁸ The Trust commissioned this review from Operational Research in Health (ORH) in 2016

the IMTP. Some of the performance ambitions are ambitious and will stretch the organisation, such as continuing to reduce demand from frequent callers by 75% year-on-year. However, we note that some performance ambitions targets are below the level of performance achieved during 2017-18, rather than aiming to maintain or to improve performance further. For example, the target for red performance in 2018-19 is 65-75% despite achieving 76% performance in 2017-18.

- 63 During 2018, the Auditor General published a report, titled 'Embedding the sustainable development principle into ways of working'¹⁹ on how the Trust has responded to the Wellbeing of Future Generations Act. We concluded that while the Trust is not a named body under the legislation, it recognises the benefits of engaging with the sustainable development agenda and is beginning to embed the sustainable development principle in the way it works and interacts with its partners. The IMTP 2018-21 commits the Trust to further embed the sustainable development principle as one of its 44 strategic actions.
- 64 The process for developing LDPs continues to mature and the Trust seeks to improve the guidance it issues each year, for example, recognising the need to provide a specific resource envelope. In terms of the IMTP, the Trust has reduced the number of actions year-on-year from 154 in its 2016-19 IMTP to 44 in its 2018-21 plan. In addition, the Board received a paper in July 2018 on the ways the Trust needed to adapt its approach to IMTP development due to anticipated new guidance from the Welsh Government for IMTP development in 2019-20. However, while the Trust provides a workshop to introduce revised LDP guidance each year it does not provide any training to help those responsible for their development. In addition, due to stretched capacity within the planning department there are only three planning business partners available to support those developing the LDPs that inform a large part of the Trust IMTP.
- 65 The Trust's approach to developing its IMTP since 2016 has largely involved refreshing the content of that first plan and using LDPs in a bottom-up approach. However, following the development of its long-term strategy for 2019 the Trust will largely use its future IMTPs as a mechanism to deliver the high-level long-term vision through medium-term actions and milestones. Therefore, the next IMTP 2019-22 will be a complete revision, rather than a refresh, of the Trust's plans.
- 66 Since 2016, the Trust's clinical strategy has been an integral part of the IMTP. However, the Trust states that during recent months the clinical agenda has changed considerably, and due to new structures within the Trust's Clinical directorate it has decided to develop a new Clinical Strategy to communicate the Trust's ambition. The Board is due to review the new Clinical Strategy by March 2019. However, the Trust is yet to determine whether the Clinical Strategy will from that point be a separate document to the IMTP.
- 67 The IMTP 2018-21 contains the Trust's Financial Plan. The Finance and Resources Committee and the Board considered and approved the Financial Plan before the Welsh Government approved it as part of the Trust's IMTP. However, the Financial Plan identifies the savings plan within it as one of the key risks to the delivery of the IMTP 2018-21, particularly due to the risk of unforeseen or unknown internal and/or national pressures. The Trust is actively managing this risk through the Executive Finance Group (EFG) which regularly tracks and monitors the delivery of the savings plan.
- 68 The Trust has a Quality Strategy with a stated life of 2016-2019. However, the Strategy appears out-of-date as it only includes actions for 2016-17 and does not reference key service changes since

¹⁹ Wales Audit Office report, '[Embedding the sustainable development principle into ways of working](#)' 2018

2016, including the 111 service. The Quality Strategy states a review date of March 2017, but the Trust paused this review while it waited for the Welsh Government to publish a national quality delivery plan. However, the Welsh Government is now developing a Quality and Governance Bill. As a result, the Trust plans to review its Quality Strategy during autumn 2018, and to present a new version to QuEST in May 2019.

- 69 Last year, we noted that the Trust's workforce planning was improving due to the business partner model within Human Resources covering workforce planning for departments, such as the Clinical Contact Centre and the 111 service. Workforce planning continues to evolve. This year the Trust intends to introduce a new workforce planning toolkit across its directorates to inform its plans from April 2019. The toolkit appears very rigorous and detailed. Each directorate must complete the toolkit which will inform central plans but will continue to be locally owned and updated. The Trust also plans to review its People Strategy later in 2018-19 with the aim of informing the IMTP 2019-22.
- 70 The Trust's Digital Strategic Outline Programme is currently in draft and not yet costed. However, the Trust is demonstrating a more strategic approach to individual bids, with more detailed costing information and benefits realisation required for bids. This should support the Trust going forward to become more proactive in managing the digital agenda, though capacity issues in the Trust's ICT team will continue to make this challenging.

Monitoring delivery of the strategic plan

- 71 Finally, we looked at whether progress with implementing strategic plans and supporting strategic change programmes is effectively monitored. We found that **the Trust has a thorough process for monitoring the delivery of its IMTP and continues to improve its project management approach, but the pace of change is affecting the current delivery of its strategic actions.**
- 72 The Trust monitors three aspects of the IMTP to ensure delivery: the strategic actions; the performance ambitions; and the financial plan. The IMTP Delivery Assurance Group (iDAG) and the Executive Finance Group are responsible for monitoring delivery of the IMTP. During 2017-18, the Trust altered the role of the iDAG, making the group responsible for monitoring each strategic action, regardless of whether it relates to a project or a programme, and for tracking performance ambitions. In addition, the meetings of the iDAG now occur directly before or after the Trust's EFG meetings to enable a more seamless understanding of both service and financial delivery.
- 73 Progress against the Trust's performance ambitions is set out in the monthly IQPR, presented to monthly Directorate Quarterly Performance Reviews and to the QuEST and the Finance and Resources Committee. The Finance and Resources Committee also plays a key role in regularly monitoring the success of the financial plan as it receives regular financial performance and savings delivery reports. The Board also receives reports on progress against the IMTP in its each quarter, and an annual summary is in the next subsequent IMTP. While the process for monitoring and reporting IMTP progress is robust, delivery during 2017-18 was inconsistent. Of the 43 actions detailed within the IMTP 2017-20 for delivery in 2017-18, the Trust completed just over half (28) of the actions, closed two and rolled the remaining 13 actions into subsequent years. Delivery against performance ambitions in 2017-18 was also variable. Board members again stated concerns about the volume of information and stated that exception reporting would allow them to better focus on actions that need greater support and intervention.

- 74 The IMTP 2018-21 requires several important programmes and projects of work for successful delivery of its aims. During its January 2018 meeting, the Board noted that the capacity of the organisation to deliver the change detailed within the IMTP is a potential risk. The Trust has recognised that, in the past, it has been poor at dedicating the required resources to manage projects effectively. The Trust has consciously decided not to establish a separate Programme Management Office due to capacity limitations within the organisation, and a wish to see Trust staff with current project management experience managing and rolling out projects across the organisation. The Trust are currently developing a project management framework to encourage better visibility of projects and greater consistency of project management approaches. At this time, the Trust intends to develop staff training on the principles of project management aligned to the project management framework. While it is positive to note the Trust's intentions, it needs to ensure it uses the project management skills available to deliver the IMTP projects.

Wider arrangements that support the efficient, effective and economical use of resources

- 75 Efficient, effective and economical use of resources largely depends on the arrangements the organisation has for managing its workforce, its finances and other physical assets. In this section we comment on those arrangements, and on the action that the Trust is taking to maximise efficiency and productivity. We examine if the Trust is procuring goods and services well.
- 76 We found that **there is a strong commitment to be more efficient but there is a need to strengthen its strategic approach to use of assets and to address long-standing issues with sickness absence.**

Managing the workforce

- 77 The workforce is the Trust's biggest asset, not least because pay represents such a significant proportion of expenditure. It is important that the workforce is well managed and productive because staff are critical for day-to-day service delivery and for delivering efficiency savings and quality improvements. We found that **the Trust has made substantial progress in terms of recruitment to its paramedic workforce and is becoming more strategic in terms of learning and development, and workforce planning, however, it has not made planned progress in terms of annual appraisals and reducing levels of sickness absence.**
- 78 The following table shows how the Trust is performing in relation to some key measures compared with the Wales average. **Exhibit 1** shows that the Trust's performance compares more favourably against the Wales average across three measures and less favourably with the Wales average across two measures.

