

## Bundle Trust Board (Open Session) 30 May 2019

### 1 PROCEDURAL BUSINESS

#### 1.1 09:30 - Welcome and Apologies for Absence

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

#### 1.2 09:33 - Declarations of Interest

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

#### 1.3 09:35 - Chairman Introduction and Update

*To receive an update from the Trust Board Chairman.*

#### 1.4 09:40 - Chief Executive Update

*To receive an update from the Chief Executive*

ITEM 1.4 DRAFT CEO REPORT TO TRUST BOARD MAY 2019 final.docx

#### 1.5 09:50 - Procedural Matters

ITEM 1.5 Procedural Matters.docx

ITEM 1.5a Trust Board Open Minutes 28 March 2019 v2.docx

ITEM 1.5b Trust Board CLOSED Minutes 28 Mar 2019 v2.docx

ITEM 1.5d Action Log.docx

#### 1.6 09:55 - Committee Terms of Reference (MW) (KD)

**RECOMMENDED:**

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

ITEM 1.6 Revised Committee Terms of Reference (1).docx

#### 1.7 10:00 - Staff Story (LH)

*To include Presentation of BSL certificates*

### 2 TRUST BOARD ANNUAL ACCOUNTS PROCESS

#### 2.1 10:20 - Annual Accounts and Accountability Report 2018/19 (CT)

*For formal approval of the Annual Accounts and Accountability Report*

ITEM 2.1 SBAR Annual Accounts and Accountability Report.docx

#### 2.1.a 10:25 - Details of changes made to the financial accounts for 2018/19 following Audit Committee on 23 May 2019 (CT)

ITEM 2.1a Appendix 1 - Details of changes since Audit Committee.docx

#### 2.1.b 10:30 - Annual Accounts and Accountability Report (CT)

ITEM 2.1b Appendix 2 Annual Accounts and Accountability Report 201819.pdf

#### 2.2 10:45 - WAO – Audit of Financial Statements Report 2017-18

ITEM 2.2 ITEM 1263A2019-20\_WAST\_Audit of Financial Statements\_final.pdf

#### 2.2.1 11:00 - BREAK

#### 2.3 11:10 - Annual Quality Statement (CB)

ITEM 2.3 AQS 2019 compressed.pdf

#### 2.4 11:25 - Draft Annual Report (EH)

ITEM 2.4 AnnualReport1819BoardPaperMay19.docx

ITEM 2.4a AnnualReport1819V1May19.docx

#### 2.5 11:40 - Annual Performance Report (RM)

*To consider the draft of the Annual Performance Report.*

ITEM 2.5 SBAR Annual Performance Report 18-19 Board May.docx

ITEM 2.5a Annual Report1819 v1.6.docx

### 3 STRATEGIC AND FORWARD LOOK BUSINESS

- 3.1 11:55 - Strategic Framework for Engagement 2019-22 (EH)  
*To gain Board approval for the Draft Strategic Framework for Engagement 2019-22 and associated Delivery Plan.*  
ITEM 3.1 BoardPaperEngStrategyMay19.docx  
ITEM 3.1a EngagementStrategyV1May19.docx  
ITEM 3.1b EngagementStrategyDelPlan1920v1May19.docx
- 3.1.1 12:25 - LUNCH
- 3.1.2 12:55 - OFFICIAL OPENING AND TOUR OF BUILDING
- 4 PERFORMANCE, GOVERNANCE AND ASSURANCE and OTHER MATTERS
- 4.1 13:55 - 111 Programme Update (CT)  
*To provide Board with an update on the implementation of the 111 service in Wales*  
ITEM 4.1 111 update paper Trust Board OPEN - 30 May 2019.docx
- 4.2 14:05 - IMTP 2018/19 – Quarter four Delivery Report (RM)  
*To report the Quarter 4 position of the Trust's 2018/19 IMTP commitments*  
ITEM 4.2 IMTP 18-19 Qtr 4 Report SBAR.docx  
ITEM 4.2a Appendix 1 - IMTP Delivery Qtr 4.pptx  
ITEM 4.2b Appendix 2 - Performance Ambitions 1819 Q4.xlsx
- 4.3 14:20 - Monthly Integrated Quality and Performance Report (RM)  
*To note and discuss the Trust's performance and improvement actions*  
ITEM 4.3 SBAR IPR March 2019 TB.docx  
ITEM 4.3a Annex 1 - IPR New Dashboard March.xlsx  
ITEM 4.3b Annex 2 - MIQPR Graph Pack March.pptx  
ITEM 4.3c Annex 3 - WG Letter.pdf  
ITEM 4.3d Annex 4 - CASC Letter.docx
- 4.4 14:30 - Use and Application of Charitable Funds (KD)  
*To present and seek approval from the Board on a process for staff to apply for Charitable Funds.*  
ITEM 4.4 SBAR guidance on Charitable funds Board.docx  
ITEM 4.4a Charitable Funds guidancev3.docx  
ITEM 4.4b bids panel ToR.docx
- 4.5 14:35 - Financial Performance Month 1 2019/20 (CT)  
*To provide the Board with an update on the financial performance and savings delivery of the Trust for Month 1 of the 2019/20 financial year.*  
ITEM 4.5 Finance Report - M1 2019-20 - FINAL.doc
- 4.6 14:40 - Partnership Statement - Go Together Go Far (CV)  
*The Board is requested to endorse and approve the Partnership Statement – Go Together, Go Far, to be adopted by the Trust.*  
ITEM 4.6 SBAR - Partnership Statement May 2305 (002).docx  
ITEM 4.6a App. 1 - May 2019 Partnership Statement - signed version.pdf  
ITEM 4.6b App.2 - what does partnership working look like - April 2019.docx
- 5 CONSENT ITEMS
- 5.1 14:45 - Update from Committees  
*a. People and Culture*  
*b. Finance and Performance*  
*c. Quest*  
*d. Audit*  
ITEM 5.1a Chair Briefing PCC 09 04 19.pptx  
ITEM 5.1b FPC Board Brief 250419.docx  
ITEM 5.1c QuESt Board Brief May 2019.docx  
ITEM 5.1d Audit Board Brief 230519.docx
- 5.2 14:50 - Minutes of Committees (MW)  
ITEM 5.2 Minutes of Committees.docx  
ITEM 5.2a Audit Committee OPEN Minutes 7 March 2019 V3.doc  
ITEM 5.2ai Audit Minutes CLOSED Minutes 7 March 2019.doc

5.3 14:55 - Welsh Health Circular – National Clinical Audit Plan

ITEM 5.3 Welsh Health Circular - National Clinical Audit Annual Plan - 2019-20 - Englishpdf.pdf

6 DATE OF NEXT MEETING

*The next meeting of Trust Board will be on 18 July 2019*



Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>1.4</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	

## CHIEF EXECUTIVE REPORT: 30<sup>TH</sup> MAY 2019

<b>MEETING</b>	<b>TRUST BOARD</b>
<b>DATE</b>	<b>30<sup>th</sup> May 2019</b>
<b>EXECUTIVE</b>	<b>Chief Executive</b>
<b>AUTHOR</b>	<b>Chief Executive</b>
<b>CONTACT DETAILS</b>	<b>Jason Killens – Jason.Killens@wales.nhs.uk</b>

<b>CORPORATE OBJECTIVE</b>	
<b>CORPORATE RISK (Ref if appropriate)</b>	
<b>QUALITY THEME</b>	<b>All</b>
<b>HEALTH &amp; CARE STANDARD</b>	<b>Health and Care Standard 7.1</b>

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

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
<b>TRUST BOARD</b>	<b>30<sup>TH</sup> MAY 2019</b>	<b>FOR INFORMATION</b>



## **SITUATION**

1. This report provides an update to the Trust Board on key activities, matters of interest and material issues since our last meeting held on 28<sup>th</sup> March 2019.

## **BACKGROUND**

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

## **ASSESSMENT**

### **Chief Executive**

3. Since the last Trust Board meeting on 28<sup>th</sup> March, items of note include:

- A WAST/EASC away day was held on 3<sup>rd</sup> April attended by the senior leadership teams from both organisations. It was a productive meeting to plan how we can further improve our partnership working arrangements and achieve our collective aims. Activities included undertaking a self-assessment exercise to identify what currently works well and where there are opportunities for making improvements as well as discussing ongoing strategic work streams e.g. development of the Trust's APP offer and the implementation of the Amber Review recommendations.
- A Staff Survey Workshop held in Llandrindod Wells saw around 50 staff from a range of teams and directorates across the service work to identify corporate actions in response to the survey findings. Additionally, best practice from locally developed action plans was presented to the group through a series plenary sessions.
- The first six Chief Executive Roadshows have been held in Caernarfon, Llanfairfechan, Machynlleth, Bridgend, Matrix House, Swansea and Swansea University with around 200 staff attending the events thus far. Topics for discussion with colleagues include our day to day challenges, plans for the future and long term strategy.
- The Paramedic Big Band event was held in the Liberty Stadium, Swansea. The event attracted a large number of high calibre candidates from across the UK and as a result the Trust is delighted to have made over 60 conditional offers of employment. In addition, the Trust has made over 30 offers to NQPs graduating from an Emergency Medical Technician/Paramedic conversion course, many of which are already starting their NQP journey with us.
- The first of regular joint meeting of the Executive Management Team (EMT) and the Assistant Directors Leadership Group (ADLT) was held. The EMT is keen to help establish ADLT into an effective second tier leadership team focused on day to day activity and management which will increase the Trust's internal governance and assurance capability.
- Attendance at the AACE Council and AACE CEO group meetings in April where a number of sector specific updates were provided including on progress of #ProjectA, findings from the Mind Blue Light mental health and wellbeing program and the Ambulance Radio Program (ARP). The CEO group has asked that I assume the UK national lead CEO role on behalf of AACE for diversity which I have agreed to do.

4. I am delighted that the Minister for Health and Social Services has confirmed Martin Woodford's appointment as Chairman for the next 3 years. This will provide the Trust with continuity of stable leadership and I look forward to working alongside him and the Trust Board as we continue our transformation journey. I can also confirm that Lee Brooks has accepted the offer join the Trust as our new Director of Operations and will take up post on 8 July 2019.

## **Operations Directorate**

### **Operational Directorate Management Structure**

5. Further progress has been made in implementing the new Operational Directorate management structure. Following the new Business Manager taking up post on 1st April 2019, two of the Regional Band 5 Business Support Officer posts (North and Central & West) have been successfully appointed with the South East post currently remaining vacant.

### **Ambulance Response**

6. The Trust is working with National Collaborative Commissioning Unit (NCCU) on an Improvement Plan focusing on Red performance. The purpose of this action plan is to bring about improved and sustained delivery of red performance meeting response time targets and expectations.

7. In addition, a tactical plan at operational level is reviewed twice weekly to ensure constant scrutiny of resourcing, hospital pressure levels, planned events and any other potential impact to service delivery. This is one of a number of reports shared with NCCU for discussion at a weekly telephone conference.

8. Recovery plans have been put in place for both Hywel Dda and Powys health board areas due to the continued performance pressure with focussed localised action plans.

### **CCC Update**

9. A number of successful recruitment events have taken place to appoint Emergency Medical Dispatchers (EMDs). The events share with potential candidates details of the role. A revised format has been implemented to help increase of the number of recruits reaching the end of the training phase with feedback from candidates being very positive and is informing further events planned through the rest of the year.

10. The GRS mobile 'app' has been launched and is available across Wales to all operational and CCC staff. We have seen 47% of eligible staff download the app which continues to increase on a daily basis. The new app modernises our personnel processes by allowing staff to check their shifts through their mobile device and apply for annual leave and overtime shifts.

11. Following the decision to defer the planned ABUHB launch of 111 in April the Trust has been working to deliver a further recruitment, selection and training schedule to ensure the service is operationally resilient and clinically effective when its go live date is rescheduled.

### **Resilience**

12. The EU Exit reporting processes was stood down following the decision to delay Brexit. The reporting process worked well with all key departments contributing information and it is anticipated these will be stood back up again in early October 2019 in preparedness for the new exit date. During this period we increased stocks of key items and locked down our fuel bunker supplies in preparation and will enact the same arrangements again when a final leaving date is confirmed.

13. Training of our operational commanders continues with the team now having successfully completed competency assessed training for 65 Operational Commanders, 34 Tactical Commanders and 11 Strategic Commanders. Plans are also in place to train a further 72 Operational Commanders during Q1/Q2 2019 to further enhance our operational incident capacity.

14. Our collaboration with the 'Prepare Delivery Group' (part of the Welsh Government's 'Wales Learning and Development Group') continues with a number of exercises planned in the coming months including; a live 'boots on the ground' exercise 'Shore Horse 3' in June, 'Valiant Heart' exercises for our CCC's which will test communication with partner agencies and the continuation of 'Errant Guardian' exercises for marauding terrorist attack incidents.

## **Incident Co-ordination Centre**

15. A new Incident Co-ordination Centre (ICC) has been developed in Vantage Point House. The new ICC will give the Trust a dedicated facility for our Tactical Commanders and NILOs during significant incidents, winter pressures and severe weather etc. A multi-screen system has been installed which will allow the simultaneous monitoring of news feeds, completion of command logs and receipt of operational information offering improved situational awareness and command decision making. The room has video conferencing capability and an electronic white board for recording incident planning information securely and a 'bird-table' that will act as a focus point for incident briefings. Live recording equipment has been installed to record discussions held during incidents and provide evidence for any subsequent inquiries or investigations.

## **Non-Emergency Patient Transport Services**

16. Pennie Walker joined NEPTS as our new Volunteer Manager on the 24th April. Pennie brings with her significant experience working with the voluntary sector and will be initially focusing on reviewing and improving our governance and process arrangements. The role will work with all volunteer teams across the service.

17. The Quality Assurance Framework continues to be developed and implemented and checks have commenced for our existing non-WAST/third party providers with an anticipated completion date of the end of July. A more detailed update on this important work stream was provided to the QUEST committee on 21<sup>st</sup> May.

18. The Hywel Dda transfer of work has transitioned smoothly and initial feedback from the health board is that the service is functioning well. We have commenced the evaluation phase of the post transfer programme and are looking at opportunities for service redesign.

19. At the start of March we successfully merged our separate call taking lines to create a virtual national team with all existing WAST staff being in one pot of call takers handling a national pool of calls. This has proved very successful with a significant and sustained reduction in abandoned calls and time to answer indicators improving the overall experience for service users.

20. We have applied for an NHS Wales Award for our work in improving 'End of Life Transport' and our delighted that this project has been shortlisted. NEPTS staff will host an inspection visit at the end of July as part of the final evaluation process.

21. The NEPTS team have been delighted to host several visits from Executive and Non-Executive Directors over recent weeks to learn more about the way NEPTS operates and would welcome any further requests for visits.

## **Medical and Clinical Directorate**

### **Advanced Paramedic Prescribing**

22. The Prescribing Policy is being 'fast-tracked' through the Trust's policy approvals process and has been commended by both Welsh Government and our Pharmacist for its content and robustness. This will ensure that as our newly developed prescribers complete their education and there is sufficient governance in place to support their practice. HEIW has offered the Trust five further training places on the Prescribing Programme which will commence this financial year. The selection process is underway and is open to the existing APPs.

### **AACE Ambulance Service Clinical Practice Guidelines App**

23. The above guidelines (often referred to as JRCALC) has been issued to staff in book and booklet form to date. The Trust has purchased sufficient licences to allow the App to be downloaded onto individuals' own devices which will mean that they will always have the most up to date and complete guidance available. The App also offers the functionality of being able to electronically distribute the Trust's own documentation

for example, an update on clinical practice or clinical bulletins which will ensure that these documents are distributed more effectively.

### **Contribution to the End of Life Care Guidance**

24. Ed O'Brian, Clinical Support Officer and the Trust's first MacMillan Paramedic, has been commended for his role in developing this year's JRCALC guidelines for the management of patients at their end stage of life. When the 2016 Clinical Practice Guidelines were produced concerns were raised in relation to the section on the End of Life Care. Ed has taken a lead role in rewriting this text, to ensure the guidance meets best practice.

25. In addition to the above Ed has co-authored three articles published by BMJ Supportive & Palliative Care. These are:

- Paramedics' understanding and interpretation of advance care planning: a pilot questionnaire-based study.
- Palliative medicine doctor and paramedic join to form a palliative care rapid response car. A pilot study.
- Serious Illness Conversations Cymru Project: Outcomes from teaching for Welsh Ambulance Services NHS Trust staff

### **MacMillan Investment**

26. Colleagues may recall the work being undertaken to seek support for a funding bid to MacMillan. The purpose of the bid was to secure investment to introduce a number of Specialist Palliative Care Clinicians across Wales to support the management of end of life care. The initial element of this bid was successful with agreement to support year one of the programme which will allow for further development and understanding of the of service needs, the support of a dedicated End of Life Care Lead and support from a Palliative Care Consultant. The Trust will be working with MacMillan to submit a 'Transformation Fund' bid to Welsh Government to complete the proposed project.

### **WIIN Platform Update**

27. After a period of testing, the WIIN Platform was launched on 25th March. Since its launch over 30 ideas have been submitted via the platform. All of these ideas have been acknowledged and discussed at the WIIN Business Group meeting where plans and resources have been allocated to support colleagues to put their ideas into practice. Since the launch of the WIIN, eight of the recently completed IQT Projects have been evaluated and colleagues have acquired IQT Silver Qualification. Work is continuing on how to develop WIIN further and to showcase some of the early successes at the 'Being Our Best' event on 6th June.

### **Clinical Indicator Review Group**

28. The Group continues to make good progress and has developed plans to review the existing indicators, alongside the development of new indicators. The group is leading on a piece of work to improve our datasets by linking PCR data with CAD data as part of a proof of concept. It is hoped that the outcome from this work stream will be the identification of more meaningful clinical indicators.

### **Rare Conditions eLearning Module**

29. Based on a document produced by the East of England Ambulance Service, the Trust has developed a Rare Conditions Handbook into an eLearning module. The module provides clinicians with a basic understanding of a number of conditions they will rarely encounter to ensure they have a greater appreciation of the patient's needs. This adds to a growing suite of modules that the Medical and Clinical Services Directorate have already developed and continue to develop. The modules can be accessed by staff on both a PC and mobile device.

## **Mortality Reviews**

30. The Trust's Mortality Review Process was subject to a detailed review by the Internal Audit Team and reasonable assurance was given around the processes involved. Following the audit, the Directorate has developed the process further by using the Trust's Datix incident reporting system for Stage 2 reviews (linked, where applicable, to any adverse incident reports for the same case). This creates a clear audit trail and line of accountability for the conduct of any reviews. An internal quality assurance process has also been developed where by a random selection of each reviewer's previous reviews are provided by the Informatics Team and these reviews are then 'blind' quality assured by a second reviewer.

## **Planning and Performance Directorate**

### **Collaborative Demand and Capacity Review**

31. The Demand and Capacity Review shortlisting was held on 24 May 2019 and interviews are planned with shortlisted bidders on 7<sup>th</sup> June. It is hoped that the Demand and Capacity review work will begin from mid-June and the expectation is that the review's findings will be report to Trust Board and EASC in November. To ensure the commissioners are kept sighted as the review develops, Stephen HARRY has agreed to be a member of the review's Steering Group.

### **Winter Planning**

32. Detailed winter planning evaluations by individual health board areas will be completed by the end of May. Work for winter planning 2019/20 has begun and Welsh Government are hosting an NHS Wales winter planning workshop on 11 June. The findings of winter planning evaluations 2018/19 will be reported to Trust Board in July and the Winter Plan 2019/20 will be considered at the September meeting of the Trust Board.

### **Amber Review**

33. Work continues by the WAST Amber Review Delivery Group which is meeting every three weeks. The group hope to be in a position to shortly confirm with the CASC the Trust's position and progress.

### **Improving Red Performance**

34. Colleagues from the Performance Team are supporting the Operations Directorate with the Red Improvement Plan (as outlined above) and Optima Predict is used to provide a tactical focus on improving red performance. The first results from Optima Predict are expected to be made available prior to the Trust Board meeting.

### **EASC Development Sessions**

35. The Trust have been invited to participate in future EASC Development Sessions. The first one was held on 14<sup>th</sup> May which focused on the Trust's future direction to include; the Long Terms Strategy, IMTP and Winter Planning. The next meeting will be held in July and will concentrate on the Demand and Capacity Review.

### **Service Development Reviews**

36. The Directorate is participating in a number of internal and external reviews of our service development initiatives. These include:

- The CASCs review of winter initiatives funded by Welsh Government
- Internal WAST evaluation of winter
- NHS Confederation evaluation
- Healthier Wales assessment and evaluation panel

## **Transfer and Discharge**

37. Following an initial workshop with a number of health board partners and the CASC a second workshop has been arranged for the 9<sup>th</sup> July to develop a number of 'offers' to NHS Wales in regards to what a transfer and discharge service could look like. Representatives from all sections of the organisation have been invited along with the CASC office, health boards (including clinicians who will access the service) and trade union partners. There are a number of key strategic drivers for this service including the opening of the Grange Hospital, the major trauma network and ministerial monies which have recently been made available to the critical care network. The ambition is to be able to describe a model by the end of Quarter 2 so that, subject to endorsement by all relevant partners, a commissioning discussion can commence.

## **IMPT 2020/21 Development**

38. An approach to refreshing our plan for next year has been agreed. This approach includes a fresh way of running our internal planning cycle (which has been necessitated by Welsh Government's change to submission timescales). The Directorate are looking at new ways of engaging with all our staff on what the focus of the plan should be and this includes the use of online survey tools and webinars. A session with Trust Board is planned for the July Board Development Day where full details on the proposed approach will be shared along with an early opportunity for Board members to begin thinking about where they want the focus of the plan to lie.

## **Transformation Support Office (TSO)**

39. To support the continued transformation of the organisation and realisation of ambitions detailed in the organisation's IMTP, support has been given for the creation of a TSO. In the long term the function of the TSO will be threefold;

- a. the support process and governance arrangements regarding plan delivery.
- b. provide project management support to high value, high risk, high reputational projects by providing project management training and education to grow internal capacity in the discipline.
- c. the first phase of this has started with the advertisement for two project manager roles.

## **Partnerships and Engagement Directorate**

40. There has been progress over the last couple of months in progressing a number of aspects of the work of the Directorate. The Communications and Web Development Teams worked closely together to re-launch the Trust website during April, with a refreshed look and feel and streamlined content. The website continues to evolve with an opportunity for users to provide feedback via an on-screen button to inform future developments. Work is now underway to refresh the Trust intranet using a similar approach and also reflecting the requirements of the Welsh Language Standards, which now apply to internal communication platforms. A closed Facebook page has been successfully launched which will allow staff discussion about issues of common interest and communication messages to be posted. The team has also been strengthened with the appointment of a new Communications Specialist, Baptiste Fesselet, and further appointments are scheduled over the coming months.

41. Following meetings with the Chair of the Gwent Regional Partnership Board and the Trust's Chair, Chief Executive and Director of Partnerships and Engagement, representation has now been secured on the Gwent Adults Strategic Partnership, which is a sub structure of the RPB. The Trust has also taken up its membership of the North Wales Regional Partnership Board on a more consistent basis. The current partnership architecture of Wales (RPBs/PSBs etc) is currently under review by Welsh Government, the outcome of which will be of interest as the Trust's partnership approach continues to crystallise.

## **Finance and ICT Directorate**

### **Finance**

42. The Finance Team have continued to enable and support the Trust to deliver on its financial targets for the 2018/19 financial year with all of the Trust's statutory financial targets achieved (subject to audit) including revenue breakeven, along with delivery of the Capital Expenditure Limit, Public Sector Payment Policy and the Trust's Welsh Government set External Finance Limit.

43. Draft annual accounts for the 2018/19 financial year were completed and submitted to Welsh Government by the due date of 26th April 2019. The audit of these accounts commenced on 29th April 2019 by the Welsh Audit Office and will continue until formal sign off of the accounts at today's meeting in preparation to submit to Welsh Government by the deadline of the 31st May 2019.

44. Similarly, the Trust's Memoranda Statement 1 in respect of the Trust's Charitable Fund accounts and Trust Memoranda Statement 2 in respect of Whole of Government accounts were completed and submitted to the Welsh Government ahead of the deadline of 3rd May 2019.