Exhibit 1: performance against key workforce measures²⁰

Workforce measures	Trust	Wales average
Sickness absence	7%	5.2%
Turnover	8.5%	6.9%
Vacancy	1.3%	2.1%
Appraisals	68.1%	66%
Statutory and mandatory training	90.6%	69%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales, July 2018

- 79 The Trust has made positive steps in the use of its workforce, particularly around workforce re-design and planning. During our 2017 Structured Assessment, we commented that the Trust had been preparing to upskill its paramedic workforce and offer a move to band six of the Agenda for Change pay framework. The Trust gave its paramedics the choice to either work towards and demonstrate higher levels of competence for band six, or to opt out of the scheme and become an Emergency Medical Technician (EMT) remaining at band five. Approximately 6% of the paramedic workforce chose to opt out and become an EMT with the clear majority moving over to band six. While this demand was fully costed within the business case, it has placed pressure on the Trust to support such a transition within two years.
- 80 The business case for band six set out the benefits expected by 2021, including:
- development of paramedics in the community as decision makers and case managers thus helping to reduce the burden on secondary care resources;
 - greater integration of paramedics into community teams and primary care teams; and
 - the development of frameworks to support new entrants to the profession and for WAST to become the employer of choice for paramedics.
- 81 During 2018, the Chief Ambulance Services Commissioner and the Trust have begun to enhance existing clinical indicators, develop new ones and track the impact of the change, which EASC will include within the next set of commissioning intentions for the Trust. An independent formal evaluation is expected in 2018-19.
- 82 During 2018, the Trust has been working to improve its workforce planning and it recruited a workforce planning lead to progress this work. This year the Trust is introducing a workforce planning toolkit based on the 6-stage workforce planning guidance developed by the Workforce Education and Development Service. The toolkit requires directorates to detail their baseline workforce, their vision for their future workforce and to think about what success in implementing their workforce plan would look like. It then develops into a workforce action plan, including the need to identify specific

²⁰ Sickness: rolling 12-month average at February 2018; Turnover: 12-month period February 2017 to January 2018; Vacancy: advertised during July 2018; Appraisal: preceding 12 months; Statutory and mandatory training: at February 2018

recruitment and training actions and outlines the monitoring process for the action plan. Each directorate must complete the toolkit by March 2019.

- 83 During 2018, the Trust updated its recruitment policy and indicates that it has reduced the average time to recruit from 169 days in January 2015 to 68 days in January 2018. The Trust has also committed to link in with the work to develop an 'NHS Wales Recruitment Brand' led by the NHS Wales Directors of Workforce and Organisational Development during 2018-19.
- 84 During 2018, the Trust continued to engage prospective staff by holding Big Bang recruitment events. A Big Bang event held in Swansea during summer 2018 led to the offer of Newly Qualified Paramedic posts at locations across the Trust to 84 candidates. As of August 2018, the Trust had 15 FTE paramedic vacancies, with a total of 53 FTE vacancies across its Emergency Medical Service (EMS) service. Successful paramedic recruitment has enabled the Trust to over-recruit and negate the impact of recruitment and turnover curves in advance of the 2018 seasonal pressures. The Trust is also investing in future paramedics by commissioning between 50 and 55 three-year paramedic courses. In addition to its recruitment success, the Trust is beginning to use data from the demand and capacity review to improve rosters and address the relief gap in its EMS. These steps should further support the Trust in matching its resource to demand.
- 85 However, the Trust has issues in terms of recruitment in other areas of its business. The number of volunteer car drivers has fallen in recent years. This reduction places pressure on the Trust's Non-Emergency Patient Transport Service and leads to an increase in taxi use, which has a cost implication. The Trust has stated that during 2018-19 it intends to conduct a full review of the recruitment and use of volunteers across the service and to develop a volunteer strategy to look at solving the difficulties experienced in attracting new volunteers.
- 86 During 2017-18, the Trust has sought to use the findings of the staff survey 2016 to address issues that affect the satisfaction and wellbeing of its staff. The Trust addressed several actions through individual LDPs and through central activity. It is also of developing a 'you said, we did' document to demonstrate the actions it has taken, which include:
- educating team leaders through the team leader programme;
 - improving the PADR process; and
 - establishing the staff awards.
- At the time of our audit work, the 2018 NHS staff survey has recently closed with 42% of staff responding. The Trust have not yet received the detailed findings.
- 87 In January 2018, the Trust received the Gold Corporate Health Standard for its commitment to improving the health and wellbeing of its staff. It established a Wellbeing Support Service, offering confidential information and advice on matters causing staff concern or leading to absences, providing access to free counselling, eye tests and flu jabs. In April 2018, the Trust also launched a Trauma Risk Management (TRiM) Programme to strengthen the support it provides to paramedic staff that have experienced a traumatic work event.
- 88 Last year, we recommended that the Trust address the high level of sickness absence. The Trust's rolling 12-month sickness absence rate at July 2018 was 7.3% against a target of 5.09%. and rates across December 2017 and January 2018 were among the highest it has experienced since 2013. The Trust continues to have the worst sickness absence rate across Welsh NHS bodies. According to the NHS staff survey 2016, 43% of the Trust's staff reported that they had been injured or felt unwell

because of work-related stress compared with the NHS Wales average (28%). This suggests that achievement of the Gold Corporate Health Standard and of implementing TRiM is not yet having an impact on staff sickness rates.

- 89 The top reasons for absence in 2017-18 remained consistent with those of 2016-17 and include anxiety/stress/depression and other psychiatric illnesses, and musculoskeletal problems. Long-term sickness absence also remains a bigger issue for the Trust than short-term sickness. The Trust has introduced a nine-point plan to address sickness absence in 2018-19. It has also established two new task and finish groups, specifically formed to refresh both the industrial injury process and long-term sickness absence termination of employment process. Planned actions include:
- proactive management of individual long-term sickness cases;
 - working with Swansea University to pilot initiatives for addressing sickness absence;
 - review and refresh of the sickness absence audit toolkit; and
 - developing a redeployment policy.
- 90 Sickness absence receives a lot of attention at board and committee meetings. However, some Non-Executive Directors told us that they do not feel assured that the Trust is managing sickness absence effectively given the high rate, with these concerns raised at recent board meetings. Our board member survey found that only three of the 11 (27%) members responding agreed or strongly agreed that they receive information that provides a good understanding about performance in relation to workforce productivity. This compares with 40% of board members across Wales.
- 91 There is an ambitious plan for transforming training and education for staff. The (Draft) Education and Training Strategy 2019-24 states that the current workforce model was established in 1998 prior to the development of paramedics as an increasingly clinical workforce. It suggests that the current model is outdated and reactive. The Trust plans to establish Ambulance Service Academies and Local Learning Communities across Wales to enable staff to learn and complete induction/Continuing Professional Development activities within their local areas. However, progress against the education and training strategy is dependent on the Trust's estates improvement programme.
- 92 To support the paramedic workforce transitioning to band six, the Trust has established a comprehensive training programme to develop new clinical competencies. March 2019 will be the end of the first full year of band six training. The workforce team plans to evaluate the training programme before the end of March 2019 as it has become aware that some paramedics are struggling.
- 93 In response to feedback from all grades of staff, the Trust conducted a review of statutory and mandatory training in 2017, which led to a targeted communication campaign to increase uptake. It also made training available in the evening for the first time. As a result, compliance with training increased from 65% in April 2017 to 91% in July 2018, exceeding the national target (85%). However, there is more work to do to achieve the Trust's own target of 100%.
- 94 Last year we reported that the rate of completed performance and development reviews (PADRs) was improving and stood at 70% in September 2017. In July 2018, 77% of eligible Trust staff had taken part in a PADR review but performance remains below the national target of 85%. The Trust is reviewing PADR guidance to improve the quality. Staff make a lot of requests for training and Continuous Professional Development opportunities through the PADR process. However, the link between the PADRs and the Trust's training and education plan is not robust, which means it can take a long time to recognise and address staff training needs.