45. Detailed budget setting converting the high level financial plan included in the IMTP into directorate budgets has been completed for 2019/20 with processes continuing to be refined for the achievement of savings schemes and prioritisation of the pending developments for 2019/20.

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

47. The first meeting of the Finance and Performance Committee was held on the 25th April 2019 which provides a good foundation for scrutiny and support for the Trust's finance and value agenda going forward.

### **Health Informatics**

48. Phase 1 of the Qlik Sense project is now complete and priorities for Phase 2 have been agreed with senior stakeholders. The project team are currently discussing some of the resourcing constraints with the Project Board given the sudden increase in requests for transactional analysis around Red performance.

49. The Records Management Team have started the tender process to clear and scan the PCRs (Patient Care Records) from within the Cefn Coed site. The plan is to sort, index and scan into PDF wherever possible. The Information Governance Team have liaised with the Home Office to manage the transition from the Regulation of Investigatory Powers Act 2000 (RIPA) to the Investigatory Powers Act (IPA) 2018, which came into place on 25th April 2019. The Trust is required to provide assurance in the form of documentation and defined roles and responsibilities around the IPA. The team will be amending the new IPA guidance to reflect changes in the authorisation process. This will be circulated to relevant stakeholders and an overview published on the intranet.

50. The current annual CPIP (Caldicott Principles into Practice) assessment is being replaced by an NHS Wales IG Toolkit in 2021. This year there is a pilot trial running (in parallel with CPIP) to prove the process and to ensure that the IG Toolkit is fit for purpose. The team will be feeding their findings to the IGMAG (Information Governance Management Advisory Group) to ensure a smooth transition.

### **ICT**

51. The ICT Department has continued to perform well in respect of day to day support despite still not having a full complement of staff. Incident resolution was slightly below the target of 95% at 93%, but is an improvement on the 90.1% achieved in March and despite an increase in call volume of 13.6% over the same period last year. The impact of relocating to Ty Elwy and Matrix One are still having an impact on the team

dealing with some post move snagging issues. Customer satisfaction for the same period last year increased from 92.9% to 96.9%.

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

- Launch of the new GRS App;
- Relocation to Matrix One;
- Preparatory work for the training school moving into Ty Elwy;
- Evaluation of staff mobile devices;
- Welsh Government investment into new technology and resulting procurement of new equipment;
- Brexit preparation planning;
- Configuration of Incident Co-ordination Centre at VPH;
- Finished commissioning of new vehicles, and
- Airwave audit of devices completion.

## **Corporate Governance**

53. The Corporate Governance Team have been supporting the Operations Directorate Roadshows in helping improve staff understanding of internal audit. The Roadshows help staff understand the role of internal audit and how the Trust develops an audit plan, receives internal audit reports and responds and implements audit recommendations. Initial feedback from the roadshows has been positive and we will explore making these sessions available across the Trust.

54. The Team have completed work on the mandatory year-end reporting requirements. This includes the Annual Governance Statement and the overarching Annual Accountability Report. The final reports are with the Board today for approval. At the time of writing, the team are dealing with external auditor and Welsh Government queries, which so far appear to be routine. It was also pleasing to note that the Trust has maintained its overall 'Reasonable Assurance' status from Internal Audit's annual audit opinion.

55. We continue to work closely with the Welsh Government's public appointments team in progressing the NED recruitment and agreeing a timetable. Adverts and information packs are being prepared. In order to attract a wide a field as possible, consideration is also being given to holding open days, perhaps at an ambulance station in the north and south, where potential candidates can come along and learn more about the ambulance service and meet a selection of key staff (board members, directors, staff etc).

56. The Governance Team is pleased to be able to report that, for the first time for the 2018 calendar year, the Trust achieved the ICO target of responding to 90% of requests within 20 working days. However, when looking at the 2018/19 financial year, the Trust just missed this target (89.1%). This was due to a slight deterioration in performance for the first 3 months of 2019. It was noted that during this period the number of FOIs increased by 17% over the same period in 2018 and a large number were complex and required scrutiny. The Executive Team has considered FOI performance and put in additional measures to ensure performance is maintained.

57. The July Board meeting, which includes the Annual General Meeting, will be held on 18 July in Anglesey.

## **Workforce and Organisational Development Directorate**

### **Sickness Absence**

58. High sickness absence rates remain a significant concern for the Trust and a priority to deliver improvement, with much work ongoing to achieve our target reduction. The Trust's sickness absence rate in March 2019 was at a 6 months low of 6.87% (cumulative rate of 7.18%). This is a reduction on the same time last year (March 2018 of 7.83%). 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. The focus on regular meeting with Managers, OH and HR to undertake Long Term Sickness case management has seen the benefits by month on month reduction.



## **Recruitment and Retention**

59. The 12 month turnover rate for the Trust as a whole in March 2019 was 7.3%. This has slightly increased from February's rate of 7.2%. As of 31st March 2019, there were 38 ambulance response vacancies, which included 16 CTL vacancies and 16 UCS vacancies. Due to the over recruitment that took place following last year's 'Big Bang' paramedic recruitment event (where one of the aims was to cover predicted turnover up to the end of March 2019), the Trust had no paramedic vacancies (against the overall funded establishment) as of 31st March 2019. However, over 90 conditional offers have recently been made to newly qualified paramedics (NQPs) from universities across the UK (which includes a cohort of existing technician staff who have trained to become paramedics via an 18 month conversion course). This is a significant achievement at a time when paramedicine is recognised as a shortage profession and is a sign of the continued growing reputation of WAST as an ambulance employer of choice. The size of this cohort is reflective of the Trust's workforce planning and early decision making, enabling an over-recruitment to cover predicted turnover and internal movements to March/April 2020. It also includes an additional number of NQPs to backfill and facilitate the roll out of advanced paramedic practitioners across Wales. NQPs will be joining the Trust in a phased approach up to December 2019.

## **Organisational Development and Wellbeing**

60. Following discussions with Executive and Senior Management colleagues, the Trust is developing a very exciting approach to considering Wellbeing. As we develop and test the newly forming strategy, there are principles that sit behind this are: "good work is good for us, bad work is very bad for us"; wellbeing is unique to each individual; wellbeing needs to be seen through the lenses of a hierarchy of needs (if we don't have our basic needs met, it is very difficult to really participate in our work); there are tried and trusted approaches including the Five Ways to Wellbeing which will form a basis of the work. The themes are: reset/redevelop our focus, targets and expectations; redesign work (both the "what" and "how") so it helps us to be as well as possible as much as possible; continue to build our wellbeing infrastructure. To help develop the approach, a series of workshops and events will be hosted across Wales to secure colleagues' input.

61. As we finalise our annual report for Treating People Fairly (our approach to equality, inclusion and fairness), we are turning our thoughts to the next version of TPF (2020-24). We have started to consider what Strategic Equality Objectives we should be meeting and how we embed these into all of our work. As these collaboratively emerge, we look forward to widespread participation from colleagues across the Trust.

62. Following on from the local reflections, conversations and decisions across the Trust having looked at Staff Survey Results, we collated some Trust themes in early April. These are: improved communication, more mental health support and a focus on workplace conflict (particularly through the lens of bullying and harassment). We will use our recently launched WIIN approach to get colleagues involved in the issues and how improvements can be made.

63. Our approach to Leadership and Management development continues with both ongoing delivery of approaches as well as planning for activities which help improve leadership capability and confidence. Our Being Our Best programme for 6<sup>th</sup> June continues at a pace and voting is continuing for our category finalists. We look forward to our evening awards ceremony on the 9th October.

## **Band 6 Competencies**

64. We have successfully facilitated the first year of the Band 6 paramedic education process, with 91% of paramedic colleagues having achieved all of the year 1 competencies. We are now working with those colleagues who require further support to ensure compliance as soon as possible. Delivery of the year 2 competencies is also underway, with lessons learnt from year 1 informing our approach to delivery.

## **Transforming Education and Training Strategy**

65. We have worked with Estates colleagues to establish an Education and Training Hub at our new Ty Elwy premises. This includes an Immersive Learning Environment and extensive simulation equipment, as well as a viewing gallery, in order to facilitate realistic and meaningful education and training interactions. During

July, we will be visiting Shrewsbury College to learn about their approach to learning incorporating virtual reality (VR) and augmented reality (AR) concepts, with a view to improving the learning experience for all colleagues, in line with the Transforming Education and Training Strategy.

## **Quality, Safety and Patient Experience Directorate**

### **Annual Quality Statement**

66. The Annual Quality Statement 2018/19 (AQS) is a summary highlighting what the Trust has been doing to improve the quality of services it provides in order to drive both improvements in population health and the quality and safety of healthcare services. The AQS will be published on our internet site and hard copies will be available from 31<sup>st</sup> May 2019.

67. The AQS needs to encompass all key themes in line with Health and Care Standards for Wales and the NHS Wales Outcome and Delivery Framework. It also required us to reflect improvements being made in line with the expectations set out in 'A Healthier Wales', 'The Social Service and Wellbeing Act Wales 2014' and the 'Wellbeing of Future Generations Wales Act 2015'. As part of the Annual Quality Statement the Trust was required to demonstrate that a rights based approach was implemented within our work to support the Older People's Commissioner for Wales. It also reflects the priorities within the Integrated Medium Term Plan for 2020/21.

### **Adverse Childhood Experiences Booklet**

68. Evidence has shown that Adverse Childhood Experiences (ACE) impact neurological, immunological and endocrine development, increasing stress on the body and an individual's vulnerability to health harming behaviours. This is known to increase the risk of poor health outcomes in adulthood (Centre for Public Health 2015). As part of our continued commitment towards becoming an ACE informed organisation, the safeguarding team has produced an ACE guide for Trust frontline practitioners. WAST practitioners have a significant role to play in the prevention of ACE for children as well as supporting adults who may be suffering as a consequence of their own adverse childhood experience. Understanding ACE is currently embedded in WAST safeguarding education and practice. The launch of this Trust booklet in 2019 will further support staff and help to break the intergenerational cycle of potential harm to health and wellbeing by proactively supporting families with identified needs for support and intervention.

### **Infection, Prevention & Control**

69. The Trust Aseptic Non Touch Technique (ANTT) Delivery Plan was established in September 2017 with a commitment to implement the roll out of ANTT training and practice across the organisation. On initial assessment there were approximately 850 paramedics performing skin piercing treatments e.g. venous cannulation. In addition, Emergency Medical Technicians perform intra osseous insertions.

70. The all Wales ANTT training package that was available via the Electronic Staff Register (ESR) was not suitable for our out of hospital setting, it was largely secondary care based and the delivery model used in secondary care would not suit a mobile and time limited workforce. Simultaneously, the all Wales ANTT Policy was put before the Policy Group and was rejected for largely the same reasons, i.e. the lack of relevance to the out of hospital environment. Three actions followed:

- a. Collaborative work with the National Training College (NATC). It was agreed that ANTT training would be delivered via the Continuous Professional Development sessions held during April 2018 to 31 March 2019. Baseline training numbers at this time was assessed at 35% but considered unreliable as no measureable dedicated training had been provided for ANTT up to this point.
- b. The content of the all Wales ANTT training package was reviewed, working with ANTT.org (the originators of ANTT) the learning material was changed to reflect the out of hospital environment with the development of Emergency ANTT which was evidenced based and bespoke for our service. This was delivered to the NATC train the trainer sessions by ANTT.org, the theory learning would be followed by a practical assessment.

- c. The All Wales ANTT Policy was reviewed via Public Health Wales with representatives from the Trust's Infection, Prevention & Control Team to ensure that the out of hospital environment and Emergency ANTT forms part of the Policy. It is now in its final draft and will be presented to the Trust's Policy Group for endorsement in the next few months.

71. ANTT training is reported via the Quarterly Quality Assurance report. At the end of March 2019 it showed that out of 1,511 staff requiring ANTT training, 1,423 members of staff were reported as compliant this equates to a 94% compliance rate which provides much improved assurance.

### **Clinical Development (Digital)**

72. As part of ongoing clinical developments, the Education and Clinical Development (Nursing) Team are reviewing and developing the NHS Direct Wales/111 online symptom checkers. The team work collaboratively with subject experts to ensure the online symptom checker content is up to date and that outcomes reflect the services available. Developments, in line with user feedback aim to streamline the algorithms and provide as many definitive care dispositions as possible with new and more empowering self-care advice. Recent developments include:

- a. Commencing a review of the clinical content, flow and structure of the 28 existing symptom checker algorithms.
- b. Re-writing the existing online symptom checkers, replacing first and third party versions with a generic script. This will halve the time required to develop and build algorithms in the future.
- c. Changing the language used within each symptom checker to make it more accessible and understandable for users.
- d. Implementation of a new testing and governance framework with the PEGI Team.
- e. A full clinical review and redrafting of the 'Eye Problems' symptom checker with Dr NJL Sheen, Director, Wales Optometry Postgraduate Education Centre, which is now undergoing expert peer review.
- f. The development of 4 new symptom checkers, which are ready to be built and tested in Microsoft Dynamics by the PEGI Team:
  - Back Injury
  - Non-traumatic falls (with hyperlink to WAST falls video)
  - Chest pain
  - Breathing difficulties

### **Risk**

73. The Assistant Directors Leadership Team (ADLT) have undertaken a series of Risk Management sessions in support of their role leading the revised Risk Management Process. Assistant Directors are now undertaking a series of risk assessments on potential risks identified by the Executive Management Team.

### **RECOMMENDATION**

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



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

<b>AGENDA ITEM No</b>	<b>1.5</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## PROCEDURAL MATTERS

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Corporate Governance Officer
<b>CONTACT DETAILS</b>	Steve Owen, 01745 532994, <a href="mailto:steven.owen2@wales.nhs.uk">steven.owen2@wales.nhs.uk</a>

<b>CORPORATE OBJECTIVE</b>	N/A
<b>CORPORATE RISK (Ref if appropriate)</b>	N/A
<b>QUALITY THEME</b>	N/A
<b>HEALTH &amp; CARE STANDARD</b>	N/A

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

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>

## **Minutes**

- 1 To confirm as a correct record the minutes of the open and closed session of the meeting of the Board held on 28 March 2019.

## **Matters arising**

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

## **Use of the Trust Seal**

- 3 Since the last Trust Board meeting the Trust Seal has been used on the following occasions and refer to the Leasing of Omnicel Cabinets at the premises listed:

0199 – Aneurin Bevan Health Board

0200 – Morriston Hospital

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

## **RECOMMENDED: That**

- (1) the minutes of the meeting of the open and closed session of the Board held on 28 March 2019 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log; and**
- (2) the use of the Trust Seal as described be noted.**

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON 28 MARCH 2019 AT TY ELWY, ST ASAPH BUSINESS PARK, ST ASAPH, DENBIGHSHIRE LL17 0LJ**

**PRESENT:**

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
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
Wendy Herbert	Assistant Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Rachel Marsh	Interim Director of Planning and Performance
James Mycroft	Non Executive Director
Chantal Patel	University Representative
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner
Andy Swinburn	Assistant Director of Paramedicine
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development (OD)

**IN ATTENDANCE:**

Julie Boalch	Corporate Governance Manager (Part)
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Elizabeth Thomas	Operations Manager (Part)
Sonia Thompson	Assistant Director of Operations
Susan Tuckett	National Clinical Operations Manager (Part)

**APOLOGIES**

Claire Bevan	Director of Quality and Nursing
Dr Brendan Lloyd	Medical Director and Interim Deputy Chief Executive

## **14/19 CHAIRMAN INTRODUCTION AND UPDATE**

The Chairman welcomed all to the meeting advising that it was being audio recorded. The declarations of Mr Emrys Davies as a former member of UNITE and of Mr Nathan Holman as Chair of the Cross Hands Community Health Council were acknowledged by the Board.

He briefly referred to the following events which had recently taken place; the Welsh Confederation Annual Conference and the Ambulance Leadership Forum which would be covered in more detail during the Chief Executive update.

The Board were updated with other events that had taken place; a Board to Board meeting with Velindre NHS Trust. The Commissioners had recently visited the control room in Vantage Point House and this had received positive feedback.

Furthermore he provided details of his meeting with the Chair of the Regional Partnership Board at Aneurin Bevan which was also attended by Jason Killens and Estelle Hitchon, and had proved to be very fruitful.

He gave the Board details of his ride-out with the South East Wales Non Emergency Transport Service (NEPTS) which was found to be very productive.

### **RESOLVED: That**

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

## **15/19 CHIEF EXECUTIVE UPDATE**

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

1. Band 6 Paramedic portfolios – 77% of staff had now fully completed all the competencies required which had been considerable progress
2. Clinical Contact Centre resource - final approval for a new Clinician (Band 6) Job Description had been secured and was now in use for new staff across NHS Direct and the Clinical Support Desk (CSD)
3. Brexit – the Board were assured that the relevant contingency plans were in place and were continuing to be refreshed as risks emerged
4. NEPTS – the next transition was from the Hywel Dda area and this was due to take place on 1 April 2019
5. CEO Roadshows – a number of roadshows will be taking place in the next three months across Wales

Members considered the update in more detail and raised the following:

1. Advanced Paramedic Practitioner rotation into Out of Hours in Hywel Dda – when was this being evaluated? Andy Swinburn gave an update of the process involved and the ongoing monitoring and advised that at this stage it was too early to evaluate; the feedback thus far has been exceptional

2. Investigative Powers Act in April, were there any risks involved? Chris Turley confirmed that the Trust was fully engaged with the relevant authorities going forward and that this was a replacement of existing powers, which the Trust would only use in exceptional circumstances
3. Paramedic recruitment – following completion of the course and if there were no jobs available would the students be liable to repay the bursary? Claire Vaughan advised that the current guidance was that successful paramedics would be offered a role in Wales and should they not accept it, there would be an expectation to repay the bursary
4. Clinical Contact Centre – regarding the home working trial, how was the risk of staff being isolated being managed? Claire Vaughan informed the Board that the plan would never be for staff to work from home on a permanent basis

**RESOLVED: That**

**(1) the update was noted; and**

**(2) the Board was content with the current method of reporting by the CEO**

**16/19 PROCEDURAL MATTERS**

**Minutes**

The Minutes of the open and closed session of the meeting of the Board held on 29 January and 6 March 2019 were confirmed as correct subject to the minor amendments as described:

1. Add Nathan Holman apologies to the 6 March 2019 meeting
2. Resolutions in 6 March 2019 meeting to read Approved.

**Trust Board Action Log**

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

**Use of the Trust Seal**

Members noted the use of the Trust Seal as below:

0197 – Lease relating to Barry Fire Station

0198 – Deed of Lease, Matrix One

**RESOLVED: That**

- (1) the Minutes of the meeting of the open and closed session of the Board held on 29 January and 6 March 2019 were confirmed as correct subject to the minor amendments as detailed above; the actions set out in the action log were dealt with as described; and**
- (2) the use of the Trust Seal as described was noted.**



## **17/19 BOARD COMMITTEES: REVISED TERMS OF REFERENCE (TOR) AND OPERATING ARRANGEMENTS**

Keith Cox Board Secretary, in providing an overview of the report reminded the Board that on 13 December 2018, in agreeing Paper 2.5 Revised Governance and Accountability Framework, it was requested that the TOR and operating arrangements for the Board Committees be reviewed and amended as required for discussion and approval at this Trust Board meeting.

Members noted that the People and Culture Committee TOR were resubmitted for Board approval following a small number of revisions to the membership and quorum sections and the insertion of an additional sentence with regards to delegation from Trust Board for policy approvals. These changes had been necessary to ensure consistency in approach with other Board Committees.

The Board also noted that the Charitable Funds Committee TOR would be presented in May

The Board considered the TOR in more detail:

1. Audit Committee – Board were content
2. Finance and Performance Committee – Board were content but should be aware of and recognise the relevant management information being presented to the Committee
3. Quest – Board were content
4. People and Culture Committee - the number of TU partners was to be increased to four. Furthermore, Estelle Hitchon advised that under the heading 'Delegated Powers and Authority, Paragraph 3.1, the bullet referring to 'all matters relating to partnerships and engagement' should be re-worded to reflect that it only related to internal matters. Estelle Hitchon agreed to refine

**RESOLVED: That the TOR were agreed subject to the comments above.**

## **18/19 PATIENT STORY**

The Chair welcomed Susan Tuckett, National Clinical Operations Manager, who was in attendance in support of the patient story. Prior to the story Wendy Herbert provided some background information which set the scene.

The Board received a poignant video story told by Rosalyn about her husband who had become very ill and the experience she had with a call taker of the Trust when describing his symptoms.

She gave further details in which the call taker requested that her husband should be moved from the sofa to the floor. Rosalyn explained that after several attempts to try and move her husband which she couldn't, she became more distressed and ended the call. Once the paramedics arrived it took six crew members to move her husband. Rosalyn felt that the call taker could have been more compassionate and understanding.

Following Rosalyn's video the Board were briefed by Sue Tuckett who advised that several 'You Tube' videos were being developed to explain and show the various roles of the Trust.

The Board were then shown a first draft video of what happens when 999 was called; it was an educational video which gave more detail in terms of the type of questions the caller would be asked and why they were being asked. For example one of the questions the caller would be asked was how old the patient was and this would determine the instructions given to the caller as CPR was very different when being administered to a child as opposed to an adult; this would also determine the type of equipment required. Also more relevant to Rosalyn's story was that the caller, should CPR be required, was to ensure that the patient was on a hard surface such as the floor.

The Board reflected on the videos and raised several observations and points;

1. Members recognised that there should be some flexibility in the call takers script in cases such as this
2. The Board noted that it would be useful to listen to the actual call in cases like this to have a better grasp of the context
3. Members congratulated the team on producing the educational video and suggested that they be shorter and succinct; and by improving the quality and using laymen's language would make them more appealing to and resonate with the public.
4. Members noted that the call handler in this particular case could have been more sensitive, however, the instructions being given were first and foremost given to save life
5. The Board recognised that from this story the Trust was developing and implementing processes and initiatives to improve the wider patient experience

**RESOLVED: That the story was noted and looked forward to receiving an update on progress.**

## **19/19 LONG TERM STRATEGIC FRAMEWORK**

The Interim Director of Planning and Performance, Rachel Marsh, explained that the purpose of this paper was to present the Board with a copy of the Trust's Long Term Strategic Framework: A Vision for 2030. This had been developed over the past 18 months to set out the long term vision and ambition for the Trust up to 2030.

The Framework was organised into three main sections:

1. The Goal: Delivering Excellence: This described the emerging vision for the Trust aligned to the three core objectives; helping patients and staff stay healthy, helping patients to more easily access services at the right time, and providing the right care in the right place, wherever and whenever it was needed.
2. The Enablers: This described the four key enablers that underpinned the strategic framework: continue to provide the best care possible, outcomes and experience to patients, enable staff to be the best they can be, ensure the design and infrastructure of the organisation were at the forefront of innovation and technology, and whole system partnership and engagement.
3. The Golden Threads: described how the Trust would ensure that 'Quality' and 'Value and Efficiency' was at the heart of everything it did.

Members, having considered the report in more depth raised the following:

1. Fundamentally, Members noted that the Trust were the deliverers of care, collaborators in care and coordinators of care and this should be expressed within the report going forward. Rachel Marsh advised that this was demonstrated within the IMTP
2. The Board were keen to see a simplified and more succinct description of the vision which would be more comprehensible to the wider public
3. The Board recorded a note of thanks to James Houston for his work in producing the Long Term Strategy Framework

**RESOLVED: That**

- (1) **the Trust's Long Term Strategic Framework was approved and endorsed; and**
- (2) **the proposed engagement approach outline within the report was supported.**

**20/19 IDENTIFYING AND MANAGING FREQUENT CALLERS**

The Assistant Director of Paramedicine, Andy Swinburn, gave the Board a presentation and drew attention to the following areas:

1. There were several stakeholders and multi-disciplinary teams involved in developing the programme to identify and manage frequent callers
2. As part of the programme the Trust looked for common themes with the callers; and were they also calling the fire and police services for example;
3. Following the implementation of the multi-disciplinary team the impact in terms of addressing the issues of the high number of frequently callers had been a significant improvement

The following comments were made:

1. What was the Trust doing in order to address the vulnerable patients who were frequent callers? Andy Swinburn explained there was a system in place in which there were a range of solutions depending on the particular circumstance
2. Following a query regarding collaboration, Members recognised that there was collaboration with the other emergency services

**RESOLVED: That the update was noted.**

## 21/19 INITIAL 2019/20 REVENUE BUDGET

Chris Turley, Interim Director of Finance and ICT, advised the Board that the report provided additional analysis of how the proposed balanced financial plan for 2019/2020, previously approved as part of the IMTP, was translated into delegated budgets, the key assumptions made and the remaining choices required in doing so.