Managing the finances

- 95 We considered financial and budget management, financial controls, and operational support and processes. We found that **the Trust continues to maintain a financial balance and achieve financial savings, but procurement needs to be better owned.**
- 96 The Trust continues to maintain a financial balance and achieve planned savings. The Trust met its financial duties for 2017-18 and for the 3-year period 2015-18. At month six of 2018-19, the Trust's year to date financial position was a small overspend of £31,000 against its budget strategy. The Trust plans to meet its financial balance by year-end with corrective actions, plans to recover and deliver additional savings progressed and monitored through the Executive Finance Group and Executive Management Team.
- 97 During 2017-18 the Trust delivered a savings programme totalling £4.9 million which it achieved at a generally even rate throughout the year. Last year, we reported how the Trust met planned savings in 2016-17 due to several schemes over-achieving (along with the selling of some assets) which offset underachievement of other savings schemes. In 2017-18, four schemes underachieved against their planned savings target, which were compensated by two savings schemes that overachieved by £1 million. These schemes were:
- the management of non-operational vacancies achieved savings totalling £1 million, £600,000 more than planned; and
 - local schemes, some of which attracted additional income rather than reducing costs, achieved savings totalling £800,000, £423,000 more than planned.
- 98 The Trust's financial plan for 2018-19 includes a £4.2 million savings plan along with cost containment measures for it to achieve financial balance. Individual savings are set within several savings themes, which include workforce efficiency, containing cost pressures, income generation and continued management of non-operational efficiencies. The IMTP 2018-21 acknowledges the risk of failing to achieve planned financial savings and the Trust is confident that it is effectively mitigating the risk. As of month six of 2018--19, the Trust had over-achieved against its savings target to date by £11,000. However, this success was again achieved by some schemes over achieving and offsetting the underachievement of others, including the over-achievement of non-operational vacancies by £191,000.
- 99 Since 2015-16, the Trust can demonstrate it is reducing reliance on non-recurring savings. However, its reliance on the management of non-operational vacancies year on year is a cause for concern, particularly given the capacity issues discussed in [paragraph 50](#). The Trust also offsets a significant amount of savings through cost avoidance, in addition to savings. For example, by avoiding increasing costs such as inflation, expenses, procurement, swipe cards for fuel and work of the fleet more generally.
- 100 Based on its current financial performance, the Trust is likely to continue to meet its financial duty between 2018-21. However, this depends on whether the Trust can continue to secure recurring savings and manage the impact of increasing demand on its services. During interviews, Trust staff flagged holiday pay for overtime (with an element of backdating) as an upcoming significant risk for the Trust. The Trust undertook a detailed risk assessment of this and it has been included on the Corporate Risk Register for Quarter Two of 2018-19 and reported to the Welsh Government.

- 101 The Trust has well-established monthly financial monitoring arrangements. The financial position, financial risks and delivery of savings are regularly scrutinised by the Executive Finance Group (EFG) and Executive Management Team (EMT), as well as by the Welsh Government. The Finance and Resources Committee and the Board also scrutinize financial and savings delivery reports on a quarterly basis.
- 102 Last year, we made recommendations relating to finance reports and the scrutiny of financial savings. The Trust has made several improvements in response to our recommendations. The finance report presented to Finance and Resources Committee in October 2018 showed greater detail of underperforming savings schemes. Review of EFG minutes shows more consistent attendance by members of the Executive Management Team, with less than three apologies noted for two-thirds of the meetings held during 2017-18. In addition, minutes show clear focus by the EFG on the reasons behind the under-delivery of specific saving schemes. The Trust's savings highlight report now includes a specific element in relation to risks to savings schemes and their mitigating actions. A RAG rating is also provided in each of the individual theme highlight reports. However, the Trust recognises that it could be more explicit in highlighting quality and service risks, as currently there is limited reference to risks beyond risks to the achievement of the savings target. The Trust has plans to reference each type of risk and benefit during future reports.
- 103 NHS Wales Shared Services Partnership (NWSSP) undertakes much procurement activity on behalf of the Trust. The Trust does not have a procurement strategy or plan setting out how it sees the role of procurement within the organisation. There is a Service Level Agreement between the Trust and NWSSP, but it is incomplete. For example, the name of the Trust was blank, and Trust officers told us it has not been reviewed recently. This suggests the Trust has not documented its expectations for procurement, except for procurement savings targets.
- 104 Procurement produces significant savings for the Trust and NWSSP provide a quarterly performance report to the Trust. However, we noted errors in the document which suggest there is lack of scrutiny of procurement activities undertaken by NWSSP. For example, the document references another Health Board, as opposed to the Trust. It is therefore not clear whether the information contained is accurate and if the Trust uses the information to maximise value for money.
- 105 While the Trust works with NWSSP on procurement activities, there are no procurement risks featured on the finance risk register or the Trust's corporate risk. The Trust does not have dedicated resources for procurement activities, with the exception that this forms part of the remit of one of its senior finance managers. In addition, while the Director of Finance has quarterly meetings with colleagues from NWSSP to discuss procurement, the geographical distance between the NWSSP procurement team responsible for the Trust and the Director of Finance can make dialogue challenging.²¹
- 106 In terms of procurement activities that the Trust undertakes itself, the Trust demonstrates better ownership. The Trust has acknowledged that its SFIs could be clearer on procurement limits and has committed to provide training on this for budget holders and the Board during 2018-19. The Trust has a vehicle procurement programme board to manage and oversee its procurement of vehicles such as ambulances. The Terms of Reference for this board clearly identifies the roles and expectations of this group, whose members consist of Executive Directors, staff representatives, NWSSP and others.

²¹ The NWSSP procurement team responsible for the Trust are based in north Wales, while the Director of Finance is based in the Trust offices in Cwmbran.

- 107 In July 2017 the Auditor General for Wales published a report on Governance and Recruitment at Cardiff and Vale University Health Board²² which had wider learning for NHS Wales bodies. The Audit Committee received this report in March 2018 and the Trust developed an action plan to ensure it implemented learning from the report. The Trust has also undertaken activity in relation to its procurement approaches, including implementing the national No Purchase Order (PO), No Pay policy and providing guidance and information on No PO No Pay and counter fraud procurement guidance to staff.
- 108 Business cases received by the Finance and Resources Committee and the Board consider procurement issues. In January 2018 for example, the Finance and Resources Committee received a paper on re-procurement options for the existing NEPTS Computer Aided Dispatch system. Our board member survey reflected that Non-Executive Directors do not have any specific concerns relating to procurement, with all board members stating they were confident or really confident that procurement arrangements achieve value for money. This compares with 59% across Wales. Board members acknowledged during our interviews that this confidence is based on the information received from NWSSP, along with oversight of business cases which discuss procurement issues. Despite the confidence shown by board members, our Structured Assessment work has found some areas where the Trust needs to improve its oversight and ownership of procurement performance to ensure it achieves value for money.
- 109 In accordance with the Trust's Standing Financial Instructions (SFIs), the Audit Committee also regularly receives reports on losses and special payments and tender update reports and single tender waive requests. Between February and July 2018, the Trust issued eight tenders and requested to waive six SFIs. While members have not voiced any concerns, our observations at the Audit Committee indicate that the Trust could improve the level of detail provided for such requests within Audit Committee papers.

Improving performance, efficiency and productivity

- 110 We looked at what the organisation is doing to improve performance, efficiency and productivity. We found that **the Trust is committed to managing demand in line with the ambulance care pathway and there are encouraging signs of improvement.**
- 111 The Trust's IMTP states that prudent and values-based healthcare is a central and consistent theme throughout its planning. The Trust established an Improvement and Innovation Network (WIIN) in 2017 to embed prudent and values-based healthcare principles and to improve consistency and quality in planning and service delivery. Examples of services that have prudent and values-based healthcare embedded include:
- in 2017, the Clinical Response Model became permanent and subsequently received the 'Outstanding Contribution to Prudent Healthcare' award at the NHS Wales Awards 2017 in recognition that it enables the Trust to reach the patients with the greatest clinical need first; and

²² [Audit of Cardiff and Vale University Health Board's Contractual Relationships with RKC Associates Ltd and its Owner published July 2017](#)

- reducing demand from frequent callers²³ whereby the Trust works with partners to identify and address the needs of the 5% of calls it receives each month from the same individuals. The Trust reports that this work saved more than 1,200 unnecessary ambulance callouts during 2017.
- 112 The Trust is engaging in benchmarking to improve the efficiency and quality of its service. To improve its 'Hear and Treat'²⁴ performance, the Trust undertook benchmarking with the NHS England Ambulance Response Programme (ARP) to establish the good practice rate of Hear and Treat performance at around 12%, with the Trust's performance between 6-9% between August 2017 and August 2018. There is ongoing work to develop the Chief Ambulance Service Commissioner's benchmarking toolkit, in conjunction with the NHS Benchmarking Network as part of the enhancement of the data linking work established and created by the Amber Review.
- 113 During 2017-18, the Trust developed and piloted several service initiatives aimed at improving patient flow by treating patients earlier in the five-step ambulance care pathway.²⁵ The pilot projects included Advanced Paramedic Practitioners in the Betsi Cadwaladr University Health Board footprint; Community Paramedics in the Aneurin Bevan University Health Board footprint; and the Falls Improvement Framework. Each pilot project aimed to treat patients closer to home, to reduce conveyance by ambulance crews to emergency departments and to improve patient experience. The Trust's EFG ensures prudent and values-based healthcare principles are considered when setting expected outcomes for pilot schemes to enable subsequent evaluation.
- 114 The Trust recognises that it has more to do in terms of Step One (Help Me Choose) of the five-step ambulance care pathway and that it must work with partners if it is to inform the public and influence public behaviour to achieve this. Data suggests that work to improve service efficiency in line with the ambulance care pathway is having an impact. Between August 2017 and August 2018, the Trust conveyed 10% fewer patients to major emergency departments even though the number of calls increased by 6%. The Trust states this is due to the impact of the Clinical Desk (Hear and Treat) However, handover delays increased by 32% for quarter one of 2018-19 compared with the same period in 2017-18. This suggests that winter pressures during 2018-19 are likely to be very challenging for the Trust and the wider unscheduled care system.
- 115 The Trust reports on pilot project results and evaluations to its commissioners through EASC. While minutes show Commissioners recognise the benefits and impact, the financial climate means they often feel unable to provide additional funding to roll them out further. The Trust would like the Health Boards to explore opportunities for using the Transformation Fund introduced by the Welsh Government in 2018 to increase the capacity and roll-out of these pilots. In addition, the Amber

²³ Frequent callers are people who dial an emergency service more than five times in a month or 12 times in three months.