Whilst the Board could take assurance that the Trust was in a balanced position, there were some areas where there was overspending; and this had been noted that some of these would need to be recognised, where possible, in the budget setting going forward for next year.

The Board noted that as per previous years, a modest contingency budget of £0.5m (0.3%) had been proposed at the outset of the year.

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

In terms of the financial plan there would always be risks, some of which were as yet unquantified; there were still some potential significant cost pressures, some for which the Trust was still clarifying (along with the rest of the NHS in Wales) if additional funding would be available.

As part of the budget setting, a range of cost pressures were now proposed to be recognised in delegated budgets. These included:

1. Net revenue costs of a range of recent significant capital and estates developments, including Ty Elwy, Matrix One, Cardiff East
2. The costs of maintenance relating to a range of medical equipment (e.g. defibrillators) funded from the capital plan over the last few years, but which have a revenue tail
3. A commitment previously made as part of the 111 development to further increase the nursing and practice based coaching and support provided to the current NHSDW service
4. The continuing pressure on fuel prices
5. A range of smaller developments that had been agreed and progressed over the last couple of years, which had yet to be fully recognised in delegated budgets, but for which costs were being incurred (as agreed) resulting in a local pressure

A key part of the financial plan in the budget setting was the savings target for 2019/20. This was currently £2.1m and the themes as agreed within the IMTP were detailed in Annex 3 of the report.

Members received a further update from the Chairman of the Finance and Resources Committee, James Mycroft, in which he noted the recent good financial performance but also stated that the Trust should not become complacent given the balanced financial position going forward.

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

1. Given the sickness levels and overtime reduction in terms of savings; how did that link with the roster reviews being undertaken in the Aneurin Bevan and Cwm Taf Health Boards? Chris Turley explained how the savings targets had been implemented which considered the cost impact of covering front line staff. Claire Vaughan added that sickness levels continued to be monitored and tracked, especially staff on long term sickness. Current indications showed that there were some positive outcomes. The Interim Director of Operations, Louise Platt, updated the Board on the rosters explaining that 90% of staff were now on the Global Rostering System (GRS).
2. Had the output from the previous demand and capacity review been considered within the budget? Chris Turley explained there were still some unknowns in the first quarter of the budget of which this was one; however this particular area was a small risk

Members acknowledged the work undertaken by the finance team in achieving this good financial position notwithstanding the challenges.

**RESOLVED: That the 2019/20 initial revenue budget was approved.**

## **22/19 FINANCE PERFORMANCE AS AT MONTH 11 (2018/19) AND DISCRETIONARY CAPITAL PROGRAMME UPDATE**

The Interim Director of Finance and ICT, Chris Turley, provided the Board with an update on the financial performance and savings delivery of the Trust for the first eleven months of 2018/19

The year to date revenue financial position of the Trust as at Month 11 2018/19 (February 2019) was a small underspend against budget of £0.046m. This was an improvement in the year to date position this month of £0.008m. The Trust remained confident therefore that the statutory duty of financial balance by the financial year end would be maintained and delivered.

Whilst the overall revenue position was in balance, there continued to be areas that adversely impacted on the Trust's financial position which needed to be further managed, especially as the Trust moved into the new financial year.

In terms of capital, Chris Turley gave the Board an overview and drew attention to the detailed capital expenditure illustrated within Annex 5 of the report.

**RESOLVED:** That 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.

## **23/19 INTEGRATED MEDIUM TERM PLAN 2018/19 - QUARTER 3 DELIVERY REPORT**

Rachel Marsh, Interim Director of Planning and Performance, in updating the Board advised that that this was a “moment in time” report which represented an accurate position as at the end of December 2018 and acknowledged that measures were in place to rectify any of the strategic actions that were not on track. These actions would be reported on in the next Quarter 4 report.

Members raised the following points:

1. Clarity was sought on the corrective action listed in paragraph 25 of the report which related to service configuration changes taking place; Rachel Marsh advised that an alternative action was in place to address this issue as part the collaborative demand and capacity review
2. Benchmarking of corporate services - was this now completed? Claire Vaughan explained that the first phase had been concluded

Members held a detailed discussion which considered the IMTP in more detail noting the progress being made and looked forward to receiving the final iteration of the IMTP in due course.

**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 3 was noted; and
- (3) this was position is a ‘moment in time’ was noted, and did not reflect activities that may have occurred since December 2018 was noted.

## **24/19 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT 2018/19**

The Interim Director of Planning, Rachel Marsh, 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 January 2019.

In terms of the format of the report, the Board’s focus should be to concentrate on a smaller number of indicators but not forgetting there were other indicators the Trust was being measured and monitored on by Welsh Government. The strategy map in the IMTP was used In order to decide which of those smaller number of indicators were contained at the forefront of the report, as this listed the Trust’s headline measures; from these indicators, ten were determined for the Board to focus on.

The following comments were raised:

1. Members were content with the overall format and asked that when changes were made they should be annotated on the relevant graph

2. Following a query in terms of how indicators, should they become an issue and fell outside the top ten indicators; Rachel Marsh advised that should any performance indicators falling outside the top ten but required the Board's attention would be illustrated at the end of the report
3. The Board should focus their attention on the areas outside the normal variation and performing below the tolerance level; this should be a discussion topic at a future Board Development Day
4. It was suggested that the top ten indicators should broadly focus more on the outcome measures
5. NHS DW visits to website, it was not informing the Trust how many people were accessing the symptom checker element and consideration should be given whether this should be side lined
6. The indicator which reflected the Amber one and two performance should be split into two
7. In terms of Quality, especially the Longest Waits; these need to be discussed in more detail on way forward in terms of reporting
8. Indicator 10, Workforce – specifically sickness, this indicator should also include restrictive duties, secondments and annual leave. This would provide more clarity on absence

**RESOLVED: That**

- (1) the performance outlined in the report was noted and discussed; and**
- (2) the revised format was noted and discussed.**

**25/19 POLICY FOR THE DEVELOPMENT, REVIEW AND APPROVAL OF POLICIES**

The Board Secretary, Keith Cox, explained that the purpose of the report was to provide Members with the final 'Policy for the Development, Review and Approval of Policies' for consideration and approval.

The aim of the policy was to provide a structure and process to follow that would ensure all policies were in line with current legislation, guidance and evidence in addition to ensuring that all policies had been subject to thorough scrutiny and engagement during the process. The policy applied to all staff employed by the Trust.

Specific engagement had taken place with representatives from the Counter Fraud, Information Governance, Health & Safety, Education and Training, Records Management and Welsh Language teams to ensure that the policy complied with legislative frameworks. Each team had given explicit approval of the relevant sections within the policy for which they were responsible.

**Trust Policies Update Report**

In providing the update, Keith Cox explained that the report provided the Trust Board with progress in bringing all Trust policies up to date through a revised process.

The Trust currently holds 132 policies, 61 of which were in date (46%) with at least seven further policies due to be approved within this financial year. This would bring the total number of policies in date to 68 which equated to 52%.

Members acknowledged that the new system of monitoring and implementing policies was working well.

The Board recorded a note of thanks to Julie Boalch, Corporate Governance Manager for her work in implementing the development of policies for the Trust.

**RESOLVED: That**

- (1) the Policy was formally approved by the Board: and**
- (2) the Trust Board received the progress report and noted the contents.**

**26/19 BOARD ASSURANCE FRAMEWORK (BAF)**

The Board Secretary reminded Members that the BAF report had been designed to collate information relating to the Trust's strategic aims which were 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.

Since the last reporting of the BAF to the Board the following changes had taken place:

There had been two new risks recommended for inclusion on the Corporate Risk Register during Quarter 3, two risks had been escalated, one risk de-escalated and one risk had been closed. The details of these were contained within the report.

Members of the Board raised the following:

Concern was expressed regarding risk CRR 57 '*Patients unable to access secondary care assessment and treatment*' (patients being delayed on the back of ambulances outside Accident & Emergency) had increased in score from 15 to 20. Was this in the Trust's gift to influence? Rachel Marsh advised that this was one of the recommendations in the amber review and was for the specific health board to action; the Trust however can raise awareness of the issue. Members were further informed by the Chief Executive of details of the schemes underway across Wales in order to implement the actions that had arisen from the amber review.

**RESOLVED: That the Board received and commented on the BAF report.**

**27/19 FEEDBACK FROM TRUST BOARD COMMITTEES:**

**Audit Committee**

The Chairman of the Audit Committee, Pam Hall, made reference to the written committee briefing and drew the Board's attention to the following:

1. Internal Audit Plan – the governance process in ensuring the plan was monitored more effectively was being implemented
2. Audit Tracker – this was progressing at pace
3. Handover delays update report – it was anticipated this may be a limited assurance: the Interim Director of Operations Louise Platt, assured the Board that the appropriate steps have been undertaken to address the issue



## **Quality, Safety and Patient Experience Committee (Quest)**

The Chairman of the Quest Committee, Emrys Davies, made reference to the written committee briefing and drew the Board's attention to the following:

1. National proposal for Paramedics to have Level 3 Safeguarding training: this was being addressed via the National Ambulance Safeguarding sub group of the Quality, Governance and Risk Directors (QGARD); this would be a massive challenge if implemented
2. Deep Dive into Ombudsman Investigations – this had given rise to several recommendations which the Trust was instigating
3. Coroners activity – hospital delays were a key issue in this area
4. NEPTS – transfer form Health Boards was progressing well
5. As part of the ongoing development for the Committee, a planning meeting was being held on 1 May, attendance and/or comments were welcomed

Members expressed concern in terms of the lack of flu immunisation by staff.

**RESOLVED: That the updates were noted.**

### **28/19 CONSENT ITEMS**

The following Committee Minutes which had been approved by the relevant Committee were submitted for adoption by the Board.

Audit Committee  
Quality Patient Experience and Safety Committee  
Charitable Funds

6 December 2018  
26 February 2019  
13 September  
2018

**RESOLVED: That the Minutes as listed above were adopted**

### **29/19 ANY OTHER BUSINESS**

The Chief Executive informed the Board that the IMTP had been approved by Welsh Government yesterday and a note of thanks was recorded to Rachel Marsh and her team.

It was anticipated that the Trust's refreshed website would be launched next week. Estelle Hitchon provided the Board with further details in terms of implementation.

The Chairman advised the Board that this was Non Executive Director Mr James Mycroft's last Board meeting for the Trust, and thanked him for his service.

**Date of next meeting: 30 May 2019**

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH  
 AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 MARCH  
 2019 at TY ELWY, Ffordd Richard Davies, ST ASAPH BUSINESS PARK**

**PRESENT:**

Martin Woodford	Chairman of the Board (Interim)
Jason Killens	Chief Executive
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
Wendy Herbert	Assistant Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Rachel Marsh	Interim Director of Planning and Performance
James Mycroft	Non Executive Director
Chantal Patel	University Representative
Louise Platt	Interim Director of Operations
Bleddyn Roberts	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development
Andy Swinburn	Assistant Director of Paramedicine

**TRUST BOARD  
REPRESENTATIVES**

Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer

**APOLOGIES**

Claire Bevan	Director of Quality and Nursing
Brendan Lloyd	Medical Director and Interim Deputy Chief Executive

**07/19 RESOLUTION TO MEET IN CLOSED SESSION**

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

## 08/19 PROCEDURAL MATTERS

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

Apologies were recorded from Claire Bevan and Brendan Lloyd.

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

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

## 09/19 DIRECTOR OF QUALITY AND NURSING INTEGRATED HIGHLIGHT REPORT

Wendy Herbert gave an overview of the Integrated Highlight report and drew the Board's attention to some of the key outcomes which included:

1. There were 51 cases discussed at the Significant Clinical Incident Forum (SCIF), with 16 cases being reported as Serious Adverse Incidents (SAIs) to Welsh Government.
2. During this reporting period, formal concerns had shown a similar trend month on month and although concerns activity this year was significant, the volume of concerns had decreased in comparison to the same reporting period in 2017/2018.
3. Political concerns had also reduced. Previously, the Trust reported a significant rise in concerns raised by politicians across the winter period of 2017-18. However, the trend for this winter was comparable to the levels seen in 2016-17.
4. During January 2019, the SCIF considered a case where the Trust had a protracted response to a patient awaiting care within a Nursing Home setting. Following an end-to-end review, this was reported to Welsh Government as a Serious Adverse Incident. The end-to-end review identified some key actions, which were in the process of being completed by key stakeholders. In addition, an independent Investigating Officer from outside the Trust had been appointed to review all aspects of the concerns raised as a result of this incident. The investigation and the final report/recommendations was anticipated to be completed by the end of April 2019.
5. Coroners activity this year had been significant with 64 Coroner requests for statements received by the Trust.
6. Safeguarding activity had also seen significant numbers of referrals during the reporting period with 468 Child referrals and 139 Adult referrals in that time.

Members queried whether the Trust received any feedback or updates following safeguarding referrals. Wendy Herbert confirmed that this did not happen in the vast majority of referrals.

Further comments were raised which included:

1. Were any of the referrals duplicates and if there was a risk that some referrals were being made more than once before action was being taken as this could lead to a sense of frustration among staff if they felt incidents which they had reported were not being addressed in the first instance. Wendy Herbert confirmed that work was currently underway to ensure end to end reporting and to provide assurances around safeguarding referrals.

2. Areas of concern regarding the complaints procedure were raised in relation to the way in which complaints are currently handled. Some of the points which were raised included the wording of official responses from the Trust which often included technical language that the average member of the public may struggle to understand. In addition, there was a feeling that the Trust could do more to maintain contact with complainants and to provide updates throughout the complaints procedure.

**RESOLVED: That the report was received, discussed and NOTED.**

## **10/19 STRATEGIC SERVICE UPDATE**

The Interim Director of Planning and Performance Rachel Marsh gave a strategic service update and drew the Board's attention to two changes since the last report. These were:

1. The centralisation of Obstetric and Neonatal services within Cwm Taf Health Board which went live at the beginning of March 2019.
2. The centralisation of South East Wales out of hours Interventional Radiology services at UHW, Cardiff.

In addition, Rachel Marsh highlighted the transition of healthcare responsibility for Bridgend County Borough Council (CBC) from ABMU to Cwm Taf HB was anticipated to take place during the next reporting period.

The Board noted the report and discussed the potential impact that these changes may have upon operational services. It was noted that these individual changes may have a cumulative effect on resources. The potential impact upon resources was recognised and this had been confirmed with discussions with the Chief Ambulance Services Commissioner Stephen Harrhy.

**RESOLVED: That the contents of the report were NOTED.**

## **11/19 111 PROGRAMME UPDATE**

The Interim Director of Finance and ICT Chris Turley gave an update on the 111 programme and confirmed that the proposed roll out in the Aneurin Bevan HB Area had been delayed due to a net shortfall in nursing staff. Chris Turley outlined the steps being taken by the Trust to address this issue.

These included a new recruitment campaign along with a 'deep dive' into the recent staff attrition which had seen 14 nurses leave the Trust with only 12 joining during the same period. Chris Turley also confirmed that the 111 roll out in the Cwm Taf HB Area remained on schedule for September / October 2019.

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

1. Who would carry the risk if the 111 service was implemented and then struggled to operate as a result of staff attrition? Chris Turley confirmed the risk would be carried by the Trust, but that this was exacerbated in times of implementation in new HB areas during the step up in staffing levels required at a point in time
2. Would the Trust fully engage with the Union and work together on the 'deep dive' in order to fully understand and address the reasons around staff attrition and retention. Director of Workforce and Organisational Development Claire Vaughan confirmed that the Trust would work closely with Trade Union partners.

**RESLOVED: That**

**(1) the decision to defer 111 roll out into the Aneurin Bevan University Health Board area and the immediate actions taken to seek to minimise the implementation delay were NOTED.**

**(2) the progress of the 111 procurement was NOTED.**

#### **12/19 INTERIM DIRECTOR OF FINANCE**

*Chris Turley leaves meeting*

The Board discussed the extension of Chris Turley's appointment as Interim Executive Director of Finance and ICT while the permanent post holder remained on secondment at Powys Teaching Health Board. As this position was a Board appointment, Board approval was required in accordance with Standing Orders.

**RESOLVED: The extension of Chris Turley's appointment as Interim Director of Finance and ICT until either the secondment arrangements were finalised or a permanent appointment was made was approved.**

#### **13/19 BREXIT UPDATE**

The Director of Partnerships and Engagement, Estelle Hitchon gave an overview of BREXIT planning completed by the Trust in collaboration with Welsh Government and Local Resilience Forums in preparation for the UK leaving the European Union. Estelle Hitchon noted that the situation was fluid and constantly shifting but the Trust was confident that the necessary provisions and planning had been taken.

**RESOLVED: That the contents of the report were NOTED.**

#### **14/19 UPDATE ON DIRECTOR OF OPERATIONS APPOINTMENT**

Director of Workforce and Organisational Development, Claire Vaughan and Chief Executive Jason Killens gave a verbal update on the appointment of the new Director of Operations. Jason Killens confirmed that the Remuneration Committee had earlier noted the offer of appointment to Mr Lee Brooks and the Trust was now in the due diligence stage.

**RESOLVED: That the verbal update was NOTED.**

## **15/19 COUNTER FRAUD UPDATE**

Non Executive Director, Pam Hall gave a verbal update around ongoing developments within Counter Fraud. There had been an increase in investigations which was likely to be the result of greater reporting within the Trust. Furthermore, a trend had been identified where staff who were off sick were continuing to work elsewhere. Ten cases had been identified and potentially, up to 3% of staff who were off sick were working in other employment.

Interim Director of Finance and ICT, Chris Turley highlighted that it was important to note that these cases were not currently proven and were still in the investigative stage. In addition, Chris Turley noted that there had been an increase in FTE staff within the Counter Fraud department. This had allowed for more investigations to be conducted and may be a contributing factor behind the number of cases being identified.

It was confirmed that dialogue had taken place with Trade Union partners and they were willing to work with the Trust to address potentially fraudulent sickness.

The Board agreed that this issue needed to be addressed but was mindful of alienating staff and urged caution in how the Trust raised awareness among employees.

Director of Workforce and Organisational Development, Claire Vaughan confirmed that discussions had taken place with Counter Fraud Officer, Carl Window about improving communication around sickness and the support available to staff. Claire Vaughan also noted that there may be some legitimacy to these cases and simply working elsewhere while off work from the Trust may not be fraudulent when the individual circumstances were taken into consideration.

It was agreed that the Trust may need to look at individual cases to see if any lessons could be learned. In particular, could the Trust have done more to support the individual and prevent sickness from occurring in the first instance?

**RESOLVED: That the verbal update was NOTED.**

**Date of next meeting: 30 May 2019**

**WELSH AMBULANCE SERVICES NHS TRUST  
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 28 MARCH 2019**

**CURRENT ITEMS**

	<b>Minute Ref</b>	<b>Date Raised</b>	<b>Subject</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Status</b>
22	18/19	28 March 2019	Patient Story	Update following story regarding Rosalyn	Director of Nursing	
23	24/19	28 March 2019	Discussion on Performance Indicators: Tolerance levels	Item for Board Development Day	Board Secretary	Scheduled for 30 July

## COMPLETED ACTIONS

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
1	Open Session 11/17	23 March 2017	Engagement And Communications Framework: Proposed Delivery Plan	The submission of an update report for consideration by the Board on a quarterly basis, beginning June 2017 was agreed.	E Hitchon	COMPLETED
2	Open Session 19/17	23 March 2017	Board Assurance Framework	The proposed process for implementation with the view to presenting the 'live' BAF report to the 29 June Board meeting was agreed.	K Cox	COMPLETED
3	Open Session 21/17	23 March 2017	Revision to Standing Orders and Scheme of Delegation and Delegation of Powers	Revisions to be implemented going forward	P Hollard	COMPLETED
4	Open Session 29/17	20 July 2017	Clarification on wording for resolution on Clinical Contact Centres (CCC) from March 23 Minutes	Agreed that the Director of Planning and Performance liaise with Board Secretary to provide clarity with the wording on the resolution regarding the CCC (Minute 06/17 refers)	K Cox	Clarity on wording provided and Minute amended to reflect change <b>COMPLETED</b>
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 <b>COMPLETED</b>
6	Open Session 41/17	20 July 2017 and 28	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	K Cox/ P Hollard	<b>COMPLETED</b>  <b>Board delegated</b>



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

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	42/18					Medical Director update <b>COMPLETED</b>
13	Closed Session	19 July 2018	Development of a Long Term strategic Framework	<b>Board to receive update at next meeting – 27 September 2018</b>	E Hitchon	<b>On Open Agenda COMPLETED</b>
14	59/18	27 September 2018	Patient Story	<b>Update following any actions taken following the story presented at Board meeting on 27 September 2018</b>	C Bevan	<b>Update provided by CB, Item closed</b>
15	60/18	27 September 2018	IMTP	<b>Update to be provided at next meeting</b>	E Hitchon	<b>On Agenda Closed</b>
16	74/18	13 November 2018	Update on actions to address those recommendations in the Amber Review which the Trust could progress immediately	<b>To be presented at Trust Board in December</b>	J Killens	<b>Item On Agenda Closed</b>
18	87/18 Open Session	13 December 2018	DEVELOPMENT OF A LONG TERM STRATEGIC FRAMEWORK	<b>Updated following comments to be presented to Trust Board on 29 January 2019</b>	Rachel Marsh	<b>COMPLETED On Agenda</b>
20	29/18 Closed Session	13 December 2018	SIGNIFICANT VALUE CLAIM – PATIENT W	<b>Virtual Board meeting was to consider further clarity on costs. Formal update to be presented at next Board meeting</b>	Keith Cox Claire Bevan	<b>Completed 29 January 2019</b>
21	30/18 Closed Session	13 December 2018	NHS STRATEGIC SERVICE CHANGES	<b>Deferred to 29 January 2019 Trust Board Meeting</b>	Rachel Marsh	<b>COMPLETED On Agenda</b>
17	83/18 Open Session	13 December 2018	REVISED GOVERNANCE AND ACCOUNTABILITY FRAMEWORK	<b>Finance and Performance Committee terms of reference be prepared for discussion at the Trust Board meeting of 28 March 2019</b>	Keith Cox	<b>On Agenda for 28 March 2019 meeting</b>
19	28/18 Closed	13 December	SIGNIFICANT VALUE CLAIM – PATIENT P	<b>Once settled, claim to be presented to Board for final sign off</b>	Claire Bevan	<b>Ongoing</b>

	Minute Ref.	Date	Subject	Agreed Action	Lead	Status
	Session	2018				



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

<b>AGENDA ITEM No</b>	<b>1.6</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## **Board Committees Revised Terms of Reference and Operating Arrangements**

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Assistant Corporate Secretary
<b>CONTACT DETAILS</b>	Tel: 01745 532906 Email: Mike.Armstrong@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	All
<b>CORPORATE RISK (Ref if appropriate)</b>	All
<b>QUALITY THEME</b>	All
<b>HEALTH &amp; CARE STANDARD</b>	All

<b>REPORT PURPOSE</b>	To agree revised terms of reference and operating arrangements for Board Committees.
<b>CLOSED MATTER REASON</b>	Not Applicable

## **REPORT APPROVAL ROUTE**

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>

## **SITUATION**

- 1 This paper sets out for approval revised terms of reference and operating arrangements for the following Board Committees:
  - Charitable Funds Committee
  - Remuneration Committee

## **BACKGROUND**

- 2 Trust Board on 13 December 2018, in agreeing Paper 2.5 Revised Governance and Accountability Framework, requested that the terms of reference and operating arrangements for all Board Committees be reviewed and amended as required for discussion and approval by Trust Board.
- 3 At its meeting on 28 March 2019, Trust Board received and approved the terms of reference for the following committees:
  - Audit Committee
  - Finance and Performance Committee
  - People and Culture Committee
  - Quality, Patient Experience and Safety Committee
- 4 In addition to the above, Trust Board on 28 March 2019 noted that the Remuneration Committee terms of reference would be submitted to this Board meeting for approval and were informed that the Charitable Funds Committee terms of reference, that were subject to a separate review by the Committee, were also scheduled to be reported back to this meeting.

## **ASSESSMENT**

- 5 The terms of reference for the Charitable Funds Committee attached as Appendix 1 to this report have been prepared by the Director of Finance and ICT and the Board Secretary following discussions at the last meeting of the Committee on 7 March 2019.
- 6 The terms of reference for the Remuneration Committee attached as Appendix 2 to this report were considered and approved (subject to minor revisions outside of the formal committee meeting) for submission to the Board on the 28 March 2019.

**RECOMMENDED:**

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

## CHARITABLE FUNDS COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In accordance with Standing Orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

#### 2. CONSTITUTION

- 2.1 The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales.
- 2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, a Director of Finance & ICT and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust.
- 2.3 The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's Charitable Funds.

#### 3. SCOPE AND DUTIES

- 3.1 Within the budget, priorities and spending criteria determined by the Trust as Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 and Charities Act 2011 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- 3.2 To ensure that the Trust policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a

proper return consistent with prudent investment and ensuring compliance with:-

- Trustee Act 2000
- The Charities Act 1993
- The Charities Act 2006
- The Charities Act 2011
- Terms of the fund's governing documents

- 3.3 To oversee and monitor the functions performed by the Director of Finance and ICT and the Bids Panel as defined in Standing Financial Instructions.
- 3.4 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- 3.5 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

#### **4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE AND ICT**

- 4.1 The Director of Finance and ICT has delegated responsibility for the Trust's Charitable Funds as defined in the Trust's Scheme of Reservation and Delegation and as detailed within the Charitable Funds Investment Policy. With support from the Bids Panel, the specific powers, duties and responsibilities delegated to the Director of Finance are:-
- That Charitable Funds held are managed and scrutinised appropriately
  - Administration of all existing charitable funds.
  - Provide guidelines in response to donations, legacies and bequests, fundraising and trading income.
  - Responsibility for the management of investment of funds held on trust as detailed within the Charitable Funds Investment policy.
  - Ensuring that the banking arrangements for the charitable funds are kept entirely separate from the Trust's NHS funds.
  - Prepare reports to the Trust Board including the Annual Account.
  - Make arrangements for independent audit at appropriate times.

#### **5. AUTHORITY**

- 5.1 The Committee is authorised by the Board to:
- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are



directed to co-operate with any reasonable request made by the Committee;

- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
  - by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and
  - establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.)
- Reporting to the Committee is a Charitable Funds Bursary Panel whose duties and responsibilities are set out in the Bursary Scheme approved by Trust Board 28 January 2016. The Committee has also agreed a National Bids Approval Panel at its March 2019 meeting.

## **6. MEMBERSHIP**

### **Members**

6.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

6.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

### **Attendees**

6.4 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and ICT
- Board Secretary
- Director of Workforce and OD
- Director of Operations
- Trade Union Partners (x2)

### **By Invitation**

- 6.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:
- the Chair of the Trust
  - any other Trust officials
  - any others from within or outside the Trust
  - the Chief Executive (Accountable Officer)
- 6.6 The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.
- 6.7 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

### **Member Appointments**

- 6.8 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 6.9 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.
- 6.10 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of any co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair {and, where appropriate, on the basis of advice from the Trust's Remuneration Committee}.

### **Secretariat and Support to Committee Members**

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

## **7. COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of meetings**

- 7.2 Meetings shall be held normally no less than twice in any financial year and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

### **Withdrawal of individuals in attendance**

- 7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - appropriate sharing of information

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

- 8.3 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,
- 8.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

- 9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board.
- 9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
  - Quorum – as set out in section 7

## **11. REVIEW**

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

### REMUNERATION COMMITTEE

#### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

#### 2. PURPOSE

- 2.1 The purpose of the Remuneration Committee (the Committee) is to provide:
  - advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
  - assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

#### 3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:
  - remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently;
  - ensuring that there is a process in place which both sets Executive Directors and other VSMs objectives and subsequently assesses performance;
  - proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of all termination/severance payments (including A4C) in accordance with the relevant Welsh Government guidance; with regard to consideration of applications under the Voluntary Early Release

Scheme, the Committee is authorised to approve all applications up to and not exceeding a value of £50k. Applications above that amount will be considered by the Committee and if endorsed will then specifically require WG approval.

- proposals in respect of any litigation claims in relation to any HR/employment matter which is not the subject of reimbursement by the Welsh Risk Pool.

### **Authority**

- 3.2 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.
- 3.3 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

### **Sub-Committees**

- 3.4 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

## **4. MEMBERSHIP**

### **Members**

- 4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

- 4.2 The Chairman of the Audit Committee shall be co-opted to the Committee with full membership powers when VERS applications are to be considered by the Committee.

### **Attendees**

- 4.3 The core membership will be supported routinely by the attendance of the following:
- Chief Executive
  - Director of Workforce and Organisation Development
  - Board Secretary

- Trade Union Partner (x2)
- 4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.
- 4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

### **Member Appointments**

- 4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.
- 4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

### **Secretariat and Support to Committee Members**

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

## **5. COMMITTEE MEETINGS**

### **Quorum**

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

## **Frequency of Meetings**

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

## **Withdrawal of individuals in attendance**

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

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business; and
  - Sharing of appropriate information;
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.
- 6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

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



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

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

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum (as set out in section 5)

## **9. REVIEW**

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



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<b>AGENDA ITEM No</b>	<b>2.1</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## THE ANNUAL FINANCIAL ACCOUNTS AND ACCOUNTABILITY REPORT FOR 2018/19

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Director of Finance and ICT and Board Secretary
<b>AUTHOR</b>	Jill Gill, Financial Accountant Mike Armstrong, Asst Corporate Secretary
<b>CONTACT DETAILS</b>	Chris Turley Tel: 01633 626201 Email: <a href="mailto:chris.turley2@wales.nhs.uk">chris.turley2@wales.nhs.uk</a> Keith Cox Tel: 01633 626221 Email: <a href="mailto:Keith.cox@wales.nhs.uk">Keith.cox@wales.nhs.uk</a>

<b>CORPORATE OBJECTIVE</b>	
<b>CORPORATE RISK</b>	
<b>QUALITY THEME</b>	
<b>HEALTH &amp; CARE STANDARD</b>	

<b>REPORT PURPOSE</b>	<b>For formal approval of the Annual Accounts and Accountability Report</b>
<b>CLOSED MATTER REASON</b>	Not Applicable

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Audit Committee	23 May 2019	To recommend for approval by the Board
Trust Board	30 May 2019	For approval

## **SITUATION**

1. The Trust submitted its unaudited draft accounts to the Welsh Government on 26 April 2019 and its Accountability Report on 2 May 2019, both in line with the agreed timetable.

## **BACKGROUND**

2. The accounts for the year ended 31 March 2019 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.
3. The Accountability Report complies with Welsh Government reporting requirements.

## **ASSESSMENT**

4. The Final Audited Accounts as presented demonstrate that the Trust has:
  - a) Reported a retained surplus of £0.057 million for the year.

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2018-19.

The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-17, being the first three year period of assessment.

The Trust is therefore deemed to have met its financial duty to break even over the 3 years 2016/17 to 2018/19 as shown below.

	Annual financial performance			2016-19
	2016-17	2017-18	2018-19	Financial
	£000	£000	£000	duty
				£000
Retained surplus	44	70	57	171
Less Donated asset / grant funded revenue adjustment	0	0	0	0
Adjusted surplus/(deficit)	44	70	57	171

- b) Managed cash resources and working capital to precisely achieve its External Financing Limit (EFL) target of £0.697 million;
  - c) Expended Capital Investment funds of £19.824million, thereby utilising 100% of the Trust's Capital Resource Limit; and
  - d) Achieved Public Sector Payments Policy (PSPP) of 97.0% within 30 days, against the 95% target.
5. The draft accounts have subsequently been amended by the Trust and audited by the Wales Audit Office (WAO). Adjustments between draft and final accounts were minimal and of a disclosure nature only. The WAO have provided a report that indicates that it is the intention of the Auditor General for Wales to issue an unqualified certificate and report on the financial statements.
6. As part of the Annual Accounts process, all NHS Wales bodies are required to submit an 'Accountability Report' that consists of three parts:-
  - i. A Corporate Governance Report (which includes the Annual Governance Statement that historically was produced as a standalone document)
  - ii. A Remuneration and Staff Report, and
  - iii. A Parliamentary Accountability and Audit report
7. The Accountability Report has been prepared as directed by the Welsh Government and has been subject to audit scrutiny.
8. The audited accounts and accountability report were presented to the Trust's Audit Committee on 23 May 2019, where they were subject to some detailed review and scrutiny. Following this, and the views expressed by both WAO and supported by the Internal Audit annual opinion for 2018/19, they were recommended at that meeting for approval by Trust Board on 30 May.
9. As pointed out to the Audit Committee, although the audit was in its final stages at the time, WAO were still concluding some work that has continued up to the date of Trust Board. As a result of this one non-material changes, again of a presentational and disclosure nature only, has been made to the accounts from that which were subject to the detailed review by Audit Committee members. In addition the Welsh Government have requested additional narrative within Note 37 in respect of Brexit and Indexation.

Details of these changes are shown at **Appendix 1**. None of these adjustments have impacted on the overall position of the accounts as previously presented.

10. The final approved and audited annual accounts and accountability report are due to be submitted to Welsh Government by 31 May 2019 as one single unified document (attached as **Appendix 2**) in line with the agreed timetable.

**RECOMMENDED: That the Trust's Annual Accounts and Accountability Report for 2018/19 receive approval and that, following this, the documents are signed in accordance with Welsh Government requirements.**

## **Appendix 1 – Details of changes made to the financial accounts for 2018/19 following Audit Committee**

### **As a result of ongoing audit scrutiny:-**

- a) An adjustment of £0.671m in respect of a categorisation change from 'Assets Under Construction' to 'Transport Equipment' has been reflected within Note 13.

### **As a result of a request from the Welsh Government:-**

- b) The following narrative has been added to **Note 37- Other information (page 67)**

#### **BREXIT**

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

As part of the Trust's preparation in connection with this additional contingency stock was purchased with a value of approximately £0.2m.

#### **Indexation**

In 2018-19 the NHS Estate has been valued using indices provided by the District Valuer and disclosed in the Manual For Accounts.

### **Following comments made at Audit Committee:-**

- c) Note 10.4 Remuneration relationship paragraph 4 now reads:-

*'The reason for both the increase in remuneration together with the upward rise in ratio compared to 2017-18 are the result of a change in remuneration of the Chief Executive.'*

- d) Re the 'Foreword' , the previous statement of 'almost 3400 people' has been changed to 'over 3000 people'. This now aligns with Note 10.2.



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# ACCOUNTABILITY REPORT AND ANNUAL ACCOUNTS

## 2018-19



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# ACCOUNTABILITY REPORT

## 2018-19



## Introduction

The Accountability Report is part of a suite of reports which form the Trust's Annual Report and Accounts. The Accountability Report is intended to meet key accountability requirements to the National Assembly for Wales. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context as set out in the 2018-19 Government Financial Reporting Manual (FReM). It will therefore cover such matters as directors' salaries and other payments, governance arrangements and audit certificate and report. The accountability report will be signed and dated by the Accountable Officer.

The Accountability Report consists of three main parts. These are:

**The Corporate Governance Report:** This Report explains the composition and organisation of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Corporate Governance Report itself is in three main parts; the Directors' Report, the Statement of Accounting Officer's Responsibilities and the Annual Governance Statement.

**The Remuneration and Staff Report:** The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition and sickness absence, together with expenditure on consultancy and off payroll expenditure.

**National Assembly for Wales Accountability and Audit Report:** The National Assembly for Wales Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.



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# **CORPORATE GOVERNANCE REPORT**

## **2018-19**

## Introduction

This Corporate Governance Report is a key feature of the Welsh Ambulance Services NHS Trust Annual Report and Accounts. The Report details the composition of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Report explains the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how the Trust have monitored and evaluated the effectiveness of its governance arrangements. It is intended to bring together in one place matters relating to governance, risk and control.

The Corporate Governance Report therefore aims to provide the reader with a clear understanding of the organisation and its internal control structure, the stewardship of the organisation and an explanation of the risks the organisation is exposed to. Where there are weaknesses reported in the Report, an explanation is provided on how these are being addressed.

The Corporate Governance Report consists of three main parts. These are:

**The Directors' Report:** This provides details of the Board and Executive Team who have authority or responsibility for directing and controlling the major activities of the Trust during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

**The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chairman and Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts, as a whole, is fair, balanced and understandable

**The Annual Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the Trust and brings together how the organisation manages governance, risk and control.

## The Directors' Report

The Directors' Report provides details of the Board, Executive Team and any other individuals who were Directors of the Trust and have or had authority or responsibility for directing and controlling the major activities of the Trust at any point during the year.

Some of the information normally presented in this report is discussed elsewhere in the Annual Report and Accounts and where applicable this will be cross-referenced to the information.

### Details of Chair, Chief Executive and other Directors.

The details of the Chair, Chief Executive and any other individuals who were Directors of the Trust at any point during the financial year, and up to the date that the Annual Report and Accounts were approved, are provided in the Annual Governance Statement which forms part of this Corporate Governance Report.

The composition of the Trust Board, the names of the Directors forming the Audit Committee and information on personal data related breaches and incidents are also provided in the Annual Governance Statement.

### Company Directorships

The following declarations of interest with regards to company directorships and other significant interests were submitted in 2018-19. Voting Members of the Trust are marked with an asterisk in the Table below.

Name	Position	Declaration
Martin Woodford *	Trust Chairman (Interim) and Non Executive Director	Secretary of Llandogo Memorial Green Committee. Secretary/Manager Tintern Sports Club.
Helen Birtwhistle *	Non-Executive Director (Left the Trust 31/10/18)	Director of Wales For Europe. Lay Member of the Governing Body of the Church of Wales. Vice Chair of Standing Committee. Member of the International Advisory Board, Cardiff Business School. Volunteer with Oasis, an organisation to support asylum seekers/refugees.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Army Reservist. Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, The HALO Trust. Emeritus Professor, University of South Wales Independent Trustee St John Cymru Wales. Paton - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant across NHS Wales.

Name	Position	Declaration
James Mycroft *	Non-Executive Director	Employee of Principality Building Society, Director of Nemo Personal Finance Ltd.
Martin Turner *	Non-Executive Director (Interim) (Joined the Trust 23/7/18)	Management Consultancy (Martin Turner Associates)
Patricia Roseblade *	Chief Executive (Interim) (1/4/18 to 23/9/18) Deputy Chief Executive/ Director of Finance & ICT (Supernumerary) (24/9/18 to 14/10/18) On secondment from the Trust to Powys LHB (15/10/18)	None
Jason Killens *	Chief Executive (Joined the Trust 24/9/18)	Honorary Professorship at Swansea University – College of Human and Health Science
Claire Bevan *	Executive Director Quality and Nursing	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Christopher Turley *	Executive Director Finance and ICT (Interim)	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Hannah Evans	Director of Planning and Performance (On secondment from the Trust to ABMU LHB 6/8/18)	None
Estelle Hitchon	Director of Partnership and Engagement (Inc. responsibility for Planning and Performance for the period 6/8/18-2/12/18)	None
Richard Lee	Director of Operations (Left the Trust 7/11/18)	Examiner for Royal College of Surgeons Edinburgh. Funded by Health Foundation to attend SCIANA leadership programme.
Rachel Marsh	Director of Planning and Performance (Interim) (Joined the Trust on secondment from Cwm Taff LHB 3/12/18)	None
Louise Platt	Director of Operations (Interim) (From 1/11/18)	None

Name	Position	Declaration
Keith Cox	Board Secretary	Treasurer of Thrive – Local Charity, Magistrate Cardiff and Vale.

Note: The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust can act as a corporate trustee of the charity. In addition, four Non-Executive Directors have roles on the Charitable Funds Committee.

### **Environmental, Social and Community issues**

The Trust is aware of the potential impact its operation has on the environment and it is committed to wherever possible:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered;
- preventing pollution and reducing potential environmental impact; and
- maintaining for the foreseeable future its ISO 14001 environmental management accreditation.

The Board's Sustainability Report that forms a key part of the Performance Report section of the Trust's Annual Report provides greater detail in relation to the environmental, social and community issues facing the Trust. It also details some of the steps being taken by the Trust to tackle sustainability, these include:

- integrating the principles of sustainable development into every day decision making;
- focusing on reducing the consumption of finite resources and minimising waste where possible; and
- adopting a carbon based management approach specifically aimed at reducing CO2 and meeting the Welsh Government target objective of a 3% year on year reduction in our carbon footprint

During 2018-19 the Trust was once again successful in its external assessment by BSI and remains the only Ambulance Service in the UK to hold the ISO14001:2015 (Environmental Management System) accreditation.

### **Cost Allocation and Charging Requirements**

The Directors confirm that they have complied with the cost allocation and charging requirements set out in HM Treasury guidance.

## Statement of Accountable Officer's Responsibilities

The Accountable Officer is required to confirm that, as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The Accountable Officer is also required to confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

### Statement

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

As Accountable Officer I can confirm that as far as I am aware there is no relevant audit information of which Welsh Ambulance Services NHS Trust's auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the annual report and accounts as a whole are fair, balanced and understandable and I take personal responsibility for these and the judgement required for doing so.

Chief Executive ..... Dated 30 May 2019  
(Jason Killens)

## **Statement of Directors' Responsibilities in respect of the accounts**

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period.

In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

### **By Order of the Board**

#### **Signed:**

Chairman ..... Dated 30 May 2019

Chief Executive ..... Dated 30 May 2019

Director of Finance  
and ICT (Interim) ..... Dated 30 May 2019



# The Annual Governance Statement

## Introduction

This Annual Governance Statement is a key feature of the Welsh Ambulance Services NHS Trust annual report and accounts. It demonstrates how we managed and controlled resources in 2018-19 and the extent to which we complied with our own governance requirements. In doing so, it brings together all disclosures relating to governance, risk and control.

Further information on the corporate health of the organisation can be found in the Trust's 2018-19 Annual Quality Statement, whilst information on our performance over the last twelve months is set out in the Trust's 2018-19 Annual Report.

Looking forward, our targets and ambitions are explained in the Trust's 'Integrated Medium Term Plan (IMTP) 2019/20-2021/22' which continues the programme of reviewing and updating our IMTP on a rolling three-year cycle.

All the above documents are made available at the point of publication on the Trust's website: [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

## Who we are and what we do

The Welsh Ambulance Service was established in 1998, with NHS Direct Wales becoming part of the Trust in April 2007. Our clinically-led organisation provides a service to some three million people across Wales, an area of almost 8,000 square miles, spread across a diverse and challenging urban, coastal and rural landscape.

We employ almost 3,400 staff throughout Wales (comprising allied health professionals including paramedics, clinical services staff, nursing, administrative and clerical and other staff) and we operate from 90 ambulance stations, three clinical contact centres, three regional offices and five vehicle workshops. We also have our own national training facility to ensure our staff maintain high levels of performance and receive regular professional development.

Our services are focused in three main areas – unscheduled care, planned non-emergency transport and telephone and online advice:

- Our unscheduled care services (emergency and urgent care) provide support to patients with illnesses that are immediately life-threatening through to minor injuries and we are increasingly providing pathways to divert patients out of the hospital environment in order to treat people closer to home, where it is appropriate to do so.
- Our planned Non-Emergency Patient Transport Service (NEPTS) helps thousands of patients each year to get to their hospital and medical appointments.
- NHS Direct Wales provides telephone and online advice to patients who feel unwell, helping to signpost patients to, or arrange, the most appropriate care for them. The pathfinder 111 service (see "Governance of hosted organisations" below), introduced in some parts of Wales in 2016 is being

rolled out across Wales incrementally, and provides the basis for a more integrated model of future health care provision.

### **Emergency Ambulance Services Committee**

In July 2013, in response to the recommendations of the McClelland Review, the Minister for Health and Social Services announced a package of reforms which established revised accountability and delivery arrangements for the provision of emergency ambulance services in Wales. The revised arrangements came into being on 1 April 2014 with the establishment of the Emergency Ambulance Services Committee as a joint committee of the seven local health boards (LHBs).

(<http://www.wales.nhs.uk/easc/about-us>)

The Committee is formed by the Chief Executives of the seven local health boards and presided over by an independent Chairperson appointed by the Minister. The Emergency Ambulance Services Committee has appointed a Chief Ambulance Services Commissioner to undertake a lead role in supporting the local health boards in commissioning emergency ambulance services from the Trust within the context of the wider unscheduled care system (and from 2016 Non Emergency Patient Transport Services in Wales). The arrangements effectively create a commissioner/provider relationship in which the seven local health boards are collectively responsible for securing the provision of an effective emergency ambulance service for Wales. The Trust therefore is responsible for supplying the urgent and emergency medical services that the local health boards require against a robust commissioning framework.

The Trust has ensured during the course of the year that it works closely with partner organisations such as local health boards, local authorities, other emergency service providers, and Community Health Councils, to exploit opportunities for joint working and to improve the service we provide to the public in Wales.

### **NHS Wales Escalation and Intervention Arrangements**

In September 2016, the Trust saw its status under the NHS Wales Escalation and Intervention Arrangements de-escalated by the Welsh Government from 'enhanced monitoring' to 'routine arrangements'. This position remained unchanged during 2018-19.

### **Governance of hosted organisations**

In June 2015, the Trust was appointed by Welsh Government as the host organisation for the pilot (and evaluation) phase of the 111 Pathfinder service which aims to improve the delivery of urgent primary care by providing a single access point to help patients get urgent help when they need it, as well as improving access to health information and advice.

A collaboration agreement was signed at the outset of the pilot in October 2016 by the Trust and the then Abertawe Bro Morgannwg LHB (pilot area) that set out the respective roles and responsibilities of each organisation. The pilot programme has now been extended to other Health Board areas with the eventual plan that the 111 service model will be rolled out to all Health Board areas in Wales. During 2018-19 the 111 service model was rolled out in the Hywel Dda LHB area and the Powys

Teaching Health Board area. In 2019-20 it will be rolled out to Aneurin Bevan and Cwm Taf Morgannwg LHB areas.

Regular 111 reports and updates were provided to Trust Board and Finance and Resources Committee during 2018-19 and there has been a number of Board discussions on the role of 111 and the governance arrangements around the future delivery model.

### Scope of responsibility

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Chief Executive (and Accountable Officer) of the Trust has responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and this organisation's assets. During 2018-19 these have been carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

The Board is the senior leadership team and has final oversight for the Trust's governance and assurance systems and sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures that appropriate controls are in place and are working properly throughout the organisation. To do this the Board is supported by a number of committees that have been established in accordance with the Trust's Standing Orders and Standing Financial Instructions, and these comply with NHS (Wales) regulations.

During 2018-19, a number of interim appointments were in place amongst Board members and the senior staff. They were for the Trust Chair, Chief Executive, Director of Finance, Director of Planning, Director of Operations, Deputy Director of NEPTS and a Non-Executive Director Board member. In all cases the interim arrangements were properly planned for and, in the main, the Trust was able to draw on expertise from within the organisation to cover the vacancies. Where this was not possible, external skills and experience were brought into the Trust thus ensuring continuity. The Trust therefore considers that good, strong interim arrangements were put in place and that no loss of momentum or a fall in performance was identified.

The Trust appointed a new, permanent Chief Executive with effect from 24 September 2018 and the interim Trust Chair has been appointed substantively for a three year term of office with effect from 1 April 2019. The Trust has also appointed a new, permanent Director of Operations, who will take up appointment in the first quarter of 2019-20. The Trust plans to resolve the remaining interim arrangements early in 2019-20.

The table below sets out the Board governance and accountability framework that was introduced in April 2015 and was operational throughout 2018-19. However, following a review by a Board appointed working group, Trust Board on 13 December 2018 acknowledged that far too much business was being considered by the Finance and Resources Committee and agreed that it be disbanded from 1 April

2019 and replaced by a Finance and Performance Committee, and a People and Culture Committee.



## Trust Board

The Trust Board is programmed to meet six times per year in public and comprises individuals from a range of backgrounds, disciplines and areas of expertise. The Board comprises of the Chair, Vice Chair and six other independent members (Non-Executive Directors) and the Chief Executive and four Executive Directors. The Board is supported by the Board Secretary, who acts as principal adviser on all aspects of corporate governance within the Trust, and three further (non-voting) Directors. Two trade union partners also attend Board meetings.