²⁴ Hear and Treat refers to patients being treated over the phone by trained clinicians that are situated in the Trust's Clinical Contact Centres, where appropriate. This then reduces the need to dispatch an ambulance and for the patient to be conveyed to hospital.

²⁵ The five-step Ambulance Patient Care Pathway is a citizen-centred pathway which describes the five-step process that supports the delivery of emergency ambulance services within Wales, ranging from step one: help me to choose, to step five: take me to hospital.

Review recommends the Trust reviews whether it is targeting the additional resources it has received on front line services and that it has sufficient resources to meet future demand.

- 116 During 2017-18, the Trust's performance for red calls (for life threatening emergencies) was consistent at an all-Wales level, conveyance rates decreased slightly while Hear and Treat rates increased. However, amber 95th waits²⁶ were worryingly long, having increased from 1 hour 30 minutes in August 2017 to 2 hours 39 minutes in August 2018. Unscheduled care pressures across the NHS system and handover delays during winter 2017-18 created significant pressures on the resources available to respond to calls. Consequently, during winter 2017-18 the Trust reached REAP status four for the first time in its history due to difficulties in responding to calls.
- 117 During summer 2018 the Chief Ambulance Services Commissioner undertook a review to understand the outcomes and experience of patients whose calls are categorised as amber, particularly those that wait a long time for a response. In contrast to red calls, there is no time-based target for calls categorised as amber. The review looked at what influences the Trust's resource availability, including staff operational capacity, staff sickness and handover delays. The review made several recommendations, including:
- providing information to the public on the role of the ambulance service and the prioritisation and categorisation of calls;
 - the Trust needing to ensure that planned resources are sufficient to meet expected demand; and
 - reducing the longest waits for patients in the community.

The review did not recommend introducing time-based targets for amber calls, though it recommends publication of quality and response time that reflect the patient's whole episode of care.

Managing the estate and other physical assets

- 118 Finally, we considered how the estate and physical assets are managed. We found that **there is scope to strengthen the Trust's strategic approach to asset management.**
- 119 The Trust does not currently have an asset management strategy or plan, though it does have plans for specific types of assets. For example, the Welsh Government approved the Trust's Estates Strategic Outline Plan in early 2018. The Trust also has a Fleet Strategic Outline Plan. These plans detail the strategic approach the Trust intends to take to modernise and further develop its service. In addition, business cases reported to the Board clearly detail how the Trust intends to support its sustainability and efficiency aims by including whole life costs of assets and the environmental benefits of options. The Trust also reports information including annual expenditure, asset numbers and condition as part of its EFPMS data submission.
- 120 The Trust's asset management approach is currently managed through specific groups and boards, such as the Internal Capital Planning Group, the ICT Steering Group, the Estates Programme Board and the Vehicle Procurement Programme Board. There appear to be local risk management arrangements for these groups, with risks reported to the Trust's Executive Management Team.

²⁶ See footnote 2

However, there currently appears to be limited alignment between the various strands of asset management in place at the Trust.

- 121 The lack of clarity around the Trust's approach to asset management may be contributing to the lack of confidence that assets are managed efficiently. Under half (5 out of 12 or 41%) of board members responding to our survey were either confident or really confident that the way in which assets are managed achieved value for money compared with 55% across Wales.
- 122 The Trust's Executive Management Team has recently agreed to further align its asset management by using capital planning structures, and has created an Internal Capital Management Board. The Trust feels this should support alignment between the various strands of its asset management.
- 123 The Trust is currently focused on developing a new asset register called Real Asset Management (RAM). The Trust's current asset register does not provide the data the Trust needs to ensure assets are fit for purpose and that areas such as backlog maintenance are identified. The Trust has decided to take a measured and phased approach to the implementation of RAM by testing the system with existing data from its current register and comparing the outputs from both registers to identify errors or weaknesses. If the testing is successful, the Trust will use the RAM register exclusively from April 2019 onwards.
- 124 The Trust has no current plans to develop an asset management strategy. Developing an overarching asset management strategy may have several benefits for the Trust. Such benefits may include:
- ensuring alignment of underpinning plans for specific types of assets;
 - supporting the Trust to prioritise its use of discretionary capital; and
 - provide assurance to board members of its strategic approach and approach to securing value for money.
- 125 The Trust should explore the potential benefits that developing an overarching asset management strategy could hold for the organisation.

Recommendations

126 Our assessment of the Trust's progress in addressing last year's recommendations is set out in [Appendix 1](#). The Trust needs to maintain focus on ensuring that our previous recommendations are fully implemented during the next 12 months. We also make seven new recommendations from our 2018 work which are set out in [Exhibit 2](#).

Exhibit 2: 2018 recommendations

2018 recommendations	
Review, clarify and reduce need for Chair's actions	
R1	The Trust should review the process for Chair's actions and seek opportunities to reduce these where possible. Where Chair's actions are necessary, the Trust should ensure there is sufficient description of Chair's actions within Board papers.
Strengthen governance arrangements for Information Governance and ICT	
R2	Take steps to strengthen the governance arrangements for Information Governance and ICT by: <ul style="list-style-type: none"> a) increasing regular attendance by core members of the Information Governance Steering Group; and b) clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust's digital business.
Improve risk practice and assurance	
R3	To improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register and Board Assurance Framework (BAF), the Trust should: <ul style="list-style-type: none"> a) provide sufficient detail on the CRR and BAF to describe why risks have been escalated/de-escalated; and b) ensure risks on the BAF are live and anticipate future risks as well as reflecting on the success of mitigating actions.
Ensure effective oversight and compliance with new legislation	
R4	The Trust should consider ways in which it can provide assurance that it is aware of and complying with new legislation and communicate this to the Board either through the Board Assurance Framework or as an item to be considered within the work programme of the Board and/or its committees.
Explore the impact of ongoing vacancy management on the Trust's corporate capacity	
R5	We commented on pressures on the Trust's corporate capacity during our 2016 and 2017 Structured Assessment. It is likely that this pressure will worsen because of its annual savings scheme related to non-operational vacancies. The Trust should evaluate the impact of this saving scheme on its corporate capacity.

2018 recommendations

Ensure greater ownership over all procurement activities

- R6 While the Trust has some local procurement processes and oversight of some procurement activity eg vehicle procurement, the Trust should improve its oversight and ownership of the procurement activity undertaken on its behalf by NWSSP, including:
- a) reviewing the Service Level Agreement between the Trust and NWSSP in relation to procurement to ensure it clearly sets out the Trust's expectations; and
 - b) provide greater scrutiny of quarterly performance reports.

Develop an asset management strategy

- R7 The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully brings together the individual strands of its current asset management arrangements to ensure value for money and provide clarity to board members.

Appendix 1

Progress implementing previous recommendations

Exhibit 3: actions in response to 2017 and outstanding previous recommendations

Recommendation	Action taken in response	Completed
<p>R1 While there is good scrutiny of overall savings plan delivery, the Trust should strengthen its current arrangements to include:</p> <ul style="list-style-type: none"> a) greater focus by the Executive Finance Group (EFG) on the reasons behind the under-delivery of specific saving schemes; b) improving attendance at the EFG by Executive Directors; and c) strengthening scrutiny of savings schemes that are underperforming by Finance and Resources Committee. 	<p>Minutes of the EFG show a clear focus by the Group on the reasons behind the under-delivery of specific saving schemes.</p> <p>Review of EFG minutes shows more consistent attendance by members of the Executive Management Team, with less than three apologies noted for two thirds of the meetings held during 2017-18.</p> <p>The finance report presented to Finance and Resources Committee in October 2018 showed greater detail on underperforming savings schemes.</p>	<p>Yes</p>
<p>R2 Risks to service performance and quality are considered in planning savings but reporting risks in-year is limited. The Trust should take steps to ensure its Savings Delivery Reports highlight any risks that savings schemes may present for service performance or quality.</p>	<p>The Trust's savings highlight report now includes a specific element in relation to risks to savings schemes and their mitigating actions. A RAG rating is also provided in each of the individual theme highlight reports. However, the Trust recognises that it could be more explicit in highlighting quality and service risks, as currently there is limited reference to risks beyond those of achieving the savings target. The Trust has plans to reference each type of risk and benefit during future reports.</p>	<p>Partly</p>