All Trust Board meetings in 2018-19 were appropriately constituted and were quorate. In addition to the scheduled six meetings of the Trust Board, an extra three meetings were held in June 2018, November 2018 and March 2019 due to urgent business (details of meeting dates and members attendance is listed in **Appendix 1**). Agendas and Minutes of the meetings are available to the public and audio recordings of the Board are available via the Trust's website for members of the public to listen to discussions and to understand how decisions have been reached.

The key focus of the Board during the year was delivery of performance and quality assurance and improvement whilst at the same time ensuring the Trust maintained pace in terms of strategic transformation.

Examples of the key governance and control matters addressed by the Trust Board during 2018-19 were:

- Annual report, accounts and governance statements;
- Board assurance framework;
- Engagement and communications framework;
- Integrated medium term plan – delivery and refresh;

- Integrated quality and performance reports
- Minutes of Trust Board committees;
- Quality, safety and patient experience integrated reports;
- Revised Governance and Accountability Framework; and
- Wales Audit Office Structured Assessment and Annual Report
- Winter Plan 2018/19
- 111 Implementation

The full list of items discussed by the Trust Board during 2018-19 are listed in **Appendix 2** (Table 1).

### **Board Development**

The Board Development Programme continued in 2018-19 with bi-monthly meetings that consisted of three key areas: development of the board collectively and individually; statutory and essential knowledge based development and training; and thirdly, strategic discussion.

Examples of issues discussed at Board Development sessions during 2018-19 were:

- Community First Responders/Volunteering
- Emergency Ambulance Services Commissioning Amber Review;
- Handling of legal claims
- Independent advisory group on diversity
- Long term strategic framework
- Organisational security and current threats;
- Patient Experience & Community Involvement Team presentation
- Staff survey results and issues arising; and
- Topical issues including system pressures.

The full list of items discussed Board Development sessions during 2018-19 are listed in **Appendix 2** (Table 7).

### **Board Committees**

The Board has established five standing Board Committees, chaired by Non-Executive Directors, that have key roles in relation to the system of governance and assurance, decision making, scrutiny, development discussions, an assessment of current risks and performance monitoring. Committee papers and minutes for each meeting are published on the Welsh Ambulance Trust website.

Minutes of committee meetings are presented to the Board once approved by the relevant committee.

The terms of reference for each of the Board Committees are set out in the Trust's Standing Orders and a summary of each of the committee's responsibilities is given below. Supporting the formal structure set out above, is a Chairs' Working Group that met at the start of each quarterly business cycle to prevent duplication or lack of reporting across the Trust.

The following paragraphs provide highlights of reports received by Committees throughout the year. These highlights provide evidence of the Trust's governance framework working in practice.

### Audit Committee

The Audit Committee supports the Trust Board by critically reviewing governance and assurance processes. The Committee met four times during 2018-19 (details of meeting dates and members attendance is listed in **Appendix 1**).

Examples of the key governance and control matters considered by the Audit Committee during 2018-19 were:

- Annual accounts, accountability report and annual governance statement;
- Audit recommendation trackers;
- Board assurance framework and corporate risk register;
- Brexit preparedness
- Counter fraud annual report and progress reports;
- Internal and external audit reports, opinion and operational plans;
- Governance in recruitment;
- Losses and special payments; and
- Tender update and waiver reports.

The full list of items discussed by the Audit Committee during 2018-19 are listed in **Appendix 2** (Table 3).

### Quality, Patient Experience and Safety Committee

The Quality, Patient Experience and Safety Committee supports the Trust Board by providing assurance with regards to the Trust's clinical governance policies and procedures, in particular the arrangements for safeguarding and improving the quality and safety of patient centred healthcare. The Committee met four times during 2018-19 (details of meeting dates and members attendance is listed in **Appendix 1**).

Examples of key governance and control matters considered by the Quality, Patient Experience and Safety Committee during 2018-19 were:

- Annual quality statement and quarterly quality assurance reports;
- Clinical audit and effectiveness programme;
- Deep dive on reporting injuries, diseases and dangerous occurrence regulations;
- Infection prevention and control policy;
- Integrated performance reports;
- Information Governance Annual Report;
- Health and Safety improvement plan;
- Falls framework;
- Patient experience and community involvement highlight reports;
- Regulation 28 reports; and

- Welsh Language Commissioner Standards – consultation and response

The full list of items discussed by the Quality, Patient Experience and Safety Committee during 2018-19 are listed in **Appendix 2** (Table 6).

### Finance and Resources Committee

The Finance and Resources Committee supports the Board by providing assurance with regards to the Trust's statutory financial and workforce responsibilities and has a monitoring role in the delivery and performance of business functions across the Trust. The Committee met five times during 2018-19 (details of meeting dates and members attendance is listed in **Appendix 1**).

Examples of key governance and control matters considered by the Finance and Resources Committee during 2018-19 were:

- Asset management system implementation;
- Attendance and sickness improvement plan
- Budget updates and savings delivery reports;
- Discretionary capital programme updates
- Finance and workforce policy scrutiny and approval;
- NEPTS commissioning framework;
- Post production lost hours;
- Strategic outline case of electronic patient clinical records;
- Transforming training and development; and
- Workforce performance report.

The full list of items discussed by the Finance and Resources Committee during 2018-19 are listed in **Appendix 2** (Table 5).

### Remuneration Committee

The Remuneration Committee provides advice and assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service for staff, in particular senior staff. The committee met six times during 2018-19 and the list of items discussed are listed in **Appendix 2** (Table 2).

### Charitable Funds Committee

The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of the Trust's charitable funds. The Committee met twice during 2018-19 when it discussed a number of issues, including the Charitable Funds Annual Report and Accounts, and an update on the bursary scheme that provides support to staff through continuing professional development. The full list of items discussed by the Charitable Funds Committee during 2018-19 are listed in **Appendix 2** (Table 4).

## Trust Board and Committee Membership

The membership of the Trust Board and its Committees is set out in **Appendix 1**, together with the dates of meetings and attendance in 2018-19. This appendix also provides further information on the Trust's constitution and how it complies with NHS (Wales) regulations.

The table below sets out the Non-Executive Director representation on the Trust Board and its Committees at 31 March 2018. At this time, the Trust's Non-Executive Director representation was one short following the departure of Helen Birtwhistle on 31 October 2018. Prior to her departure, Helen Birtwhistle had been a member of the Finance and Resources Committee, the Quality, Patient Experience and Safety Committee, and the Remuneration Committee.

Committee	Emrys Davies	Kevin Davies	Pamela Hall	Paul Hollard	James Mycroft	Martin Turner	Martin Woodford	Vacancy
Audit	✓		Chair	✓		✓		
Charitable Funds	✓	Chair		✓		✓		
Finance & Resources		✓	✓		Chair	✓		✓
Quality, Patient Experience & Safety	Chair	✓		✓	✓			✓
Remuneration			✓		✓		Chair	✓

## Senior Management Structure

The table below sets out the senior management structure of the Trust as at 31 March 2018.

Executive Directors (Trust Board Members) are marked with an asterisk.



## Advisory Groups

In support of the Board, the Trust has established the Welsh Ambulance Service Partnership Team as a forum where the Trust Executives, Trade Unions and Professional Organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national



priorities and strategies and where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

The Trust does not have a stakeholder reference group or a healthcare professionals' forum (as defined in the IFRS NHS Wales Manual for Accounts) as these are not applicable to the Trust.

### **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

### **Capacity to handle risk**

The Trust has continued to develop and embed its approaches to risk management as set out in the 2017-18 Annual Governance Statement. The Trust sees active and integrated risk management as a key element in the successful delivery of its business and remains committed to ensuring staff throughout the organisation are trained and equipped to assess, manage, escalate and report risks.

### **Risk Management Strategy and Framework**

The Trust's Risk Management Strategy and Framework 2016-19, has been revised and updated during 2018-19 to reflect the maturing risk management culture within the organisation. The revised strategy (2018-2021) acknowledges the recommendations of Internal Audit into risk management presented to Audit Committee in March 2018 that the Trust would aim to be 'risk managed' by 2018-19 (rather than 2017-18 as stated in the 2016-19 Strategy and Framework), moving towards 'risk enabled' during 2019-2020.



Progression to a risk managed organisation during 2018-19 has been supported through a number of key developments. These include:

- Embedding the Risk Management Development Group into business as usual. Membership includes Directorate Risk Management Leads and the aim of the group is to facilitate and support confidence and capability with risk management processes in the Trust.
- Embedding the Risk Register Advisory Group into business as usual. This forum critiques Directorate Risk Registers and submissions of risks to the Corporate Risk Register. The Group adopts a “critical friend” approach and provides constructive feedback to both Directorate Risk Leads and Directors on their respective risks, ensuring that progress commentaries are robust, target scores are met and controls assurance ratings are considered.
- Development of an electronic risk register. The risk register module of the DATIX platform has been adapted and configured for use in the Trust. The Quality, Safety, Nursing and Patient Experience Directorate have been the first Directorate to migrate to this platform with plans underway for all Directorates to do the same during the first quarter of 2019-20. An electronic risk register will provide additional reporting capacity enabling greater visibility of all risks across the organisation and therefore providing additional assurance.
- A revised risk management process has been agreed by the Executive Management Team that will support further maturity of risk management processes in the Trust. Central to this process is an enhanced role for the Assistant Directors. The Assistant Director Leadership Team will have a key role to consider the suitability of risks for inclusion on the Corporate Risk Register. This will enable a more intelligent and detailed review of high level risks.

### **Risk Appetite**

The Trust recognises that effective risk management is a key component of corporate and clinical governance and is integral to the delivery of our objectives in service provision to the public. Whilst risk is inherent in many of our activities, the Trust will not accept risks that materially impair the ability to deliver services to a high standard of safety and quality. As such, the Trust will not accept risks that materially impair its reputation or cause any disrepute with stakeholders.

However it has to be recognised that, in common with other NHS Providers, the Trust does not have unlimited resources and therefore it determines the appropriateness and cost of resources required to address key risks. This is a major influence in determining the risk appetite of the organisation.

### **Risk Profile**

The risk profile of the Trust is subject to ongoing in-year revision but as at 31 March 2018 there were 13 strategic risks scoring 15 or over on the Trust’s (High Level) Corporate Risk Register, with four of these scoring 20 or above. These are set out below.

The organisation’s risks were assessed using the NHS Wales risk management 5 x 5 scoring matrix, i.e. the impact of the hazard or unwanted outcome multiplied by the likelihood of it happening

Title	Score	Lead Directorate
Increase in sickness absence rate	20	Workforce and OD
Unable to attend to patients in the community who require see and treat services	20	Operations
Patients unable to access secondary care assessment and treatment (patients being delayed on the back of ambulances outside Accident & Emergency)	20	Operations
Safeguarding referral process	20	Quality, Safety and Patient Experience
Station cleanliness across the Trust is not at a consistent level and could impact negatively on Infection, Prevention and Control	16	Operations
The Digital Pen contract will end 31 March 2021. There is a risk that another solution may not be in place by then and the Trust will not have a mechanism for recording PCR information electronically.	16	Medical and Clinical
On call Civil Contingency Act ability to cover 24/7 command - due to changes in strategic and tactical levels the operational level cover out of hours is not consistent	16	Operations
Inadequate resources to support the minimum requirements, professional and clinical practice for NHSDW/111 staff	16	Quality, Safety and Patient Experience
Tier 1 compliance to formal concerns	16	Quality, Safety and Patient Experience
Trust reputation	15	Partnership and Engagement
Vaccine preventable diseases	15	Workforce and OD
Resources required to implement the Mental Health Improvement plan	15	Quality, Safety, and Patient Experience
Unable to achieve risk maturity	15	Quality, Safety and Patient Experience

### Risk Review Process

The Trust's Executive Management Team and Audit Committee regularly received, considered and commented on the Risk Register during 2018-19. On each occasion, commentary was provided to explain progress made by the Trust (including partners and stakeholders as appropriate) to mitigate existing risks and to set out all new and emerging risks to the organisation.

### Emergency Preparedness

The Trust has a Major Incident Plan that is regularly reviewed and that takes full account of the requirements of the Civil Contingencies Act (2004), Welsh Government Emergency Planning Core Guidance to NHS Wales and relevant best practice guidance.

### Working with Partners/Stakeholders (Risks)

Working with partner organisations is becoming a prominent factor and delivering services through partners can bring significant benefits and innovation. However, in doing so, the Trust recognises that it has less direct control than if delivering them alone. An environment where services and projects are increasingly being delivered

through partner organisations can lead to risks around failing to align agendas and ineffective communication.

### **Board Assurance Framework Report**

As part of the work in developing the risk management strategy and framework, the Trust has also developed a board assurance framework document. The Board has discussed and considered the type and level of assurance it would expect to receive, drawing on examples of best practice from other UK health bodies. This has helped inform the development of the risk processes together with the framework document. The Trust Board formally adopted the Board Assurance Framework in September 2017.

### **Trust Policies**

The Trust implemented a new policy process during 2017-18 to bring all Trust Policies up to date and provide assurance to the Board that the Trust is complying with current legislation, is meeting mandatory requirements and is discharging its statutory duty. In addition, a central policy register has been developed to provide tighter governance processes around version control and to track policies through the system.

At the end of 2018-19, the Trust was able to report that 50% of the corporate policies had gone through the policy process and were now in-date. The remainder of the policies are being prioritised and will go through the policy process in 2019-20. The Board also approved amendments to the policy process which allows a lighter touch for those policies that have already been through the new policy process and for which only need relatively small amendments.

As a result of the progress on this matter in 2018-19 the corporate risk to the Trust has been reduced.

### **The control framework**

The Trust Annual Quality Statement (2018-19) has been coordinated to align with the production of this Annual Governance Statement to ensure that the Trust has strengthened the interface of these important documents with a focus on patients, experience and outcomes. This has informed our assurance process and focus on continuous improvement to achieve compliance with the Health and Care Standards and Commissioning Framework with the core quality requirements.

The Health and Care Standards for NHS Wales were published in 2015 for implementation by all organisations. The Trust embeds the Health and Care standards into all planning and reporting arrangements, ensuring that these support “Quality at the Heart”.



### Quality Strategy 2016-19

The Trust Board approved the Quality Strategy 2016-19 in March 2016 and the Health and Care Standards are aligned throughout the Strategy as a control framework to operate in. The Quality Strategy will be reviewed and updated in 2019, ensuring that it aligns with the new Quality Governance Bill from Welsh Government. This will enable us to have a greater focus on our Duty of Quality, Duty of Candour and the Citizen Voice.

### Commissioning Quality and Delivery Framework

The Commissioning and Quality Delivery Framework was introduced in 2015 and the Trust is working closely with both the Chief Ambulance Services Commissioner and the Emergency Ambulance Service Committee to ensure this important framework agreement translates into demonstrable service improvements for people in Wales who need and use our services.

The framework saw the introduction of a five-step Ambulance Care Pathway. This is a five-step process for the delivery of emergency ambulance services within NHS Wales and more recently for our Non-Emergency Patient Services. The Ambulance Care Pathway encourages the Trust to focus on the patient journey and to work in partnership with a whole systems approach.



The framework also includes a set of core requirements which have been mapped throughout to the Health and Care Standards as our control framework for quality and quality improvement.

During the last 12 months we have built on those structures which were implemented across the Trust in relation to our quality governance, management and controls:

- The Quality Steering Group reports to our Quality, Patient Experience and Safety (QuEST) Committee.
- The Quality Steering Group monitors and measures compliance with the Health and Care Standards, triangulates the quality data and measures, reviews internal and external reports/inspections.
- The sub groups of the QuEST Committee provide quarterly reports to provide assurance, identify risks and actions as well as priorities for improvement in a reporting template to the Quality Steering Group.
- Quality is monitored and assessed by the Quality Steering Group through a quarterly Quality Assurance Report. This is scrutinised at the QuEST committee and assurance is given and priorities for improvements are identified going forward.
- The Health and Care Standards have been mapped with the commissioning core requirements and provide the framework for the Quality Assurance Report.

All recommendations made in the Clinical Risk Assurance Review (published May 2017) were fully implemented during 2018-19.

### **Governance, Leadership and Accountability (Health and Care Standards)**

In 2018-19, the Trust has continued to strengthen governance arrangements to embed the Health and Care Standards into core business:

- The Health and Care Standards are integral to all Local Delivery Plans
- The Quarterly Quality Assurance Report has been matured in its design so that the Health and Care Standards are implicit.
- Strengthened the governance culture through a renewed focus on quality improvement. During 2018-19, we have worked collaboratively across the organisation to design and implement a network for improvement and innovation. Our 'Network for Improvement and Innovation' (WIIN) was launched on the 25 March 2019 and will provide a platform for improvement across the organisation to drive a culture of continuous improvement in an organisation that is constantly looking to learn.

### **Board Level Self-Assessment**

Prior to 2016-17, the Board completed an annual self-assessment on how well the Board considered the governance and accountability arrangements within the Trust have matured. The self-assessment was based on the Governance Accountability Module which was part of the former Health Care Standards. There is no longer a requirement to complete this module, nor is there any separate evaluation of the Board's assessment. The Board also consider that, as the Trust has matured, the self-assessment module, introduced in 2009-10, has become increasingly dated and the whole self-assessment exercise less meaningful.

As a result, for 2016-17, the Board decided not to complete the self-assessment module but, instead, to rely on the more tangible actions taken throughout the year which provided the Board with checks and balances and a gauge to its own level of maturity. This approach has again been taken in 2018-19 and examples of how this has been measured throughout the year is detailed in the following paragraphs.

The Board has continued to work with the Academi Wales on a variety of training and development options, including following their three stage 'Maturity Model for Boards' programme. During 2016-17, the Board completed the Immunity to Change programme, which is the second stage of the maturity model. The Board is now working with Academi Wales on stage 3 of the model, which will focus on developing relationships and includes modules on high performing boards and a maturing board profile. This work will be progressed during 2019-20, delayed slightly from the previous year due to the number of interim Trust appointments in place.

The Board has also worked and engaged with numerous other organisations in Wales and from across the UK. The Board uses these opportunities to compare, contrast and benchmark itself, as well as to learn and, in some cases, challenge its own methods of working. In particular, Board members (Chair and Committee Chairs) again met with their peers from the South Western Ambulance Service and have discussed and compared practices and processes. The Board members were able to compare governance processes, committee structures and portfolios, operating practices and performance management.

Based on learning from these discussions and sharing best practice, the Trust has reviewed its Committee structure and portfolio during the year and a revised Committee structure will be implemented with effect from 1 April 2019.

This engagement will further develop through 2019-20 and will be extended to include other UK Ambulance Trusts. Additionally, the Chief Executive is a member of the UK Ambulance Chief Executives network.

In 2018-19 the Board (Chair, Chief Executive, Executive and Non-Executive Directors and other Directors) met with their counterparts from Velindre NHS Trust, another NHS Wales Trust. During the meeting, the two Boards were able to compare and contrast each other's governance and operating arrangements and to learn and share experiences. A number of actions and further work was agreed at the meeting which has since been followed-up and will continue to be progressed during 2019-20, when further meetings are also due to take place.

The Chair of the Trust's Audit Committee also meets with other NHS Wales Audit Chairs, enabling open and frank discussions on matters of common interest and learning. Auditors and other stakeholders attend part of the meetings which allows for independent feedback as well as sharing of best practice.

The Audit Committee Chair also attended, as an observer, an Audit Committee meeting in an NHS England Foundation Trust. This allowed the Chair not only to compare and benchmark our own Audit Committee's performance, but also to report

findings and ideas to the Trust's Audit Committee with the view to strengthen arrangements.

The Board also has a programme of engagement and partnership working with the Trust's NHS Wales colleagues. For example, Board Members are aligned to Health Board areas and engage regularly with Health Board officials including attending their Board meetings. Additionally, the Trust's formal Board meetings are held in Health Board areas and include engagement sessions with local officials, stakeholders and members of the public. The Board receives valuable feedback from these sessions. All the NHS Wales Chairs, Chief Executives, Audit Committee Chairs and Board Secretaries meet regularly and are further examples of how the Board benchmarks, learns and shares best practice.

The Board receives feedback, information and assurance from independent sources. The Wales Audit Office, for example, carry out an annual assessment of our governance arrangements (see page 31). This assessment not only helps inform the Board of the Trust's progress to date but also of development needs going forward. The Trust also has an effective Internal Audit plan which ensures all areas of the Trust has a level of independent assessment.

The Board has also been proactive in measuring its maturity and effectiveness. The Board and Committee Chairs meet regularly and discuss matters of common interest. Committee Chairs have taken time to examine, scrutinise and challenge the level, detail and scope of the information going to the Board and the Board has also set up separate meetings to thoroughly scrutinise key functions such as the Standing Orders and the Board Assurance Framework.

As part of the Board's review of the Trust's governance and accountability framework (see page 12), Committee Chairs sought feedback from those who regularly attend Committee meetings to get feedback on how well others feel the Committees were working and fulfilling their roles. Findings were taken into account and helped inform and shape the review of Committee structures and portfolios mentioned above. A survey of the Board's performance is planned to place in the first quarter of 2019-20.

Overall, the Board has noted some good progress in our systems and processes during 2018-19 and that governance and accountability matters are working effectively. However, the Board also recognise that there is still improvement to be made and take assurance that plans are in place to address and implement improvements during 2019-20

### **UK Corporate Governance Code**

The Trust is required to comply with the UK Corporate Governance Code: *corporate governance in central government departments: code of good practice 2011*. The information provided in this Governance Statement provides an assessment of how the Trust complies with the main principles of the Code as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the Board level self-assessment as detailed in page 23 and also evidenced by internal and external audits. The Trust is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that



not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report.

There have been no reported departures from the Corporate Governance Code.

### Other control framework elements

The Trust confirms that in accordance with the requirements of the Annual Governance Statement:

- control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with, including the Trust's Strategic Equality Plan and Objectives, contained in our Treating People Fairly Plan, which we report on annually.
- as an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.
- the Trust has undertaken risk assessments and confirms that carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the Trust's obligation under the Climate Change Act and the adaption reporting requirements are complied with.

### Integrated Medium Term Plan (IMTP)

The Trust's Integrated Medium Term Plan for the three-year period from 2017-18 to 2019-20 was approved by the Cabinet Secretary for Health, Wellbeing and Sport in the Spring of 2017 and ensured the Trust met its statutory planning duty.

In accordance with expectations from Welsh Government, the Trust submitted to Welsh Government in early 2018 a refreshed IMTP for the three year period starting 2018-19 (<http://www.ambulance.wales.nhs.uk/assets/documents/e6022702-1288-4a8d-8f10-329d559bf638636723557831422038.pdf>). This was prepared in consultation with staff, partners and stakeholders, and was approved by Trust Board on 22 March 2018 in accordance with the IMTP timetable requirements and was subsequently approved by Welsh Government.

Achievement against our performance ambitions is monitored through Monthly Integrated Quality and Performance Reports and through Directorate Quarterly Performance Reviews. In addition to this, the Trust Board (and its Committees) (<http://www.ambulance.wales.nhs.uk/Default.aspx?pageId=44&lan=en>), and Welsh Government receive quarterly reports on performance against the delivery of the IMTP.

In 2017-18 the Trust 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. Some headlines of the IMTP progress during 2018-19 being:

- Produced a business case for the roll-out of our ground-breaking and award winning Advanced Paramedic Practitioner rotational model, which was successfully piloted in the Betsi Cadwaladr University Health Board area.
- Developed our falls framework, which now provides a long-term strategic direction to address one of the biggest calls on our resources.
- Collaboratively supported the independent, Ministerial 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.
- Successfully transferred Non Emergency Patient Transport Service (NEPTS) activity commissioned by Cardiff and Vale UHB and Velindre NHS Trust to the Trust as part of the delivery of the NEPTS business case.
- Rolled out the new 111 service in Powys, Pembrokeshire and Ceredigion.
- Took 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 South Wales Fire and Rescue Service (SWFRS). Other co-location sites completed in 2018/19 with SWFRS include Whitland and Llanidloes.
- Published our Annual Quality Statement (2017-18) demonstrating our commitment to listening and learning from patients and carers to improve improvements and experience.
- Produced a Joint Emergency Service Group 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.

The financial performance of the organisation for the last twelve months is detailed in the Trust's 2018-19 Annual Accounts. In summary, in accordance with Note 2 of the accounts for NHS Trusts, the organisation met its statutory financial breakeven duty and met the financial duties with regards to the External Financing Limit and Capital Financing Limit set by Welsh Government. The Trust also met the Public Sector Performance Payment performance target in the payment of creditors of at least 95% paid within 30 days.

### Data security

The Trust had no reported "serious untoward incidents" during 2018-19 in relation to data security. Additional resources and organisational measures were put in place during 2018-19 to ensure compliance with legislation and statutory obligations, e.g. General Data Protection Regulation (GDPR) that became operational on 25 May 2018.

## Ministerial Directions

During 2018-19 no Ministerial Directions were imposed on the Trust.

Further information on Ministerial Directions can be found at the following website:  
<https://gweddi.gov.wales/legislation/subordinate/nonsi/nhswales/2018/?lang=en>

Welsh Health Circulars (WHCs) were reintroduced in 2014-15 and the Trust has established a process to log and assess those that are applicable to the Trust.

## Brexit disclosure

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

As part of the Trust's preparation in connection with this additional contingency stock was purchased with a value of approximately £0.2m.

## Indexation

In 2018-19 the NHS Estate has been valued using indices provided by the District Valuer and disclosed in the Manual For Accounts.

## Review of effectiveness

As Accountable Officer for the Trust, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports. All of which have effectively carried out their duties and responsibilities during 2018-19.

## Trust Board

As set out earlier in this report, the Board, functioning as a corporate decision body, regularly considered throughout 2018-19 assurance reports on the financial position of the Trust, performance updates, and details on concerns and claims. Sections later in this report by internal and external audit demonstrates how the Board gains assurance over the quality of its data (financial and performance) from the work undertaken by the two audit functions.

## Audit Committee


A key duty of the Audit Committee is to provide advice and assistance to the Board on the effectiveness of arrangements in place around strategic governance, assurance framework and processes for risk management and internal control.

## Internal Audit

Internal audit provides the Board, through the Audit Committee, with regular assurance on the system of internal control. In 2018-19 the Trust commissioned a programme of audit work which was delivered in accordance with Public Sector Internal Audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit has concluded:

	The Trust Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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This conclusion is consistent to the “reasonable assurance” Head of Internal Audit Opinion reported in the Trust’s 2017-18 Annual Governance Statement.

During the 2018-19 financial year Internal Audit produced 27 reports on Trust activities, as summarised in the table below.

IA Assurance Conclusion	No. of Reports
No	0
Limited	7
Reasonable	16
Substantial	2
Not Rated	2
<b>Total</b>	<b>27</b>

The figures in the table above differ from the number of reports presented to Audit Committee in 2018-19 (22). This is due to all of the reports presented to the May 2018 meeting (seven) being concerned with Internal Audit work undertaken in 2017-18 and as such, these were taken into account in the 2017-18 Head of Internal Audit Opinion.

In addition, twelve of the reports included in the total above were completed after the last Audit Committee meeting of the 2018-19 business cycle (March 2019). These will be reported to Audit Committee in its first meeting in the 2019-20 business cycle (May 2019) or as soon as possible thereafter but whose assurance conclusion has been included in the 2018-19 Head of Internal Audit Opinion.

## **‘No Assurance’ Internal Audit Reports**

For the second consecutive year, there has been no ‘No Assurance’ Internal Audit Reports of Trust business.

## **‘Limited Assurance’ Internal Audit Reports**

Set out below are the five reports that had a conclusion of ‘Limited Assurance’ that were reported to Audit Committee during 2018-19.

NB. The Trust develops an annual Internal Audit plan in conjunction with the internal auditors. The plan is risk based which directs the reviews to areas where management suspects there will be weaknesses. Therefore, in many respects, the Trust expects to receive limited assurance reports and these should not detract from the overall progress the Trust continues to make.

### Continuous Professional Development Management

Reviewed the recording, tracking and monitoring of allocated time to Continuous Professional Development across the Trust (focusing on Emergency Medical Services staff) and compliance with relevant policies and procedures.

Five recommendations for improvement were identified of which two, concerning compliance and reporting, were categorised as high priority. A management action plan was agreed by Audit Committee in September 2018 who monitored progress on completion at its meetings in December 2018 and March 2019.

At 31 March 2019, none of the recommendations had been completed; however, all were partially complete.

### Volunteer Car Drivers Governance Arrangements

Assessed how volunteers are managed within the Non-Emergency Patient Transport Service and identified areas for improvement in both the design and operation of systems and controls associated with the volunteer car drivers’ governance arrangements.

Five recommendations for improvement were identified of which two were categorised as high priority. A management action plan was agreed by Audit Committee in September 2018 who monitored progress on completion at its meetings in December 2018 and March 2019.

At 31 March 2019, one of the recommendations had been completed; with the remaining four being partially complete.

### Travel and Subsistence Expenses

Identified areas for improvement with regards to the procedures (and costs incurred) for procuring hotel accommodation; compliance by the Trust with NHS travel and subsistence policies; the requirement for Trust specific guidance notes, and financial savings monitoring.

Four recommendations for improvement were identified of which two were categorised as high priority. A management action plan was agreed by Audit Committee in December 2018 who monitored progress on completion at its meeting in March 2019.

At 31 March 2019, two of the recommendations had been completed with the remaining two not yet due for completion.

#### Information Systems Security

Identified shortcomings in the controls around security and access to the Trust's information systems, specifically in relation to leavers from the organisation. The review also assessed related salary overpayments and the return of Trust property and assets in respect of leavers from the organisation.

Five recommendations for improvement were identified of which two were categorised as high priority. A management action plan was agreed by Audit Committee in December 2018 who monitored progress on completion at its meeting in March 2019.

At 31 March 2019, two of the recommendations had been completed with the remaining three not yet due for completion.

#### Health Board Areas/Stations (Follow Up Report)

Identified that whilst progress had been made by the Trust in most areas in implementing the recommendations from a 2017-18 Internal Audit report on this matter, a number of recommendations and actions had not been fully implemented.

Five previous recommendations were found to have been partially implemented of which two were categorised as high priority. An updated management action plan was agreed by Audit Committee in March 2019 and progress will be monitored by the Committee during 2019-20.

Copies of all the Internal Audit reports listed above and progress reports can be obtained in the Audit Committee papers section on the Trust's website [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk).

The two reports listed below have been agreed with Trust officers with a 'Limited Assurance' conclusion but have yet to be presented to Audit Committee. These are scheduled for scrutiny in May 2019.

- Local Delivery Plans
- Trade Union Release Times

#### **Auditor General for Wales Structured Assessment**

The Wales Audit Office 2018 Annual Report and 2018 Structured Assessment were presented and discussed at Audit Committee in December 2018 and Trust Board in January 2019.

The 2018 Structured Assessment concluded 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.

Set out below are the key findings and challenges for the Trust from the work undertaken in 2018 by the Wales Audit Office.

### Governance

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;

- there are plans to address weaknesses in information to the Board and its committees and the Trust's business cycle
- the Board Assurance Framework continues to develop, and while risk procedures are cohesive, practice is inconsistent
- further work is required to strengthen the Trust's system of assurance, particularly in relation to the use of clinical audit
- 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.

### Strategic Planning

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;

- the Trust has set a clear strategic vision and continues to develop a long-term strategy
- 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 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

### Strategic Assets

There is a strong commitment by the Trust to be more efficient but there is a need for more strategic use of assets and to address long standing issues with sickness absence:

- 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
- the Trust continues to maintain financial balance and to achieve financial savings targets, but procurement needs to be better owned
- the Trust is committed to managing demand in line with the ambulance care pathway and there are encouraging signs of improvement
- there is scope to strengthen the Trust's strategic approach to asset management.



## Structured Assessment Recommendations

The recommendations arising from the 2018 Structured Assessment work are set out below. The management response to the recommendations was considered by Trust Board in January 2019 and can be viewed via this link <http://www.ambulance.wales.nhs.uk/assets/documents/f020a67c-b4a9-48dd-a90e-5bfa9323485f636840968195721777.pdf> Progress by the Trust on these matters will be monitored by Audit Committee throughout 2019-20.

- 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
- take steps to strengthen the governance arrangements for Information governance and ICT by:
  - 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.
- to improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register (CRR) and Board Assurance Framework (BAF), the Trust should:
  - 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.
- 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
- explore the impact of ongoing vacancy management on the Trust's corporate capacity. 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
- ensure greater ownership over all procurement activities. 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:
  - 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
- 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.



### **Accountable Officer Statement**

As Accountable Officer for the Welsh Ambulance Services NHS Trust, I confirm that the statements made in this report are correct for the period 1 April 2018 through to 31 March 2019 and that there have been no significant internal control or governance issues and I confirm that there were sound systems of internal control in place to support the delivery of the Trust's policy aims and objectives.

**Signed by Chief Executive:**

**Date: 30 May 2019**

## Board and Committee Membership and Attendance

### Board and Committee Membership

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

The table below sets out the number of meetings that each Board member has attended (in a formal capacity) during 2018-19. The table excludes the three Directors and the Board Secretary who form part of the Trust's senior management structure (see page 17) but who do not have voting rights at Board meetings.

Name	Position	Board and Committees Attended
Martin Woodford	Non-Executive Director	<b>Trust Board Chair, Remuneration Committee Chair</b> Trust Board (9), Remuneration (6)
Helen Birtwhistle	Non-Executive Director (1/4/18 to 31/10/18)	Trust Board (3), Finance and Resources (1), QuEST (1), Remuneration (2)
Emrys Davies	Non-Executive Director	<b>Quality, Patient Experience and Safety Committee (QuEST) Chair</b> Trust Board (8), Audit (4), Charitable Funds (2), QuEST (4), Remuneration (4)
Kevin Davies	Non-Executive Director	<b>Charitable Funds Committee Chair</b> Trust Board (6), Charitable Funds (2), Finance and Resources (4), QuEST (3), Remuneration (2)
Pamela Hall	Non-Executive Director	<b>Audit Committee Chair</b> Trust Board (7), Audit (3), Finance and Resources (5), Remuneration (5)
Paul Hollard	Non-Executive Director	Trust Board (8), Audit (4), Charitable Funds (2), Finance and Resources (2), QuEST (4), Remuneration (3)
James Mycroft	Non-Executive Director	<b>Finance and Resources Committee Chair</b> Trust Board (9), Finance and Resources (4), QuEST (4), Remuneration (3)
Martin Turner	Non-Executive Director (From 23/7/18)	Trust Board (5), Audit (2), Charitable Funds (1), Finance and Resources (2), Remuneration (2)
Jason Killens	Chief Executive (From 24/9/18)	Trust Board (6), Remuneration (3)
Patricia Roseblade	Chief Executive (Interim) (1/4/18 to 23/9/18)	Trust Board (3), Remuneration (2)
Claire Bevan	Executive Director (Quality and Nursing)	Trust Board (4), QuEST (3)
Chris Turley	Executive Director Finance and ICT (Interim)	Trust Board (9), Audit (4), Charitable Funds (1), Finance and Resources (5)

Name	Position	Board and Committees Attended
Brendan Lloyd	Executive Director Medical and Deputy Chief Executive (Interim)	Trust Board (7), Audit (1), QuEst (1), Remuneration (1)
Claire Vaughan	Executive Director (Workforce and OD)	Trust Board (8), Charitable Funds (1), Finance and Resources (4), Remuneration (6)

### Directorate and Locality Champions

In December 2017, Trust Board received a paper that set out the directorate and geographic area that each Non Executive Director has lead responsibility for. This role includes the board champion duties that fall within each respective directorate, e.g. violence and aggression is championed by the designated Non Executive Director lead for Workforce and OD directorate. In addition to the directorate champion roles set out in the table below, some Non Executive Directors have specific lead roles, e.g. Paul Hollard is the Older Person, Young People's and Midwifery champion and supports the Safeguarding agenda. Emrys Davies is the Welsh Language champion.

Non Executive Director	Directorate	Geographic Area
Helen Birtwhistle/Vacancy	Partnerships and Engagement	Powys
Emrys Davies	Quality, Safety and Patient Experience	ABMU
Kevin Davies	Operations	Hywel Dda
Pamela Hall	Planning and Performance	Betsi Cadwaladr
James Mycroft	Workforce and OD	Cardiff and Vale
Martin Woodford	Finance and ICT	Aneurin Bevan
Paul Hollard	Medical Directorate	Cwm Taf

### Governance Framework

The Trust has agreed Standing Orders for the regulation of proceedings and business. These are designed to translate the statutory requirements set out in the NHS (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024), into day to day operating practice and together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Trust and define its 'ways of working'. These documents together with the range of corporate policies set by the Board make up the Trust's Governance Framework.

The Trust's governance structure accords with the governance e-manual and the Welsh Government's citizen-centres governance principles and Standards for Health Services in Wales, together with its planning and performance management frameworks. These arrangements comply with the principles included in HM Treasury's "Corporate Governance in Central Government Departments: Code of Good Practice 2011".

### Board and Committee Timetable

The Board has a cycle of business that supports the Governance Framework. This cycle of business ensures appropriate sequencing of meetings to schedule business satisfactorily throughout the year. The calendar runs from April to March each year to link with the financial timetable. The Trust has an established forward plan of business which is reviewed by the Management Team and Board/Committee Chairs on a regular basis and at pre-agenda meetings. In addition, annual plans of business are part of the standard agenda for review at Board/Committees.

The following table provides the dates of Board and Committee meetings for 2018-19. All meetings were quorate.

The Trust's Annual General Meeting was held on 19 July 2018.

CALENDAR OF MEETINGS 2018-19									
Trust Board	31/5/18	7/6/18	19/7/18	27/9/18	13/11/18	13/12/18	29/1/19	6/3/19	22/3/19
Audit	24/5/18	13/9/18	6/12/18	7/3/18					
Charitable Funds	13/9/18	7/3/19							
QuEst	22/5/18	4/9/18	27/11/18	26/2/19					
Finance and Resources	10/5/18	5/7/18	20/9/18	25/10/18	10/1/19				
Remuneration	19/4/18	5/6/18	20/9/18	6/11/18	4/12/18	28/3/19			
Board Development	12/14/18	1/5/18	29/6/18	31/7/18	9/10/18	13/11/18	15/1/19	19/2/19	

**BOARD AND COMMITTEE ITEMS OF BUSINESS 2018/9**  
(Excluding Procedural Matters, Minutes of Committees)

**TABLE 1 - TRUST BOARD**

Open Items - Report Title	31/5/18	7/6/18	19/7/18	27/9/18	13/11/18	13/12/18	29/1/19	6/3/19	28/3/19
Annual Accounts and Accountability Report 2017/18	✓								
WAO – Audit of Financial Statements Report 2017/18	✓								
Chief Executive Appointment		✓							
WAST Strategic Planning 2019/20			✓						
Update Mental Health Improvement Plan 2017/19			✓						
Risk Management Strategy and Framework 2018/21			✓						
Cardiff Make Ready Depot Business Case			✓						
Advance Practice Model Business Case			✓						
Finance Performance Report			✓	✓		✓	✓		✓
Integrated Medium Term Plan – Outturn 2017/18			✓						
Integrated Quality and Performance Report			✓	✓		✓	✓		✓
Engagement and Communication Framework Delivery Plan			✓	✓					
Board Assurance Framework			✓	✓		✓			✓
General Data Protection Regulation			✓						
WAST Annual Report			✓						
Annual Quality Statement			✓						
Development of a Long Term Strategic Framework - Update				✓		✓			✓
Strategic Outline Case for Electronic Patient Clinical Records				✓					
Falls Framework				✓					
WAST Winter Plan 2018/19				✓					
PTR Regulation Compliance - WAST Assurance Framework				✓					
Integrated Medium Term Plan – Delivery Report				✓		✓			✓
Information Governance Annual Report				✓					
EASC Amber Review					✓				
IMTP 2019/22						✓	✓		
Revised Governance and Accountability Framework						✓			

Open Items - Report Title	31/5/18	7/6/18	19/7/18	27/9/18	13/11/18	13/12/18	29/1/19	6/3/19	28/3/19
Charitable Funds Accounts						✓			
Leadership and Management Strategy						✓			
Vehicle Procurement SOP and Supporting 2019/20 BJC						✓			
EASC Minutes						✓			
Project and Programme Management Framework						✓			
NHS Wales Collaborative Leadership Forum						✓			
Transfer of Non-WAST NEPTS Work To WAST – Hywel Dda									
Treating People Fairly- 6 Monthly Update							✓		
Welsh Language Statutory Standards: Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011							✓		
Wales Audit Office Reports: Structured Assessment Annual Report Management Response							✓		
Capital Slippage								✓	
Board Committees Revised Terms of Reference and Operating Arrangements									✓
Identifying and Managing Frequent Callers									✓
Initial 2019/20 Revenue Budget									✓
Trust Policies									✓

Closed Items - Report Title	31/5/18	7/6/18	19/7/18	27/9/18	13/11/18	13/12/18	29/1/19	6/3/19	28/3/19
Quality, Safety And Patient Experience Integrated Highlight Report			✓	✓		✓			✓
WAST Winter Assurance Panel			✓						
Winter 2018/18 Focus on Patient Safety			✓						
Long Term Strategy for Ambulance Services in Wales			✓						
Learning from Prior Concerns			✓						
WAST Significant Claims				✓		✓	✓		
111 Implementation – Progress Updates				✓		✓			✓
Serious Adverse Incidents Aggregated Review						✓			
NHS Strategic Service Changes						✓			
Executive Management Team: Review of Portfolios						✓			
Strategic Service Change – An assessment from a WAST perspective/Update							✓		✓
Brexit Preparedness							✓		✓

Closed Items - Report Title	31/5/18	7/6/18	19/7/18	27/9/18	13/11/18	13/12/18	29/1/19	6/3/19	28/3/19
Interim Director of Finance									✓
Update on Director of Operations Appointment									✓
Counter Fraud Update									✓

**TABLE 2 - REMUNERATION COMMITTEE**

Open Items - Report Title						
This Committee is held in Private Session						

Closed Items - Report Title	19/4/18	5/6/18	20/9/18	6/11/18	4/12/18	28/3/19
Remuneration of Interim Vice Chair of the Trust Board	✓					
VER Application	✓					
Draft 2017/8 Remuneration Report	✓					
Executive Director PDRs	✓					
Chief Executive Remuneration		✓				
Directors PADRS 17/18			✓			
Directors PADRS 18/19			✓			
Chief Executive Designate Remuneration - Request for payment of Removal Expenses			✓			
Director of Planning and Performance Interim arrangements			✓			
Executive Management Arrangements - Transition to a new Chief Executive			✓			
Director of Operations – Interim Arrangements				✓		
Review of Executive Management Team Portfolios					✓	
Interim Director of Planning and Performance Remuneration					✓	
Director of Operations – Recruitment Timeline					✓	
Remuneration Committee Terms of Reference						✓
Director of Operations Appointment						✓
Interim Director of Finance and ICT – Appointment Extension						✓
VERS Application						✓
Senior Managers Remuneration Schedule						✓



**TABLE 3 - AUDIT COMMITTEE**

Open Items - Report Title	24/5/18	13/9/18	6/12/18	7/3/19
Draft Annual Accounts and Accountability Report 2017/8	✓			
WAO – Audit of Financial Statements Report 2017/18	✓			
Head of Internal Audit Opinion and Report 2017/18	✓			
Internal Audit – Health and Safety (Ltd Assurance)	✓			
Internal Audit – Rest Breaks (Ltd)	✓			
Internal Audit – Handover to Emergency Depts. (Ltd)	✓			
Internal Audit – NEPTS Report (Reasonable Assurance)	✓			
Internal Audit – Health and Care Standards (Substantial Assurance)	✓			
Internal Audit – Staff Engagement (Reasonable)	✓			
Internal Audit – Welsh Risk Pool (Substantial)	✓			
Internal Audit – Fleetwave System (Substantial)		✓		
Internal Audit – Annual Quality Statement (Assurance Not Applicable)		✓		
Internal Audit – Continuous Professional Development Management (Ltd)		✓		
Internal Audit – Volunteer Car Drivers Governance Arrangements (Ltd)		✓		
Internal Audit – Environmental Sustainability (Assurance Not Applicable)		✓		
Internal Audit Plan 2018/19	✓			
Audit Recommendation Trackers	✓	✓	✓	✓
Losses and Special Payments	✓	✓	✓	✓
Corporate Risk Register	✓	✓	✓	✓
Freedom of Information Monitoring Report	✓			
Governance in Recruitment	✓			
WAO Report 'Informatics Systems in NHS Wales'	✓			
No Purchase Order, No Payment	✓			
Counter Fraud Policy	✓			
WAO Report - Embedding the sustainable development principle into ways of working		✓		

Open Items - Report Title	24/5/18	13/9/18	6/12/18	7/3/19
Trust Procedures for Internal and External Audit Recommendations		✓		
Gifts and Hospitality Policy		✓		
Research and Innovation Non-Executives Directors Report		✓		
Internal Audit – Travel and Subsistence Expenses (Ltd)			✓	
Internal Audit – General Data Protection Regulations (Substantial)			✓	
Internal Audit – Information Systems Security (Ltd)			✓	
Internal Audit – Clinical Contact Centre Hear and Treat (Reasonable)			✓	
WAO Update			✓	✓
WAO Structured Assessment 2018			✓	
WAO Annual Audit Report			✓	
Handover Delays Update Report			✓	✓
Board Assurance Framework			✓	✓
Charitable Funds Annual Report and Accounts			✓	
Committee Terms of Reference				✓
Internal Audit – Progress Report 2018/19				✓
Internal Audit – Policies Management (Reasonable)				✓
Internal Audit – 111 Service Provision (Reasonable)				✓
Internal Audit – Mortality Reviews (Reasonable)				✓
Internal Audit – Escalation Procedures (Reasonable)				✓
Internal Audit – Business Continuity (Reasonable)				✓
Internal Audit – HB Areas/ Stations Follow Up (Ltd)				✓
Internal Audit Draft Audit Plan 2019/20				✓
WAO Draft Audit Plan 2019				✓
Preparations for a No Deal Brexit				✓
Weir Report				✓
Finance Update				✓

Closed Items - Report Title	24/5/18	13/9/18	6/12/18	7/3/19
Tender Update Report and Single Tender Waiver Requests	✓	✓	✓	✓

Closed Items - Report Title	24/5/18	13/9/18	6/12/18	7/3/19
Counter Fraud Update Report	✓	✓	✓	✓

**TABLE 4 – CHARITABLE FUNDS COMMITTEE**

<b>Open Items - Report Title</b>	<b>13/9/18</b>	<b>7/3/19</b>
2017/18 Charitable Funds Summary of Income and Expenditure Account for the period April 2017 - March 2018	✓	
Charitable Funds Annual Report and Accounts 2017/18	✓	
Bursary Scheme Update	✓	✓
Feedback from the Advisory Group/Expenditure Planning Group	✓	
Charitable Funds Investment Policy	✓	
Charitable Funds summary of income and expenditure for the twelve months from 1 April 2018 to 31 Jan 2018		✓
Accessing Charitable Funds Guidance		✓
Committee Terms of Reference		✓
<b>Closed Items - Report Title</b>		
No Items		

**TABLE 5 – FINANCE AND RESOURCES COMMITTEE**

<b>Open Items - Report Title</b>	<b>10/5/18</b>	<b>5/7/18</b>	<b>20/9/18</b>	<b>25/10/18</b>	<b>10/1/19</b>
Monthly Integrated Quality and Performance Report	✓	✓	✓	✓	✓
Finance Performance Report	✓	✓	✓	✓	✓
Savings Delivery Update	✓			✓	✓
Capital Programme Update	✓		✓		✓
Workforce Performance Report	✓	✓		✓	✓
111 Update	✓			✓	
Emergency Mobile Communications Programme and Radio Programme	✓				
Cardiff Make Ready Depot	✓	✓			
NEPTS Transfer of Work	✓				
Post Production Lost Hours	✓	✓			✓
Flexible Working Policy	✓				
NHS Research and Development Policy	✓				
Vehicle Telematics Policy	✓				
Shared Parental Leave Policy	✓				
Paternity Policy	✓				
Maternity and Adoption Leave Policy	✓				
Risks Relevant to FRC	✓	✓			
Qlik Sense		✓			
NEPTS Commissioning Framework		✓			
Computer Aided Dispatch		✓			✓
Cefn Coed Business Case		✓			
Transforming Training and Development		✓			✓
Transformational Operational Update		✓			
Asset Management System Implementation		✓			✓
Vehicle Disposal Policy		✓			
Adverse Weather Conditions Policy		✓			
Estates Programme Board		✓			
Strategic Outline Case for Electronic Patient Clinical Records			✓		
NHS Wales Capability Policy And Procedure			✓		
Update on Draft Budget 2019/20				✓	