Recommendation	Action taken in response	Completed
<p>R3 The Trust needs to address the further improvements to asset management controls identified in the Auditor General's accounts report and Final Accounts Audit Memorandum for 2016-17.</p>	<p>During 2018, the Trust focused attention and capacity towards developing a new asset register, called Real Asset Management (RAM). The Trust has decided to take a measured and phased approach to the implementation of RAM by testing the system with existing data from its current asset register and comparing the outputs from both registers to identify any errors or weaknesses. While initial plans were for the system to be fully commissioned by 31 July 2018, this was delayed pending further testing of the system.</p>	<p>Partly</p>
<p>R4 We found that some key items were not easily accessible on the Trust's website in accordance with the requirements of the Welsh Health Circular (2016) 033 in 2016 and have found a similar position in 2017. The Trust should take steps to ensure it complies with the requirements of WHC 033.</p>	<p>A review of the website at October 2018 shows a similar position to our review in 2017. However, the Trust is committed to implementing this action by March 2019.</p> <p>According to the audit recommendation tracker, a full review of the Trust's website was undertaken to identify navigation issues. The Trust is also working closely with NHS colleagues both internally and externally given the current consultation on a new content management system for NHS Wales to ensure any refreshed site is fully compliant with the requirements of the WHC.</p>	<p>No</p>

Recommendation	Action taken in response	Completed
<p>R5 Assessment against our review of Board Assurance Frameworks in place across NHS bodies in Wales, shows that the Trust's BAF covers a range of information, but identified it could be strengthened in several areas. The Trust should:</p> <ul style="list-style-type: none"> • provide greater detail in describing the threats to achieving strategic objectives and their outcomes; • identify and clearly state the specific controls and assurances for the Framework, for example, detailing which clinical audit will provide assurance as opposed to assigning assurance to 'clinical audit' in a general sense; and • assign oversight of each identified risk to corporate objectives and the associated controls to a designated committee for scrutiny. 	<p>In May 2018, the Trust's audit recommendation tracker stated that actions against this recommendation were complete and it was therefore removed from subsequent iterations of the tracker. Our assessment of progress shows that:</p> <ul style="list-style-type: none"> • the description of threats to achieving strategic objectives has improved; • the description of controls and assurances for the Framework has improved; and • the Trust has assigned oversight of each strategic aim and associated risks and controls, to a designated committee for scrutiny. 	<p>Yes</p>

Recommendation	Action taken in response	Completed
<p>R6 Improve the audit recommendation tracker further by consistently recording the outcomes of specific actions and how they relate to a recommendation. For example, where the action is to review a particular area or function of the organisation, provide a description of the outcome of that review and how it addresses the initial recommendation.</p>	<p>The Trust introduced a revised audit tracking tool at its September 2018 Audit Committee. The revised version allows Audit Committee members and managers to undertake greater interrogation of recommendations. It makes it easier to analyse recommendations by year, priority and progress, which should support managers to record activity and members to scrutinize progress more effectively in future.</p>	<p>Yes</p>
<p>R7 The Trust's sickness rates during 2016-17 have not decreased in line with planned targets. Given the ongoing impact sickness absence has on the Trust's operational capacity on a day-to-day basis, as well as its financial performance, the Trust should prioritise action to reduce sickness levels.</p>	<p>The Trust's sickness absence target for 2017-18 was 5.9%, the Trust achieved a sickness rate of 7.6% and its rates across December 2017 and January 2018 were among the highest it has experienced since 2013, due to winter pressures. The Trust continues to have the worst sickness absence across Welsh health bodies.</p>	<p>No</p>
<p>R8 Trust should improve the pace of updating its policies and make prompt progress against the wider General Data Protection Regulation (GDPR) requirements to ensure they comply with GDPR by May 2018.</p>	<p>The Trust began a process to review and update its policies in July 2017. At September 2018, the Trust reported that it had updated 43 of its 130 policies. Several key policies related to information governance had passed their review date at the time of fieldwork; these include the Information Governance Policy, the Information Security Policy, the Disposal Policy and the Patching Policy, though we note plans to approve the updated Information Security and Access Control Policy in December 2018.</p> <p>The report from Stratia prepared for the Trust in February 2018 emphasised the need for key policies to be updated as a matter of</p>	<p>Partly</p>

Recommendation	Action taken in response	Completed
	urgency. The Trust reports progress against this in response to Stratia through a Security Improvement Plan to the Executive Management Team.	
<p>R9 Improve the timeliness of Board and Committee papers, and make further improvements to their quality by:</p> <ul style="list-style-type: none"> • being more ‘assurance focused’, highlighting to members any particular risks they should consider, or the level of assurance that risks are being mitigated: the reporting checklist is a helpful tool for capturing this information, but it is not always included or completed consistently; • being more consistent in capturing the important discussion points in minutes: currently some minutes only capture actions, not recommendations and do not consistently evidence scrutiny or discussion; and • ensuring the Board regularly receives the minutes of the Emergency Ambulance Services Committee (EASC). 	<p>According to the September 2018 audit recommendation tracker:</p> <ul style="list-style-type: none"> • a review of the reporting checklist has been paused due to a wider review of committee structures and is due to take place in December 2018; • the protocol for minutes was approved by the Chair’s Working Group in March 2018; and • since March 2018, the Board expected to routinely receive EASC minutes. However, our review of Board papers shows the Board has not received any of the four sets of approved 2018 EASC minutes during its meetings since March 2018. 	Partly

Appendix 2

Trust's response to this year's recommendations

When the relevant committee has considered this report, we will insert a shortened version of the Trust's response in the report before we publish it on the Wales Audit Office website.

Exhibit 4: management response to 2018 recommendations

Recommendation	Management response	Completion date	Responsible officer
<p>R1 Review, clarify and reduce need for Chair's actions</p> <p>The Trust should explore the reasons for frequent Chair's actions and seek opportunities to reduce these where possible. Where Chair's actions are necessary, the Trust should ensure there is appropriate transparency in the description of Chair's actions.</p>			

Recommendation	Management response	Completion date	Responsible officer
<p>R2 Strengthen governance arrangements for Information Governance and ICT</p> <p>Take steps to strengthen the governance arrangements for Information governance and ICT by:</p> <ul style="list-style-type: none"> a) increasing regular attendance by core members of the Information Governance Steering Group; and b) clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust's digital business. 			
<p>R3 Improve risk practice and assurance</p> <p>To improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register and Board Assurance Framework (BAF), the Trust should:</p> <ul style="list-style-type: none"> a) provide sufficient detail on the CRR and BAF to describe why risks have been escalated/ de-escalated; and b) ensure risks on the BAF are live and anticipate future risks as well as reflecting on the success of mitigating actions. 			

Recommendation	Management response	Completion date	Responsible officer
<p>R4 Ensure effective oversight and compliance with new legislation</p> <p>The Trust should consider ways which it can provide assurance that it is aware of and complying with new legislation and communicate this to the Board either through the Board Assurance Framework or as an item within the annual work programme of the Board and/or its committees.</p>			
<p>R5 Explore the impact of ongoing vacancy management on the Trust's corporate capacity</p> <p>We commented on pressures on the Trust's corporate capacity during our 2016 and 2017 Structured Assessment. It is likely that this pressure will worsen because of its annual savings scheme related to non-operational vacancies. The Trust should evaluate the impact of this saving scheme on its corporate capacity.</p>			
<p>R6 Ensure greater ownership over all procurement activities</p> <p>While the Trust has some local procurement processes and oversight of some procurement activity eg vehicle procurement, the Trust should improve its oversight and ownership of the procurement activity undertaken on its behalf by NWSSP, including:</p> <ul style="list-style-type: none"> a) reviewing the Service Level Agreement between the Trust and NWSSP in relation to 			

Recommendation	Management response	Completion date	Responsible officer
<p>procurement to ensure it clearly sets out the Trust's expectations; and</p> <p>b) provide greater scrutiny of quarterly performance reports.</p>			
<p>R7 Develop an asset management strategy</p> <p>The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully brings together the individual strands of its current asset management arrangements to ensure value for money and provide clarity to board members.</p>			

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Auditor General for Wales

Annual Audit Report 2018 – **Welsh Ambulance Services NHS Trust**

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

This report was prepared for the Auditor General by Dave Thomas, Anthony Veale, Michelle Phoenix, Fflur Jones and Sharon Jeffries.

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About this report

- 1 This report summarises the findings from the audit work I have undertaken at the Welsh Ambulance Services NHS Trust (the Trust) during 2018. I did that work to discharge my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - a) examine and certify the accounts submitted to me by the Trust, and to lay them before the National Assembly;
 - b) satisfy myself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
 - c) satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 The findings from my work are considered under the following headings:
 - Key messages
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 I have issued several reports to the Trust this year. The messages contained in this Annual Audit Report represent a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 4 [Appendix 2](#) presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Trust, alongside the original fee that was set out in the 2018 Audit Plan.
- 5 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report, which we presented to the Audit Committee on 6 December 2018. The Board will receive the report at a subsequent Board meeting and every member will receive a copy. We strongly encourage the Trust to arrange wider publication of this report. Following Board consideration, we will make the report available to the public on the [Wales Audit Office website](#).
- 6 I would like to thank the Trust's staff and members for their assistance and co-operation during the audit work my team has undertaken over the last 12 months.

Key messages

Audit of accounts

- 7 I have concluded that the Trust's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Trust's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation.
- 8 The Trust had no material financial transactions within its 2017-18 accounts that were not in accordance with authorities and consequently I have issued an unqualified opinion on the regularity of the financial transactions within its 2017-18 accounts.
- 9 The Trust achieved financial balance for the three-year period ending 31 March 2018 and has an approved three-year strategic plan in place. Consequently, there were no issues which warranted highlighting, so no substantive report was placed on the Trust's accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 10 My 2018 structured assessment work at the Trust has found that:
 - the Trust should look to address known gaps and weaknesses in some key aspects of governance with greater pace;
 - the Trust has set a clear strategic vision, continues to develop a long-term strategy and has plans to ensure alignment of and improve underpinning plans; and
 - there is a strong commitment to be more efficient but there is a need for more strategic use of assets and to address long standing issues with sickness absence.
- 11 I reviewed how the Trust has embedded the Sustainable Development Principle of the Well-being of Future Generations Act. While not a prescribed body under the legislation, I found the Trust has embraced the opportunities provided by Act. However, it knows it has more to do to embed the sustainable development principle into its ways of working.
- 12 The Trust is participating in the National Fraud Initiative and has made good use of the data matches released in 2017.
- 13 The key messages above are considered further in the following sections.

Audit of accounts

- 14 This section of the report summarises the findings from my audit of the Trust's financial statements for 2017-18. These statements are how the organisation demonstrates its financial performance and sets out its net operating costs, recognised gains and losses, and cash flows. Preparation of an organisation's financial statements is an essential element in demonstrating appropriate stewardship of public money.
- 15 In examining the Trust's financial statements, I am required to give an opinion on:
- whether they give a true and fair view of the financial position of the Trust and of its income and expenditure for the period in question;
 - whether they are prepared in accordance with statutory and other requirements, and comply with relevant requirements for accounting presentation and disclosure;
 - whether that part of the remuneration report to be audited is properly prepared;
 - whether the other information provided with the financial statements (namely the Annual Governance Statement, the Foreword and the Accountability Report) is consistent with them; and
 - the regularity of the expenditure and income in the financial statements.
- 16 In giving this opinion, I have complied with my Code of Audit Practice and the International Standards on Auditing (ISAs).

I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Trust

- 17 I have concluded that the Trust's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Trust's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation.
- 18 Generally, we received information in a timely and helpful manner and were not restricted in our work. We also noted that there have been significant improvements made by the Trust in 2017-18. We were pleased to note that the Trust responded positively to the recommendations we issued following our review of the 2016-17 financial statements. This has led to improvements in both the working papers supporting the financial statements and the quality of the draft accounts. There was one exception in respect of the quality of working papers in respect of fixed assets which we have referred to in [Exhibit 1](#) below.
- 19 I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the accounts. I did not consider them for the purposes of expressing an opinion on the

operating effectiveness of internal control. My review did not identify any significant deficiencies in the Trust's internal controls.

- 20 I am required to report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Trust's Audit Committee on 24 May 2018. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

The following table summarises and provides comments on the key issues identified.

Issue	Auditors' comments
Uncorrected misstatements	There were no misstatements identified in the financial statements, which remained uncorrected.
Corrected misstatements	There were a number of misstatements corrected by management, which were brought to the attention of the Audit Committee in May 2018. These misstatements primarily related to disclosure notes accompanying the financial statements. These changes did not impact on the financial position of the Trust which remained unchanged from the surplus of £70,000 reported within the draft financial statements.
Other significant issues	Whilst there were no significant difficulties, we did encounter issues with the working papers provided to support the disclosure of fixed assets within the financial statements.

- 24 My separate independent examination of the charitable funds financial statements is due to be completed in December 2018. Based on our work to date, there are no significant issues arising.

I also issued an unqualified audit opinion on the regularity of the financial transactions within the financial statements of the Trust

The Trust had no material financial transactions within its 2017-18 accounts that were not in accordance with authorities and consequently I have issued an unqualified opinion on the regularity of the financial transactions within its 2017-18 accounts

25 The Trust's financial transactions must be in accordance with authorities that govern them. It must have the powers to receive the income and incur the expenditure that have occurred. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.

The Trust achieved financial balance for the three-year period ending 31 March 2018 and has an approved three-year strategic plan in place. Consequently, there were no issues which warranted highlighting, so no substantive report was placed on the Trust's accounts

26 I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight particular issues. As the Trust met both of its financial duties and there were no other issues warranting report, I did not issue a substantive report on accounts.

27 As detailed above, the Trust has met its financial duty to break even over the three years 2015-16 to 2017-18. The Trust reported a retained surplus of £49,000 in 2015-16, £44,000 in 2016-17 and £70,000 in 2017-18.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

28 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:

- assessing the effectiveness of the Trust's governance and assurance arrangements;
- reviewing the Trust's approach to strategic planning;
- examining the arrangements in place for managing the Trust's finances, workforce, assets and procurement;
- specific use of resources work on embedding the Sustainable Development Principle of the Well-being of Future Generations Act;

- reviewing the Trust's arrangements for tracking progress against external audit recommendations; and
- assessing the application of data-matching as part of the National Fraud Initiative (NFI).

29 My conclusions based on this work are set out below.

Whilst there have been notable improvements to some aspects of the Trust's governance arrangements, there is scope to further strengthen arrangements in some important areas

30 My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. I also looked at the information that the Board and its committees receive to help them oversee and challenge performance and monitor the achievement of organisational objectives. I found the following:

31 **There are plans to address weaknesses in information to the Board and its committees and the Trust's business cycle.** The conduct of the Board is generally effective, and members of the Board are involved in a comprehensive programme of development. The Trust is working to address identified challenges to the conduct of board and committee meetings by increasing the frequency of its Board meetings as part a wider review of Board and committee workloads. This has included work to streamline the amount of information provided for Board and Committee meetings, and to strengthen agenda management. Also, following a review of Committee workloads, the Trust will introduce an additional committee in 2018. In reporting my structured assessment findings, I also highlighted that there is scope to review the process for 'Chair's actions' to be taken between Board meetings to take certain matters forward.

32 **The Board Assurance Framework continues to develop, and while risk procedures are cohesive, practice is inconsistent.** The Trust continues to develop the Board Assurance Framework. However, the usefulness of the Board Assurance Framework as an assurance tool is dependent on the maturity of the Trust's risk management arrangements. While there are ongoing actions to strengthen risk management procedures, practice remains inconsistent with scope to agree common understanding and strengthen oversight and management of risks throughout the organisation.

33 **Further work is required to strengthen the Trust's system of assurance, particularly in relation to the use of clinical audit.** There is a detailed quality governance framework in place, and plans to review the quality strategy, which is two years out of date, should support this further. A team of Trust Non-Executive Directors undertook a review of Serious Adverse Incidents during summer 2018 which identified recommendations and actions for improvement. However, there are ongoing weaknesses in the assurance received from the Trust's clinical audit and

effectiveness programme. While the Trust continues to review and update its policies using a comprehensive process, a significant number of policies were reported as out of date within the September Board Assurance Framework. There is also scope to improve awareness of new legislation and assurances that the Trust complies with new legislation and national policies. The Trust has made several positive changes to the audit recommendations tracker, which I discuss further in [paragraph 48](#).

- 34 **There will be a need to manage the impact of the significant turnover at executive officer level and to ensure that there is sufficient capacity in the Trust's corporate functions to support key business processes.** The Trust continues to manage significant changes to the Executive Management Team during 2018. The capacity of corporate functions remains stretched and there is a possibility that this is made worse by the Trust's active management of non-operational vacancies as part of its annual savings targets.