Open Items - Report Title	10/5/18	5/7/18	20/9/18	25/10/18	10/1/19
Attendance and Sickness Absence Improvement Plan				✓	
NEPTS Quality and Assurance Delivery Framework				✓	
Training School Update				✓	
Fleet Strategic Outline Programme Refresh				✓	
Electronic Asset Management for Clinical Equipment				✓	
Business Cases – Governance Arrangements				✓	
Update on DigiPen Outage				✓	
Information Governance Policy				✓	
Access Control Policy				✓	
Records Management Policy				✓	
Recruitment and Selection Policy				✓	
Redeployment Policy				✓	
NHS Wales Managing Attendance at Work Policy				✓	
Revised Governance and Accountability Framework					✓
Integrated Medium Term Plan 2019/20 - Update					✓
ICT Steering Group Update					✓
EPCR Update					✓
Organisational Change Policy					✓
MPDS Quality Assurance Policy					✓
Professional Regulation Policy					✓
Relocation Policy					✓
All Wales Menopause Policy					✓

Closed Items - Report Title	10/5/18	5/7/18	20/9/18	25/10/18	10/1/19
Workforce Planning – Bridging The Relief Capacity Gap	✓				
Cefn Coed/Conwy House Relocation Project	✓				
Employment Tribunal Claim Bank Paramedic A				✓	

**TABLE 6 – QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE**

Open Items - Report Title	22/5/18	4/9/18	27/11/18	26/2/19
Patient Story	✓	✓	✓	✓
Patient Experience and Community Involvement Highlight Report	✓	✓	✓	
Quarterly Quality Assurance Report	✓	✓	✓	✓
Monthly Integrated Performance Report	✓	✓	✓	✓
Risk Management Strategy and Framework	✓			
Annual Welsh Language Scheme Monitoring Report	✓			
Welsh Language Annual Report	✓			
Annual Quality Statement	✓	✓		
Health and Safety Improvement Plan - Final	✓			
Deep Dive on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	✓			
Nursing Career Framework Presentation	✓			
Mortality Reviews	✓			
Operations Update (Including NEPTS)	✓	✓	✓	✓
Infection Prevention and Control Policy	✓			
Medical Devices Policy	✓			
Internal Audit - Risk Management Strategy & Framework	✓			
Nursing Staffing Levels (Wales) Act	✓			
Institute for Healthcare Improvement Presentation		✓		
Paramedic Career Development		✓		
Deep Dive on Display Screen Equipment		✓		
Independent Investigation Into The Care And Treatment Provided On Tawel Fan Ward, BCU Health Board		✓		
Falls Framework		✓		
Winter Assurance Update (Including Action Plan)		✓		
Welsh Language Commissioner Standards – Update on Consultation Process		✓		
Nursing and Midwifery Council Revalidation and Registration Policy Review		✓		
Driving at Work Policy		✓		

Open Items - Report Title	22/5/18	4/9/18	27/11/18	26/2/19
Management of Frequent Callers Policy		✓		
Internal Audit - Health and Safety		✓		
Internal Audit - Health and Care Standards		✓		
Internal Audit - Claims		✓		
2017/18 Mental Health Update		✓		
Emergency Medical Retrieval and Transfer Service		✓		
Wales Air Ambulance Charity – Annual Review 2017/18		✓		
Information Governance Annual Report		✓		
Safeguarding Annual Report		✓		
Healthcare Inspectorate Wales Annual Report 2017/18		✓		
Quality Steering Group Notes		✓	✓	
Response to Regulation 28 Report			✓	
Clinical Supervision Guidelines			✓	
Accessible Communication & Information For People With Sensory Loss			✓	
WAST Notification Procedure			✓	
Putting Things Right Scrutiny Panel Action Log			✓	
Safeguarding Referral Process			✓	
The Annual Quality Statement for NHS Wales			✓	
Annual Quality Statement – Internal Audit Report			✓	
WHC/2018/042 Validated core service user questions and updated Framework for Assuring Service User Experience			✓	
Terms of Reference and Minutes for Putting Things Right Scrutiny Panel			✓	
Welsh Ambulance Services NHS Trust Mental Health Improvement Plan & Dementia Plan			✓	
Quality Governance in Health Care (Wales) Bill update			✓	
Committee Terms of Reference				✓
Quality Data Intelligence Annual Programme				✓
Clinical Audit Programme Update				✓
Response to Regulation 28 Report				✓
Learning from Ombudsman Investigations				✓
Emergency Medical Retrieval and Transfer Service				✓



Open Items - Report Title	22/5/18	4/9/18	27/11/18	26/2/19
Serious Adverse Incidents Aggregated Review Report				✓
Response to “Everybody’s Business - A report on suicide prevention in Wales”				✓
Feedback on Duty of Candour following Regulatory Developments and the Welsh Context Seminar				✓
Management of Compensation Claims Policy				✓
Quarter 3 Mental Health Update for WG				✓
Quarter 3 Dementia Update for WG				✓
WHC Annual Quality Statement				✓
Project A - December 2018 Update				✓
Shoctober Evaluation				✓

Closed Items - Report Title	22/5/18	4/9/18	22/11/18	26/2/19
Current Themes and Trends	✓			
Response to Support Regulation 28 Reports to Prevent Future Deaths		✓		
Serious Adverse Incident Aggregated Review			✓	
Winter Pressures Analysis 2017/18			✓	

**TABLE 7 – BOARD DEVELOPMENT**

Items	12/4/18	1/5/18	29/6/18	31/7/18	9/10/18	13/11/18	15/1/19	19/2/19
Topical Issues	✓	✓	✓	✓	✓	✓	✓	
Strategic Direction (including 111 and Parliamentary Review)	✓							
Training School, Strategic Direction	✓							
Independent Advisory Group on Diversity	✓							
Clinical Directorate Update		✓						
2018/19 Board Assurance Framework Arrangements		✓						
Long Term Strategic Framework			✓			✓		
Amber Review				✓	✓			
Committee Structures Working Group Update				✓	✓			
PECI Team Presentation				✓				
Handling of Legal Claims				✓				
WAST Improvement Innovation Network				✓		✓		
Staff Survey					✓			
Engagement					✓			✓
Mental Health (World Mental Health Day 10/10/18)					✓			
Workforce/Leadership and Management Strategies						✓		
Environment and Sustainability Update						✓		
Health and Social Care Leadership Group						✓		
IMTP (Including Long Term Strategy)							✓	
Presentation on Sickness Planning							✓	
Organisational Security and Current Threats							✓	
Regional Partnership Boards							✓	
Tour of Barry Ambulance Station								✓
Safeguarding								✓
Community First Responders/Volunteers								✓

NB Table 7 - the items above are the scheduled matters but on the day additional items may have been added



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WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

# REMUNERATION AND STAFF REPORT

## 2018-19

## Introduction

The Remuneration and Staff Report contains information about senior manager's remuneration. It will detail salaries and other payments, the Trust's policy on senior managers remuneration and whether there were any exit payments or other significant awards to current or former senior managers.

The definition of senior managers is: *'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'*

For the Trust, the senior managers are considered to be the Boards members, i.e. the Executive and Non-Executive Directors including the Chair and Chief Executive; three further (non-voting) Directors and the Board Secretary.

In addition to presenting data on senior manager's remuneration, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition and sickness absence, together with expenditure on consultancy and off payroll expenditure.

## Membership of the Remuneration and Terms of Services Committee

Details of the members of the Remuneration and Terms of Services Committee are shown in the Annual Governance Statement.

## Statement of Policy on the Remuneration of Senior Managers

All senior manager pay and terms and conditions of service have been, and will be, determined by the Remuneration Committee within the framework set by the Welsh Government. Performance of senior managers is assessed against personal objectives and the overall performance of the Trust. The process sets objectives for the year and assesses individual performance against the objectives. The Trust does not make performance or other related bonus payments. In keeping with the Welsh Government directive on pay for senior managers in NHS Wales, a 2% consolidated pay uplift was applied from 1 April 2018 to all pay scales for individuals holding executive and senior posts.

## Policy on Duration of Contracts and Notice Periods

The Trust utilises permanent and fixed term contracts of employment as well as secondment opportunities.

The Chair and other Non-Executive Directors can be appointed up to 4 year terms, which may be extended to a maximum of 8 years in total. Senior managers are appointed to permanent contracts in line with Welsh Government guidance and are required to give 3 months' notice of termination of employment.

For other staff on the Trust, the contractual notice employees are required to give to Welsh Ambulance Services NHS Trust and which employees are entitled to receive, is as follows:

Bands 1-6 - 4 weeks

Bands 7 - 8 weeks

Bands 8 & 9 - 12 weeks

The notice provisions for Pay Bands 1-7 outlined above are the normal notice periods of notice. However, these provisions do not override the statutory notice requirements Welsh Ambulance Services NHS Trust is required to provide employees. According to length of service employees may be entitled to a greater period of notice and receive 1 weeks' notice for each completed year of service up to and including a maximum of 12 weeks' notice after 12 years of continuous employment.

This refers to the notice periods employees must give; however, this does not preclude individuals requesting an earlier release from their post. This does not affect the right of either party to terminate the contract without notice by reason of the conduct of the other party. The Trust may, depending on circumstances, pay salary in lieu of notice.

## Details of the Senior Manager Service Contracts and awards

Details of the service contracts, compensation for early termination and any continuing liability are shown in the tables below. There were no compensation payments or awards for senior managers during 2018-19.

### Remuneration Relationship

Details of the Trust's remuneration relationship are set out in Note 10.6 of the 2018-19 Annual Accounts.

#### 1, Senior Managers in Post 2018-19

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Martin Woodford	Chairman (Interim)	Fixed Term	7 April 2014	31 March 2022
Helen Birtwhistle	Non-Executive Director	Fixed Term	1 April 2017	31 March 2021
Emrys Davies	Non-Executive Director	Fixed Term	1 April 2014	31 March 2021
Kevin Davies	Non-Executive Director	Fixed Term	5 January 2015	31 December 2022
Pamela Hall	Non-Executive Director	Fixed Term	1 April 2014	31 March 2022
Paul Hollard	Non-Executive Director	Fixed Term	1 April 2016	31 March 2020
James Mycroft	Non-Executive Director	Fixed Term	1 April 2014	31 March 2020
Martin Turner	Non-Executive Director	Fixed Term	23 July 2018	Until a substantive appointment is made.
Jason Killens	Chief Executive (CEO)	Permanent	24 September 2018	Not Applicable
Claire Bevan	Executive Director	Permanent	Prior to 1 April 2018	Not Applicable
Brendan Lloyd	Executive Director/ Interim Deputy CEO	Permanent	Prior to 1 April 2018	Not Applicable
Patricia Roseblade **	CEO	Interim	Prior to 1 April 2018	Not Applicable
Christopher Turley	Executive Director	Interim	Prior to 1 April 2018	Not Applicable
Claire Vaughan	Executive Director	Permanent	Prior to 1 April 2018	Not Applicable
Keith Cox	Board Secretary	Permanent	Prior to 1 April 2018	Not Applicable
Hannah Evans	Director	Permanent	Prior to 1 April 2018	Not Applicable
Richard Lee	Director	Permanent	Prior to 1 April 2018	Not Applicable
Estelle Hitchon	Director	Permanent	Prior to 1 April 2018	Not Applicable
Louise Platt	Director	Interim	1 November 2018	Not Applicable
Rachel Marsh	Director	Interim	3 December 2018	Fixed Term to 2 December 2019

Notes: \*\* Patricia Roseblade returned to the post of Deputy Chief Executive/Director of Finance & ICT (Supernumerary) on 23 September 2018 until 15th October 2018 when she began an external secondment to Powys Teaching Health Board.

## 2. Senior Managers who left the Trust during 2018-19

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Helen Birtwhistle	Non-Executive Director	Fixed Term	1 April 2017	31 October 2018
Richard Lee	Director	Permanent	Prior to 1 April 2018	7 November 2018 **
James Mycroft	Non-Executive Director	Fixed Term	1 April 2014	31 March 2019

Notes: \*\* Richard Lee left the Trust on 7 November 2018 however was paid until 3 December 2018 due to accrued annual leave.

## 3. Senior Managers seconded from the Trust during 2018-19

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Hannah Evans	Director	Permanent	Prior to 1 April 2018	6 August 2018
Patricia Roseblade	Deputy Chief Executive/ Director of Finance & ICT (Supernumerary)	Permanent	Prior to 1 April 2018	15 October 2018

Notes: Patricia Roseblade went on secondment to Powys Teaching Health Board. Hannah Evans went on secondment to ABMU Local Health Board.

## 4. Hutton Report Information

	2018-2019	2017-2018
Band of Highest paid Director's Total Remuneration £000	155-160**	147.5
Median Total Remuneration £000	30	30
Ratio	5.32	4.99

Notes: \*\* Based on guidance the presentation of the 2018-19 highest paid director is now shown as a banded amount and not the mid-point of the band

Reporting bodies are required to disclose the relationship between the midpoint of the banded remuneration of the highest-paid director/employee in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in post at 31st March 2019 in the Welsh Ambulance Services NHS Trust in the financial year 2018-19 was £155k to £160k (2017-18, £147,500). This was 5.32 times (2017-18, 4.99 times) the median remuneration of the workforce, which was £29,608 (2017-18, £29,536).

In 2018-19, 0 (2017-18, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £17,460 to £157,500 (2017-18 £16,523 to £147,500).

The reason for both the increase in remuneration together with the upward rise in ratio compared to 2017-18 are the result of a change in remuneration of the Chief Executive.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.



## Salary and Pension Entitlements of Senior Managers

### Remuneration Report

Name and Title	2018-19				2017-18			
	Salary	Benefits in Kind	Pension benefits	Total	Salary	Benefits in Kind	Pension benefits	Total
	(bands of £5000)	Rounded to the nearest £100	£'000 (to nearest £1000)	(bands of £5000)	(bands of £5000)	Rounded to the nearest £100	£'000 (to nearest £1000)	(bands of £5000)
Martin Woodford (Interim Chairman) (Note 1)	40-45			40-45	15-20			15-20
Michael Giannasi (Chairman) (Note 2)					50-55			50-55
Kevin Davies (Non Executive Director)	5-10			5-10	5-10			5-10
Pamela J Hall (Non Executive Director)	5-10			5-10	5-10			5-10
James Mycroft (Non Executive Director) (Note 3)	5-10			5-10	5-10			5-10
Emrys Davies (Non Executive Director)	5-10			5-10	5-10			5-10
Paul Hollard (Non Executive Director)	5-10			5-10	5-10			5-10
Helen Birtwhistle (Non Executive Director) (Note 4)	5-10			5-10	5-10			5-10
Martin Turner (Non Executive Director) (Note 5)	5-10			5-10				
Jason Killens (Chief Executive) (Note 6)	80-85	1,600	61	140-145				
Tracy Myhill (Chief Executive) (Note 7)					130-135	2,600	105	235-240
Patricia Roseblade (Former Interim Chief Executive) (Note 8)	70-75	4,100	27	100-105	110-115	6,200	48	165-170
Christopher Turley (Interim Executive Director of Finance & ICT)	95-100	4,600	95	195-200	15-20	600	5	20-25
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive)	145-150	3,300		150-155	135-140	2,500		140-145
Claire Vaughan (Executive Director of Workforce & OD)	90-95	-	20	110-115	90-95	-	22	110-115
Claire Bevan (Executive Director of Quality & Nursing) (Note 9)	100-105	3,500		105-110	110-115	2,800	197	310-315
Estelle Hitchon (Director of Partnership & Engagement) (Note 10)	85-90	-	25	115-120	85-90	-	21	105-110
Hannah Evans (Director of Planning & Performance) (Note 11)	30-35	-	16	45-50	90-95	-	36	125-130
Rachel Marsh (Interim Director of Planning & Performance) (Note 12)	30-35	-	2	30-35				
Richard Lee (Director of Operations) (Note 13)	65-70	-	10	75-80	100-105	-	27	125-130
Louise Platt (Interim Director of Operations) (Note 14)	35-40	-	24	60-65				
Keith Cox (Board Secretary)	85-90	-		85-90	80-85	-		80-85

## Remuneration Report (Notes)

Note 1 - Martin Woodford was appointed Interim Chairman on 1st April 2018

Note 2 - Michael Giannasi left the Trust on 31st March 2018

Note 3 - James Mycroft left the Trust 31st March 2019

Note 4 - Helen Birtwistle left the Trust on 31st October 2018

Note 5 - Martin Turner joined the Trust on 23rd July 2018

Note 6 - Jason Killens joined the Trust as Chief Executive on 24th September 2018

Note 7 - Tracy Myhill left the Trust on 31st January 2018

Note 8 - Patricia Roseblade was Interim Chief Executive until 23rd September. Patsy then returned to Deputy Chief Executive/Director of Finance & ICT (Supernumerary) until 15th October when she began an external secondment to Powys Teaching Health Board

Note 9 - Claire Bevan prior year salary included a back pay element hence the higher amount in 2017-18 and blank element in pension benefits for 2018-19. Pension benefits for 2017-18 has been amended from £198k to £197k to take account of a correction

Note 10 - Estelle Hitchon held additional responsibilities for Planning and Performance for the period 6th August 2018 to 2nd December 2018

Note 11 - Hannah Evans left the Trust on external secondment to Abertawe Bro Morgannwg University Health Board on 6th August 2018

Note 12 - Rachel Marsh joined the Trust as Interim Director of Planning & Performance on 3rd December 2018

Note 13 - Richard Lee left the Trust on 7th November 2018 however was paid until 3rd December 2018 due to accrued annual leave

Note 14 - Louise Platt was appointed Interim Director of Operations on 1st November 2018

## Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jason Killens (Chief Executive)	2.5-5	7.5-10	30-35	95-100	585	408	73	12
Patricia Roseblade (Former Interim Chief Executive)	0-2.5	2.5-5	25-30	85-90	643	506	56	11
Christopher Turley (Interim Executive Director of Finance & ICT)	2.5-5	7.5-10	35-40	90-95	683	513	142	14
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) *	0	0	0	0	-	-	-	-
Claire Vaughan (Executive Director of Workforce & OD)	0-2.5	-2.5-0	20-25	45-50	354	283	50	13
Estelle Hitchon (Director of Partnership & Engagement)	0-2.5	0-2.5	25-30	60-65	488	397	67	13
Claire Bevan (Executive Director of Quality & Nursing)	-5--2.5	-10--7.5	40-45	125-130	956	904	10	15
Hannah Evans (Director of Planning & Performance)	0-2.5	0-2.5	20-25	45-50	337	251	23	5
Rachel Marsh (Interim Director of Planning & Performance)	0-2.5	-2.5-0	35-40	50-55	551	462	20	4
Richard Lee (Director of Operations)	0-2.5	0-2.5	40-45	100-105	718	598	60	10
Louise Platt (Interim Director of Operations)	0-2.5	0-2.5	25-30	60-65	441	332	36	6
Keith Cox (Board Secretary) **	0	0	0	0	-	-	-	-

### Notes

\* Dr Brendan Lloyd chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year

\*\*Keith Cox chose not to be covered by the NHS pension arrangements in the current reporting year, having left the pension scheme on 16th July 2017

## Staff Report

### Staff Numbers

An analysis of staff numbers by category during 2018-19 are set out below. The figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 (and rounded to nearest fte). The table below excludes agency and seconded in staff.

Category	2018-19	2017-18
Additional Clinical Services	1,467	1,428
Administrative & Clerical	483	470
Allied Health Professionals	983	982
Estates & Ancillary	56	45
Medical & Dental	2	4
Nursing and Midwifery	149	130
<b>Total</b>	<b>3,140</b>	<b>3,059</b>

### Staff Composition

An analysis of the number of persons of each sex who are senior managers of the Trust as at 31 March 2019 are set out below (excludes secondees out of the Trust, includes secondees into the Trust). This compares to a Trust wide staff composition of 43.2% female, 56.8% male.

Gender	Headcount	%
Female	6	37.5
Male	10	62.5
<b>Grand Total</b>	<b>16</b>	<b>100</b>

### Sickness Absence Data

	2018-19	2017-18
Days lost (long term)	60,459.52	58,437.04
Days lost (short term)	21,760.66	21,604.64
<b>Total days lost</b>	<b>82,220.18</b>	<b>80,041.68</b>
Average working days lost	16.37	16.27
Total staff employed in period (headcount)	3,378	3,274
Total staff employed in period with no absence (headcount)	1,123	836
<b>Percentage staff with no sick leave</b>	<b>32.67%</b>	<b>26.76%</b>

Note: The percentage and total number of staff without absence in the year has been sourced from the standard ESR Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank and locum assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year

The Trust continues to performance manage absence robustly and has implemented a number of actions in 2018-19. These include:

- Implementation of the new All Wales Attendance at Work Policy, including training developed collaboratively with Trade Union Colleagues
- Development of a nine point action plan to improve attendance at work
- Proactive management of individual long-term sickness cases;
- The launch of a Fast Track musculoskeletal (MSK) service across Wales
- Implementation of SilverCloud on line Cognitive Behavioural Therapy (CBT) Service
- Review and refresh of the sickness audit toolkit

The top reasons for absence in 2018-19 were; anxiety/stress/depression and other psychiatric illnesses, and musculoskeletal problems. These are consistent with those reported in 2017-18.

The nine point action plan has set out a number of actions that aim to provide longer term benefits to the health and wellbeing of Trust employees which include an option appraisal on the re-instatement of fitness testing and undertake research in collaboration with Swansea Centre for Health Economics.

### Staff Policies Applied During the Year

The Trust has a policy framework in place which covers policies, procedures and processes and how these should be introduced, amended, replaced and approved (see page 21). These policies address all matters relating to the Trust and cover

such issues as employment, health and safety and infection control. The Trust has policies on recruitment and selection, training and flexible working and a treating people fairly strategy. All these are designed to ensure that equality and diversity issues are fully considered in the recruitment, selection and employment of staff. Staff can access these policy documents through the Trust's Intranet.

#### Expenditure on Consultancy

Expenditure during 2018-19 in respect of consultancy costs was £0.12m (2017-18 £0.153m) across the following six areas:

- Finance
- Human Resource, Training and Education
- Information Technology/Information Strategy
- Marketing and Communication
- Organisation and Change Management
- Strategy

#### Off-Payroll Engagements

The Trust has a nil return in 2018-19 for off-payroll engagements. This is consistent to that reported in 2017-18.

#### Exit Packages

During 2018-19, one exit package was agreed at a total cost of £0.072m (2017-18, three packages were agreed at a total cost of £0.119m). This is described in Note 10.5 within the financial statements.



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Ymddiriedolaeth GIG  
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# **NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND AUDIT REPORT**

## **2018-19**

## Introduction

The National Assembly for Wales Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

### Regularity of expenditure

The Trust is required to ensure regularity of its income and expenditure. Sufficient evidence of the assurance of this has been provided as part of the audit of the accounts process and the audit certificate for the accounts concludes that in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales and that the financial transactions recorded in the financial statements conform to the authorities which govern them.

### Fees and charges

The Trust is required by Welsh Government to ensure that the full cost of providing commercial services is passed on in its fees and charges and confirms that proper controls were in place in 2018-19 over how, when and at what level charges were levied.

### Material remote contingent liabilities

The Trust has no material remote contingent liabilities within its 2018-19 accounts. This is consistent to that reported in 2017-18.

### Audit certificate and report

The certificate and report of the Auditor General to the National Assembly of Wales is attached on the following pages.



# The Certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

## Report on the audit of the financial statements

### Opinion

I certify that I have audited the financial statements of the Welsh Ambulance Services NHS Trust for the year ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Welsh Ambulance Services NHS Trust as at 31 March 2019 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

### **Opinion on regularity**

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Report on other requirements**

#### **Opinion on other matters**

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

#### **Matters on which I report by exception**

In the light of the knowledge and understanding of the trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Annual Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

### **Report**

I have no observations to make on these financial statements.