The Trust has set a clear strategic vision, continues to develop a long-term strategy and has plans to ensure alignment of and improve underpinning plans

- 35 My work examined how the Board engages partners and sets the strategic direction for the organisation. I also assessed how well the Trust plans the delivery of its objectives, whether plans are sufficiently joined up and how progress in delivering the plans is monitored. My findings are set out below.
- 36 **The Trust has set a clear strategic vision and continues to develop a long-term strategy.** There is a clear strategic vision for the organisation, and Board members described feeling highly involved in the process of setting the organisational vision. The Trust is further developing its long-term vision as part of its long-term strategy (the Strategy) for 2019-30. While the Strategy provides an opportunity for the Trust to define and describe its ambition for the organisation, its plans for delivery will necessarily be influenced by those of its commissioners.
- 37 **The Trust developed an approved integrated medium-term plan (IMTP) for 2018-2021 and has plans to improve the clarity and rigour of underpinning plans.** The Trust developed an approved IMTP within the required timeframe for the third consecutive year during 2018. The IMTP includes strategic actions, performance ambitions and the Trust's financial plan, although some of the performance intentions could be more ambitious. The Trust can demonstrate a commitment to learning from past planning issues and is improving its planning process going forward to strengthen underpinning plans such as its quality strategy.
- 38 **The Trust has a thorough process for monitoring the delivery of its IMTP and continues to improve its project management approach, but the pace of change is affecting the current delivery of its strategic actions.** There is a sound process in place for monitoring the delivery of the IMTP, including strengthened oversight by the IMTP Delivery Assurance Group. The Trust is working to address capacity and resource issues in delivering actions by developing a project

management framework to ensure a consistent approach to project delivery and has plans to introduce relevant training in 2019-20.

There is a strong commitment to be more efficient but there is a need for more strategic use of assets and to address long standing issues with sickness absence

- 39 My Structured assessment work examined the Trust's arrangements for managing its workforce, its finances and other physical assets, in supporting the efficient, effective and economical use of resources. I also considered the arrangements for procuring goods and services, and the action being taken to maximise efficiency and productivity. My findings are set out below.
- 40 **The Trust has made substantial progress in terms of recruitment to its paramedic workforce and is becoming more strategic in terms of learning and development and workforce planning, however, it has not made planned progress in terms of annual appraisals and reducing levels of sickness absence.** During late 2017, the majority of the Trust's paramedics chose to transition to pay band six and work towards the competencies required. The Trust is currently working to track the benefits of this change. Improvements to recruitment processes and ongoing use of 'Big Bang' recruitment events are having a particularly positive impact on paramedic recruitment. The Trust is strengthening its workforce planning arrangements by developing a toolkit which, if completed consistently by each department, will support workforce planning and the wider achievement of strategic plans. However, sickness absence remains a significant issue and, despite a range of actions, including the introduction of a Trauma Risk Management programme (TRiM) and achievement of the Gold Corporate Health Standard, the Trust's sickness absence rate remains the worst in Wales. There are several further actions planned to attempt to address sickness absence rates during 2018-19. The Trust has an ambitious plan for transforming training and education for its staff and there have been improvements in relation to compliance with statutory and mandatory training. However, while Performance Appraisal and Development Review (PADR) rates are improving they remain below target and there is scope to formally identify and address individual training needs.
- 41 **The Trust continues to maintain financial balance and to achieve financial savings targets, but procurement needs to be better owned.** As detailed in [paragraph 27](#), the Trust continues to meet its financial duties. In general, the Trust can demonstrate a reducing reliance on non-recurring savings since 2015-16, but it needs to be mindful of its reliance on non-operational vacancies year on year. The Trust has well-established financial monitoring arrangements at both an operational and strategic level. The NHS Wales Shared Services Partnership (NWSSP) undertakes procurement activity on behalf of the Trust and I have some general concerns about the level at which this procurement activity is owned and scrutinised by the Trust to ensure its expectations are clear and delivered. It is acknowledged,

however, that, the Trust has engaged in specific procurement activities, such as implementing national approaches such as No Purchase Order No Pay, and papers on significant business cases regularly feature procurement information.

- 42 **The Trust is committed to managing demand in line with the ambulance care pathway and there are encouraging signs of improvement.** During 2017 and 2018, the Trust developed and piloted several service initiatives aimed at improving patient flow by treating customers in earlier steps of the five-step ambulance care pathway. This included use of Advanced Paramedic Practitioners and a Falls Improvement programme, with data indicating some success from the pilots. However, there remains a challenge in funding the roll-out of such projects across Wales. The Trust also continues to struggle to deliver services during times of extreme pressure. During winter 2017-18 the Trust reached Resource Escalation Action Plan (REAP) status 4 for the first time in its history due to difficulties in responding to calls. The recently published 'Amber Review'¹ contains recommendations for the Trust and its commissioners to improve the service for patients whose calls are categorised as amber (serious but not life-threatening).
- 43 **There is scope to strengthen the Trust's strategic approach to asset management.** The Trust does not currently have an overarching asset management strategy or plan and its management approach currently sits with specific groups and boards with limited alignment between approaches. The Trust is currently focussing on developing a new asset register, called Real Asset Management (RAM) which should provide the Trust with better information, such as backlog maintenance costs or whether assets are fit for purpose. The Trust should consider the benefits of developing an overarching asset management strategy to further align, and provide greater assurance to board members of its strategic use of assets.

My other work has found some aspects of good practice as well as opportunities to strengthen some arrangements for securing efficiency, economy and effectiveness

The Trust has embraced the opportunities provided by the Well-being of Future Generations Act, but it knows it has more to do to embed the sustainable development principle into its ways of working

- 44 The Well-being of Future Generations (Wales) Act 2015 (the Act) aims to create a Wales that we all want to live in, now and in the future. The Act sets out how 44 specified public bodies must work, and work together in accordance with the sustainable development principle. Whilst the Trust is not a prescribed body, it is committed to embedding the sustainable development principle and my work looked

¹ NHS Wales: Emergency Ambulance Services Committee: **Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber**, November 2018.

at how the Trust was acting on this stated commitment. My findings are set out below.

- 45 **While not a prescribed body within the Act, the Trust recognises the advantages of integrating the sustainable development principle into its ways of working.** The Trust has acknowledged the opportunities and benefits afforded by the Act and the sustainable development principle. Members of the Executive Team and the wider Board have said that the sustainable development principle provides opportunities for the organisation to work in an integrated way with partners to improve services for the people of Wales.
- 46 **The Trust can show examples of sustainable service planning, but it is not yet systematically applying the sustainable development principle.** The Trust recognises it is at an early stage of framing its approach. It has explored and applied the sustainable development principle in drafting its environmental strategy, its estates strategic outline programme and in how it engages with the broader agenda of Public Service Boards. The Trust is yet to apply the sustainable development principle systematically across the way it plans and runs its service. Not being a prescribed body within the Act affords the Trust more time to consider its approach. I found that the Trust is committed to using opportunities provided by the Act, and it has established collaborative objectives for working in partnership to achieve its goals. The Trust has also committed to review its corporate objectives in 2018-19 to take account of the sustainable development principle and the strategic plan for NHS Wales.
- 47 **Despite limited capacity, the Trust and its commissioning body are developing their approaches so that the Trust maximises the Act's opportunities.** Capacity constraints are likely to be a potential barrier for the Trust, both in adopting the sustainable development principle internally and in terms of its ability to engage meaningfully with multiple partners, for example those in the Public Service Boards (PSBs). Given its status as a non-prescribed body, the Trust will need to take a pragmatic approach that balances capacity and resource issues with the benefits that it can secure through adoption of the sustainable development principle and associated engagement with partner agencies. The commissioning intentions that the Emergency Ambulance Services Committee (EASC) issues to the Trust should help shape and inform the Trust's plans. The EASC intends to incorporate sustainable development principles in its commissioning intentions from 2019-20 and the Trust has expressed its commitment to work within these intentions.

The Trust continues to make progress in addressing my previous recommendations, but there is more to do

- 48 **In September 2018, the Trust improved the format of its audit recommendation tracker and the arrangements for recording actions.** The process for signing off completed recommendations has been strengthened and ensures greater accuracy of recording actions. The new version also makes it easier for audit committee members to analyse recommendations by year, priority and progress. One of my

recommendations from the 2017 Structured Assessment was to make management responses on the audit tracker clearer, which has also improved.

- 49 **The Trust continues to make progress in addressing my previous Structured Assessment recommendations, with the majority either completed or partly completed.** I have reviewed the progress against recommendations submitted to the Trust in 2016 and 2017. The Trust is demonstrating good progress against the majority of my previous recommendations from 2016 and 2017. Our review of progress against the ten 2016 recommendations shows that the Trust has now completed actions against seven and continues to progress actions against the remaining three.
- 50 Review of progress against the nine 2017 Structured Assessment recommendations showed that, as of September 2018, the Trust had completed actions against three, was progressing actions against five that were not yet complete and had one recommendation that was not yet due. My recommendations for the Trust to reduce sickness absence and comply with the requirements of the Welsh Health Circular (2016) 033² have again seen limited progress this year. While the Trust has introduced measures to increase the wellbeing of its staff, such as the Trauma Risk Management programme (TRiM), this is not yet translating into a reduction in staff sickness. In addition the Trust has stated its intention to comply with the Welsh Health Circular by March 2019.
- 51 The Trust's audit recommendation tracker states that it has completed the two recommendations made as part of my follow-up work in respect of Issues Raised in Correspondence with the Auditor General, presented to the Audit Committee in March 2018. Progress against the three recommendations from our review into how the Trust is embedding the Sustainable Development Principle of the Well-being of Future Generations Act (as described in [paragraphs 44 to 47](#)) should be documented on the tracker going forward.

The Trust is making effective use of the National Fraud Initiative to detect fraud and overpayments

- 52 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. It is a highly effective tool in detecting and preventing fraud and overpayments and helping organisations to strengthen their anti-fraud and corruption arrangements.
- 53 The Trust received the outcomes from the 2016 data-matching exercise in January 2017 which included 1,791 data-matches, 105 of which were 'recommended

² The Welsh Health Circular (2016) 033 requires the Trust to ensure that all prescribed information is publicly accessible.

matches'.³ In last year's Annual Audit Report I noted that, as at November 2017 the Trust had made very limited progress in reviewing the data matches. Since then the Trust has appointed a counter fraud officer and has subsequently made significant progress, completing the review of 243 matches to date, focusing first on the recommended matches. I consider the work undertaken to be reasonable and proportionate.

- 54 In October 2018, participating bodies submitted data for the next data-matching exercise. The outcomes of this exercise will be available early in 2019.

³ Matches that are categorised as 'recommended matches' are considered to be high risk and therefore recommended to be prioritised for early review.

Appendix 1

Reports issued since my last Annual Audit Report

Exhibit 2: reports issued since my last Annual Audit Report

The following table lists the reports issued to the Trust in 2018.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	May 2018
Opinion on the Financial Statements	June 2018
Performance audit reports	
Structured Assessment 2018	December 2018
Local Work - Embedding the Sustainable Development Principle of the Well-being of Future Generations Act	September 2018
Other reports	
2018 Audit Plan	March 2018

Exhibit 3: performance audit work still underway

There are also several performance audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Local Work – Performance Management Information	Draft report expected end of March 2019.

Appendix 2

Audit fee

The 2018 Audit Plan set out the proposed audit fee of £151,618.00 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in accordance with the fee set out in the outline.

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Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
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Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru



Management response

Report title: Welsh Ambulance Services NHS Trust Structured Assessment 2018

Completion date: November 2018

Document reference: 862A2018-19

Recommendation	Management response	Completion date	Responsible officer
<p>R1 Review, clarify and reduce need for Chair's actions</p> <p>The Trust should review the process for Chair's actions and seek opportunities to reduce these where possible. Where Chair's actions are necessary, the Trust should ensure there is sufficient description of Chair's actions within Board papers.</p>	<p>Accepted. The number and frequency of Board meetings has increased recently which may mitigate the need for some Chair's Actions. All Chair's Actions are properly recorded and reported to the Board, in accordance with the practice adopted by the Board.</p> <p>Nevertheless, we will review the current process and seek the Board's view on future arrangements, including justifications for Chair's Actions.</p>	May 2019	Board Secretary
<p>R2 Strengthen governance arrangements for Information Governance and ICT</p>	<p>Accepted.</p> <p>a) There has been a commitment from directorates to ensure that attendance at both the Information Governance and ICT Steering Groups is</p>	a) March 2019	Head of HI/ Head of ICT

Recommendation	Management response	Completion date	Responsible officer
<p>Take steps to strengthen the governance arrangements for Information governance and ICT by:</p> <ul style="list-style-type: none"> a) Increasing regular attendance by core members of the Information Governance Committee; and b) Clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust's digital business. 	<p>representative of the organisation. Recent meetings have seen a significant improvement. The Executive responsible for ICT has also further reminded members of the need and importance of attending.</p> <p>b) Closer links have been made with the appointment of the Senior ICT Security Specialist who works closely with the IG Team in respect of Information Security. There is also cross attendance at the ICT and IG Steering Group to ensure joined up working. The Board has also approved the appointment of a Director of Digital. Recruitment is underway and a digital strategy will be further developed once appointed.</p>	<p>December 2018 Complete</p> <p>September 2019</p>	<p>Interim Director of Finance & ICT</p>
<p>R3 Improve risk practice and assurance</p> <p>To improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register and Board Assurance Framework (BAF), the Trust should:</p>	<p>Accepted. Progressing the Datix module design for e-risk and e-registers will enable this, with the supporting review of the risk management process. The Risk Strategy was reviewed and approved by Board in July 2018. The Risk Register provides explanation of which risks have been</p>	<p>March 2019</p>	<p>Director of Nursing and Quality</p>

Recommendation	Management response	Completion date	Responsible officer
<p>a) Provide sufficient detail on the CRR and BAF to describe why risks have been escalated / de-escalated; and</p> <p>b) Ensure risks on the BAF are live and anticipate future risks as well as reflecting on the success of mitigating actions.</p>	<p>escalated/de-escalated and the Trust is focussing on improving the content of mitigation narrative in the Directorate risk registers and the Corporate Risk Register.</p>		
<p>R4 Ensure effective oversight and compliance with new legislation</p> <p>The Trust should consider ways which it can provide assurance that it is aware of and complying with new legislation and communicate this to the Board either through the Board Assurance Framework or as an item within the annual work programme of the Board and/or its committees.</p>	<p>Accepted. Whilst it is recognised full implementation will require a considerable amount of work, the Trust can learn from other NHS bodies who have already undertaken similar work. The Trust will initially focus on and complete key areas of legislation by the target date with the view to fully completing the work by the end of the 19/20 financial year...</p>	<p>November 2019</p>	<p>Board Secretary</p>
<p>R5 Explore the impact of ongoing vacancy management on the Trust's corporate capacity</p> <p>We commented on pressures on the Trust's corporate capacity during our 2016 and 2017 Structured Assessment. It is likely that this pressure will worsen because of its annual savings scheme</p>	<p>Accepted. The impact of this savings target will be evaluated as part of the savings planning process as the recurring financial plan is further developed to support the 2019/20 IMTP.</p>	<p>January 2019</p>	<p>Deputy Director of Finance</p>

Recommendation	Management response	Completion date	Responsible officer
<p>related to non-operational vacancies. The Trust should evaluate the impact of this saving scheme on its corporate capacity.</p>			
<p>R6 Ensure greater ownership over all procurement activities</p> <p>While the Trust has some local procurement processes and oversight of some procurement activity e.g. vehicle procurement, the Trust should improve its oversight and ownership of the procurement activity undertaken on its behalf by Trust by NWSSP, including:</p> <ul style="list-style-type: none"> a) reviewing the Service Level Agreement between the Trust and NWSSP in relation to procurement to ensure it clearly sets out the Trust's expectations; and b) provide greater scrutiny of quarterly performance reports. 	<p>Both of these recommendations are accepted as per the recommendation.</p> <ul style="list-style-type: none"> a) The SLA between the Trust and Shared Services will be reviewed in relation to procurement. b) The Trust will improve its scrutiny of the quarterly performance reports received from Shared Services. Exec to Exec performance meetings will also be initiated Any significant variations in performance or concerns will be reported to Finance and Performance Committee 	<ul style="list-style-type: none"> a) March 2019 b) April 2019 	<ul style="list-style-type: none"> Deputy Director of Finance. Directors of Finance and WoD

Recommendation	Management response	Completion date	Responsible officer
<p>R7 Develop an asset management strategy</p> <p>The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully brings together the individual strands of its current asset management arrangements to ensure value for money and provide clarity to board members.</p>	<p>Accepted. The Trust will consider what additional benefits such an approach could achieve. There are specific strategic plans in place for all of our key and material areas of assets (e.g. estates, fleet and equipment). Other areas, such as ICT, also have an active asset management procedure in place following previous work with WAO.</p> <p>We will also complete the further alignment of our capital planning structures to support the work on asset management, as well as reviewing how assurances on VFM, from an asset perspective, is provided to Board and Committee.</p>	<p>March 2020</p> <p>September 2019</p>	<p>Director of Planning & Performance</p> <p>Director of Planning & Performance</p>