### **Responsibilities**

#### **Responsibilities of Directors and the Chief Executive**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

#### **Auditor's responsibilities for the audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report

that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Responsibilities for regularity**

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Adrian Crompton  
Auditor General for Wales  
11 June 2019

24 Cathedral Road  
Cardiff  
CF11 9LJ



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



# ANNUAL ACCOUNTS

## 2018-19

# Welsh Ambulance Services NHS Trust

## Foreword

These accounts for the period ended 31 March 2019 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

## Statutory background

The Trust was established in 1998. Spread over an area of 20,640 kilometres and serving a population of around 3 million, our diverse area encompasses tranquil rural retreats, busy seaside resorts and large urban boroughs.

But our varied and modern services are tailor-made for each community's differing environmental and medical needs, from cycles to fast response cars, frontline ambulances and nurses in our control centres.

We attend more than 250,000 emergency calls a year, over 50,000 urgent calls and transport over 1.3 million non-emergency patients to over 200 treatment centres throughout England and Wales.

Our dedicated staff are our biggest asset, and we employ over 3000 people. Approximately 70% of our workforce is within our emergency medical services which include our Clinical Contact Centres, and around 640 staff work in 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 operate from 90 ambulance stations, three control centres, three regional offices and five vehicle workshops.

We also have our own National Training College to ensure our staff remain at the top of their game and receive regular professional development.

We provide access to high quality, on-going training, regular continuous professional development opportunities and personal annual development reviews

We are also the host for the 111 service, which is an amalgamation of NHS Direct Wales (a 24 hour health advice and information service for the public) and the front end call handling and clinical triage elements of the GP out-of-hours services.

## Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2018-19. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-17, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019

	Note	2018-19 £000	2017-18 £000
Revenue from patient care activities	3	180,274	167,173
Other operating revenue	4	7,540	10,749
Operating expenses	5.1	(187,976)	(177,951)
<b>Operating (deficit)/surplus</b>		<b>(162)</b>	<b>(29)</b>
Investment revenue	6	98	36
Other gains and losses	7	212	218
Finance costs	8	(91)	(155)
<b>Retained surplus</b>	2.1.1	<b>57</b>	<b>70</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant and equipment		333	5,048
Net gain/(loss) on revaluation of intangible assets		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Movements in other reserves		0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Impairments and reversals		(510)	(861)
Transfers between reserves		0	0
Net gain/loss on Other Reserve		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
<b>Sub total</b>		<b>(177)</b>	<b>4,187</b>
<b>Items that may be reclassified subsequently to net operating costs</b>			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
<b>Sub total</b>		<b>0</b>	<b>0</b>
<b>Total other comprehensive income/(expenditure) for the year</b>		<b>(177)</b>	<b>4,187</b>
<b>Total comprehensive income/(expenditure) for the year</b>		<b>(120)</b>	<b>4,257</b>

The notes on pages 6 to 68 form part of these accounts.

**STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019**

		Note	31 March 2019	31 March 2018
			£000	£000
<b>Non-current assets</b>	Property, plant and equipment	13	79,697	79,051
	Intangible assets	14	5,352	4,270
	Trade and other receivables	17.1	523	566
	Other financial assets	18	0	0
	<b>Total non-current assets</b>		<b>85,572</b>	<b>83,887</b>
<b>Current assets</b>	Inventories	16.1	1,418	1,228
	Trade and other receivables	17.1	7,372	13,475
	Other financial assets	18	0	0
	Cash and cash equivalents	19	13,626	10,126
			<b>22,416</b>	<b>24,829</b>
	Non-current assets held for sale	13.2	130	0
	<b>Total current assets</b>		<b>22,546</b>	<b>24,829</b>
<b>Total assets</b>			<b>108,118</b>	<b>108,716</b>
<b>Current liabilities</b>	Trade and other payables	20	(23,673)	(20,680)
	Borrowings	21	(941)	(1,526)
	Other financial liabilities	22	0	0
	Provisions	23	(4,884)	(8,768)
	<b>Total current liabilities</b>		<b>(29,498)</b>	<b>(30,974)</b>
<b>Net current assets/(liabilities)</b>			<b>(6,952)</b>	<b>(6,145)</b>
<b>Total assets less current liabilities</b>			<b>78,620</b>	<b>77,742</b>
<b>Non-current liabilities</b>	Trade and other payables	20	0	0
	Borrowings	21	0	(942)
	Other financial liabilities	22	0	0
	Provisions	23	(6,974)	(7,258)
	<b>Total non-current liabilities</b>		<b>(6,974)</b>	<b>(8,200)</b>
<b>Total assets employed</b>			<b>71,646</b>	<b>69,542</b>
<b>Financed by Taxpayers' equity:</b>				
	Retained earnings		(6,254)	(6,311)
	Public dividend capital		68,386	66,162
	Revaluation reserve		9,514	9,691
	Other reserves		0	0
	Funds Held on Trust Reserves			
	<b>Total taxpayers' equity</b>		<b>71,646</b>	<b>69,542</b>

The financial statements were approved by the Board on 30th May 2019 and signed on behalf of the Board by:

Chief Executive : Jason Killens.....

Date: 30th May 2019

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY**

<b>2018-19</b>	<b>Public Dividend Capital £000</b>	<b>Retained earnings £000</b>	<b>Revaluation reserve £000</b>	<b>Other reserves £000</b>	<b>Total £000</b>
<b>Changes in taxpayers' equity for 2018-19</b>					
Balance as at 31 March 2018	66,162	(6,311)	9,691	0	69,542
<b>Adjustment for Implementation of IFRS 9</b>	0	0	0	0	0
<b>Balance at 1 April 2018</b>	66,162	(6,311)	9,691	0	69,542
Retained surplus/(deficit) for the year		57			57
Net gain/(loss) on revaluation of property, plant and equipment		0	333	0	333
Net gain/(loss) on revaluation of intangible assets		0	0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	0
Impairments and reversals		0	(510)	0	(510)
Movements in other reserves		0	0	0	0
Transfers between reserves		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
Net gain/loss on Other Reserve (specify)				0	0
In year movement	0	57	(177)	0	(120)
New Public Dividend Capital received	2,224				2,224
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
<b>Balance at 31 March 2019</b>	<b>68,386</b>	<b>(6,254)</b>	<b>9,514</b>	<b>0</b>	<b>71,646</b>



**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY**

<b>2017-18</b>	<b>Public Dividend Capital £000</b>	<b>Retained earnings £000</b>	<b>Revaluation reserve £000</b>	<b>Other reserves £000</b>	<b>Total £000</b>
<b>Changes in taxpayers' equity for 2017-18</b>					
<b>Balance at 1 April 2018</b>	65,599	(8,375)	7,498	0	64,722
Retained surplus/(deficit) for the year		70			70
Net gain/(loss) on revaluation of property, plant and equipment		0	5,048	0	5,048
Net gain/(loss) on revaluation of intangible assets		0	0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	0
Impairments and reversals		0	(861)	0	(861)
Movements in other reserves		0	0	0	0
Transfers between reserves		1,994	(1,994)	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
Net gain/loss on Other Reserve (specify)				0	0
In year movement	0	2,064	2,193	0	4,257
New Public Dividend Capital received	960				960
Public Dividend Capital repaid in year	(397)				(397)
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
<b>Balance at 31 March 2018</b>	<b>66,162</b>	<b>(6,311)</b>	<b>9,691</b>	<b>0</b>	<b>69,542</b>

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2019

		2018-19	Reclassified 2017-18
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit)	SOCI	(162)	(29)
Movements in working capital	30	8,017	(4,953)
Other cash flow adjustments	31	19,517	23,657
Provisions utilised		(5,917)	(2,611)
Interest paid		(91)	(137)
<b>Net cash inflow (outflow) from operating activities</b>		<b>21,364</b>	<b>15,927</b>
<b>Cash flows from investing activities</b>			
Interest received		98	36
(Payments) for property, plant and equipment		(18,892)	(13,983)
Proceeds from disposal of property, plant and equipment		233	218
(Payments) for intangible assets		0	(3,269)
Proceeds from disposal of intangible assets		0	0
(Payments) for investments with Welsh Government		0	0
Proceeds from disposal of investments with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Rental proceeds		0	0
<b>Net cash inflow (outflow) from investing activities</b>		<b>(18,561)</b>	<b>(16,998)</b>
<b>Net cash inflow (outflow) before financing</b>		<b>2,803</b>	<b>(1,071)</b>
<b>Cash flows from financing activities</b>			
Public Dividend Capital received		2,224	960
Public Dividend Capital repaid		0	(397)
Loans received from Welsh Government		0	0
Other loans received		0	0
Loans repaid to Welsh Government		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		(1,527)	(1,492)
Cash transferred (to)/from other NHS Wales bodies		0	0
<b>Net cash inflow (outflow) from financing activities</b>		<b>697</b>	<b>(929)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>3,500</b>	<b>(2,000)</b>
<b>Cash [and] cash equivalents</b>	<b>19</b>	<b>10,126</b>	<b>12,126</b>
<b>at the beginning of the financial year</b>			
<b>Cash [and] cash equivalents</b>	<b>19</b>	<b>13,626</b>	<b>10,126</b>
<b>at the end of the financial year</b>			

The cash flow statement has been represented in 2018-19 for the introduction of the single summarised account.

The notes on pages 6 to 68 form part of these accounts.

## Notes to the Accounts

### Accounting policies

#### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts in Wales shall meet the accounting requirements of the NHS Trust Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2018-19 NHS Trust Manual for Accounts. The accounting policies contained in that manual follow the European Union version of the International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the NHS Trusts Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

##### 1.1 Accounting convention and basis of consolidation

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

##### 1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

##### 1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received from Non NHS bodies for a specific activity that is to be delivered in the following year that income is deferred. Only non-NHS income may be deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

From 2018-19, IFRS 15 Revenue from Contracts with Customers is applied, as interpreted and adapted for the public sector, in the Financial Reporting Manual (FReM). It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. Upon transition the accounting policy to retrospectively restate in accordance with IAS 8 has been withdrawn. All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayer's equity.

A review consistent with the portfolio approach was undertaken by the NHS Technical Accounting Group members, which

- identified that the only material income that would potentially require adjustment under IFRS 15 was that for patient care provided under Long term Agreements (LTAs) for episodes of care which had started but not concluded as at the end of the financial period;
- demonstrated that the potential amendments to NHS Wales NHS Trust and Local Health Board Accounts as a result of the adoption of IFRS 15 are significantly below materiality levels.

Under the Conceptual IFRS Framework due consideration must be given to the users of the accounts and the cost restraint of compliance and reporting and production of financial reporting. Given the income for LTA activity is recognised in accordance with established NHS Terms and Condition, affecting multiple parties across NHS Wales, it was considered reasonable to continue recognising in accordance with those established terms, on the basis that this provides information that is relevant to the user and to do so does not result in a material misstatement of the figures reported.

#### **1.4 Employee Benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not yet taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### **Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the trust commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

#### **NEST Pension Scheme**

The NHS Trust has to offer an alternative pension scheme for employees not eligible to join the NHS Pension scheme. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

#### **1.5 Other expenses**

Other operating expenses for goods or services are recognised when they have been received. They are measured at the fair value of the consideration payable.

#### **1.6 Property, plant and equipment Recognition**

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to the Trust, or service potential will be supplied;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, vehicle or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly

## **Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the trust's services or for administrative purposes are stated in the balance sheet at their revalued amounts less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the balance sheet date. Fair values are determined as follows:

- Land and non specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

From 1 April 2009 the depreciated replacement cost valuation applies the Modern Equivalent Asset (MEA) cost basis of estimation to arrive at the cost of replacing the capacity and utility of a building rather than a like for like replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FREM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If the Trust could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

In 2017-18 a formal revaluation exercise by the District Valuation Office was applied to the Land and Properties of NHS Wales Trusts. The carrying value of existing assets at that date was written off over their remaining useful lives, new fixtures and equipment were carried at depreciated historic cost as this was not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. The accounting policy for this treatment changed in 2014/15, prior to which all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. However, to ensure that the outcome as reflected in the reserves figure on the Statement of Financial Position is consistent with the requirements of IAS 36 had this adaptation not been applied, the balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 should be transferred to Retained earnings.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

## **1.7 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to the trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

### **Measurement**

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at

### **1.8 Depreciation, amortisation and impairments**

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income.

### **1.9 Research and development**

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and the benefits can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project.

### **1.10 Non-current assets held for sale**

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

### **1.11 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### **1.11.1 The trust as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

#### **1.11.2 The trust as lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### **1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first in first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### **1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust's cash management.



### **1.14 Provisions**

Provisions are recognised when the trust has a present legal or constructive obligation as a result of a past event, it is probable that the trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using discount rates supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the amount receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### **1.14.1 Clinical Negligence and personal injury costs**

The Welsh Risk Pool (WRP) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was not implemented in 2018-19. The WRP is hosted by Velindre NHS Trust.

### **1.15. Financial Instruments**

From 2018-19 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales bodies, will be to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayer's equity.

### **1.16 Financial assets**

Financial assets are recognised when the trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred. Financial assets are initially recognised at fair value.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

NHS Wales Technical Accounting Group members reviewed the IFRS 9 requirements and determined a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS9 to construct a provision matrix.

**1.16.1** Financial assets are classified into the following categories: financial assets 'at fair value through SoCI'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

**1.16.2 Financial assets at fair value through SoCI**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in calculating the trust's surplus or deficit for the accounting period. The net gain or loss incorporates any interest earned on the financial asset.

**1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

**1.16.4 Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the income statement on de-recognition.

**1.16.5 Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset. At the end of the reporting period, the trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

#### **1.16.6 Other financial assets**

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

#### **1.17 Financial liabilities**

Financial liabilities are recognised on the statement of financial position when the trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from the Welsh Government are recognised at historical cost.

##### **1.17.1 Financial guarantee contract liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of: - the premium received (or imputed) for entering into the guarantee less cumulative amortisation; - the amount of the obligation under the contract, as determined in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets.

##### **1.17.2 Financial liabilities at fair value through SoCI**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

##### **1.17.3 Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from the Welsh Government, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

#### **1.18 Value Added Tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

#### **1.19 Foreign currencies**

The trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

#### **1.20 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them.

### **1.21 Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the income statement on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which is prepared on a cash basis.

The Trust accounts for all losses and special payments gross (including assistance from the Welsh Risk Pool). The Trust accrues or provides for the best estimate of its future payouts for certain or probable liabilities and discloses all other potential payments as contingent liabilities, except those with a probability of less than 5%.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the Welsh Risk Pool are included in debtors. For those claims where the probability of settlement is between 5% and 50%, the liability is disclosed as a contingent liability.

### **1.22 Pooled budgets**

The trust has not entered into any pooled budget arrangements with Local Authorities.

### **1.23 Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

### **1.24 Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The amount recognised as provisions give rise to significant judgement and uncertainty. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the balance sheet date, taking in to account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows. A change in the assumptions could cause an increase or decrease in the amounts recognised as a provision which could materially impact the results of operations.

The NHS trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the Health Board or Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

### Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

<b>Remote</b>	Probability of Settlement Accounting Treatment	0 – 5% Contingent Liability.
<b>Possible</b>	Probability of Settlement Accounting Treatment	6% - 49% 25% Defence Fee - Provision Contingent Liability for all other estimated expenditure.
<b>Probable</b>	Probability of Settlement Accounting Treatment	50% - 94% Full Provision
<b>Certain</b>	Probability of Settlement Accounting Treatment	95% - 100% Full Provision

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.75%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

### Annual leave payments for employees working in the NHS

Included within provisions is an amount in respect of an evaluation of recent employment legislation and case law affecting the calculation of annual leave payments for employees working in the NHS.

An assessment has been made in respect of the level of financial impact the most recent and relevant case namely, *Flowers Vs East of England Ambulance Trust*, would have on organisations within NHS Wales. This has been based on the full costs incurred in 2017/18. This has then been used to estimate the impact in 2018/19. The two year impact for this Trust is assessed to be £1.505m.

### 1.25 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

### 1.26 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value. Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### 1.27 Carbon Reduction Commitment Scheme

The trust is not a member of the Carbon Reduction Commitment Scheme.

### **1.28 Absorption Accounting**

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required. For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC or General Reserve as appropriate. The trust has none to report.

### **1.29 Accounting standards that have been issued but have not yet been adopted**

The following accounting standards have been issued and / or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM .

IFRS14 Regulatory Deferral Accounts (The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.),

IFRS 16 Leases, HMT have confirmed that IFRS 16 Leases, as interpreted and adapted by the FReM is to be effective from 1st April 2020.

IFRS 17 Insurance Contracts,

IFRIC 23 Uncertainty over Income Tax Treatment.

### **1.30 Accounting standards issued that have been adopted early**

During 2018-19 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### **1.31 Charity not consolidated as NHS Trust is not corporate trustee**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS trust has established that as the trust is the corporate trustee of the linked Welsh Ambulance Services NHS Trust Charity, it is considered for accounting standards compliance to have control of Welsh Ambulance Services NHS Trust Charity as a subsidiary and therefore is required to consolidate the results of Welsh Ambulance Services NHS Trust Charity within the statutory accounts of the trust.

However, the transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charity are included in the related parties' notes

### **1.32 Subsidiaries**

The trust has no subsidiaries.

### **1.33 Borrowing costs**

Borrowing costs are recognised as expenses as they are incurred.

### **1.34 Public Dividend Capital (PDC) and PDC dividend**

Public Dividend Capital represents taxpayers' equity in the NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

## 2. Financial Performance

### 2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

#### 2.1.1 Financial Duty

	Annual financial performance			<b>2016-19 Financial duty £000</b>
	2016-17 £000	2017-18 £000	2018-19 £000	
Retained surplus	44	70	57	<b>171</b>
Less Donated asset / grant funded revenue adjustment	0	0	0	<b>0</b>
Adjusted surplus/(deficit)	<u>44</u>	<u>70</u>	<u>57</u>	<u><b>171</b></u>

The Welsh Ambulance Services NHS Trust has met its financial duty to break even over the 3 years 2016-17 to 2018-19.

#### 2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework issued to NHS Trusts places a requirement upon NHS Trusts to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust has submitted an Integrated Medium Term Plan for the period 2018-19 to 2020-21 in accordance with NHS Wales Planning Framework.

The Minister for Health and Social Services approval status

**Financial duty  
2018-19  
to  
2020-21  
Status**

**Approved**

The Welsh Ambulance Services NHS Trust has met its annual financial duty to have an approved financial plan for the period 2018-19 to 2020-21.

The Welsh Ambulance Services NHS Trust's 2017-18 to 2019-20 IMTP was approved.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The Trust is given an external financing limit which it is permitted to undershoot		31 March 2019 £000	31 March 2018 £000
External financing limit set by the Welsh Government		697	(929)
Cash flow financing	697		(929)
Finance leases taken out in the year	0		0
Other capital receipts	0		0
External financing requirement		697	(929)
Undershoot (overshoot)		0	0

The Trust has achieved its external financing limit.

2.2.2. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2018-19	2017-18
Total number of non-NHS bills paid	39,395	38,440
Total number of non-NHS bills paid within target	38,194	37,728
Percentage of non-NHS bills paid within target	97.0%	98.1%

The Trust has met the target.



## Welsh Ambulance Services NHS Trust Annual Accounts 2018-19

<b>3. Revenue from patient care activities</b>	<b>2018-19</b>	2017-18
	<b>£000</b>	£000
Local health boards	<b>24,923</b>	22,601
Welsh Health Specialised & Emergency Ambulance Services Committees (WHSSC & EASC)	<b>147,684</b>	139,914
Welsh NHS Trusts	<b>675</b>	618
Health Education and Improvement Wales (HEIW)	<b>0</b>	0
Other NHS England bodies	<b>100</b>	196
Foundation Trusts	<b>0</b>	0
Local Authorities	<b>6</b>	2
Welsh Government	<b>6,320</b>	3,319
Welsh Government Welsh Risk Pool Reimbursements	<b>0</b>	0
Other NHS Trusts	<b>2</b>	13
Non NHS:		
Other revenue from activities	<b>206</b>	151
Private patient income	<b>9</b>	6
Overseas patients (non-reciprocal)	<b>0</b>	0
Injury Costs Recovery (ICR) Scheme	<b>349</b>	353
<b>Total</b>	<b>180,274</b>	167,173

ICR income is subject to a provision for impairment of **21.89%** to reflect expected rates of collection.

<b>4. Other operating revenue</b>	<b>2018-19</b>	2017-18
	<b>£000</b>	£000
Income generation	<b>0</b>	0
Patient transport services	<b>0</b>	0
Education, training and research	<b>960</b>	1,253
Charitable and other contributions to expenditure	<b>0</b>	0
Receipt of donations for capital acquisitions	<b>0</b>	0
Receipt of government grants for capital acquisitions	<b>0</b>	0
Non-patient care services to other bodies	<b>0</b>	0
Rental revenue from finance leases	<b>0</b>	0
Rental revenue from operating leases	<b>121</b>	110
Other revenue:		
Provision of pathology/microbiology services	<b>0</b>	0
Accommodation and catering charges	<b>0</b>	0
Mortuary fees	<b>0</b>	0
Staff payments for use of cars	<b>212</b>	233
Business unit	<b>0</b>	0
Other	<b>6,247</b>	9,153
<b>Total</b>	<b>7,540</b>	10,749

### Other revenue of £6,247k comprises:

Non-ambulance transport for other NHS bodies	<b>0</b>	<b>0</b>
Personal injury benefit scheme (PIBS)	<b>165</b>	<b>339</b>
Air Ambulance paramedic funding	<b>121</b>	<b>121</b>
Hazardous Area Response Team (HART)	<b>2,319</b>	<b>2,288</b>
Other minor services income	<b>1,788</b>	<b>2,672</b>
Ambulance Radio Replacement Programme (ARRP)	<b>0</b>	<b>0</b>
Funding for impairments (as funds flow monies)	<b>1,854</b>	<b>3,733</b>
<b>Total</b>	<b>6,247</b>	<b>9,153</b>

<b>5. Operating expenses</b>	<b>2018-19</b>	<b>2017-18</b>
<b>5.1 Operating expenses</b>	<b>£000</b>	<b>£000</b>
Local Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Goods and services from other NHS bodies	1,060	1,036
WHSSC/EASC	0	0
Local Authorities	0	0
Purchase of healthcare from non-NHS bodies	2,828	2,256
Welsh Government	0	0
Other NHS Trusts	0	0
Directors' costs	1,182	1,233
Staff costs	131,284	124,537
Supplies and services - clinical	3,709	3,079
Supplies and services - general	1,337	780
Consultancy Services	120	153
Establishment	3,925	4,631
Transport	13,791	13,627
Premises	7,025	5,776
Impairments and Reversals of Receivables	0	0
Depreciation	14,443	13,632
Amortisation	1,472	619
Impairments and reversals of property, plant and equipment	1,842	3,744
Impairments and reversals of intangible assets	11	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	152	161
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	828	814
Research and development	0	0
Other operating expenses	2,967	1,873
<b>Total</b>	<b>187,976</b>	<b>177,951</b>

**5. Operating expenses (continued)**

**5.2 Losses, special payments and irrecoverable debts:**

<b>Charges to operating expenses</b>	<b>2018-19</b>	<b>2017-18</b>
<b>Increase/(decrease) in provision for future payments:</b>	<b>£000</b>	<b>£000</b>
Clinical negligence	(1,921)	2,763
Personal injury	1,479	2,535
All other losses and special payments	183	234
Defence legal fees and other administrative costs	252	130
Structured Settlements Welsh Risk Pool	0	0
Gross increase/(decrease) in provision for future payments	(7)	5,662
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	(20)	23
<b>Less: income received/ due from Welsh Risk Pool</b>	<b>855</b>	<b>(4,871)</b>
<b>Total charge</b>	<b>828</b>	<b>814</b>

Personal injury includes £0.156m in respect of permanent injury benefits (2017-18 £0.343m). This expenditure includes a credit of -£0.140m relating to the change in the rate at which the provision for future payments is calculated.

## Welsh Ambulance Services NHS Trust Annual Accounts 2018-19

<b>6. Investment revenue</b>	<b>2018-19</b>	<b>2017-18</b>
<b>Rental revenue :</b>	<b>£000</b>	<b>£000</b>
PFI finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue:</b>		
Bank accounts	98	36
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>98</b>	<b>36</b>

<b>7. Other gains and losses</b>	<b>2018-19</b>	<b>2017-18</b>
	<b>£000</b>	<b>£000</b>
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	212	218
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>212</b>	<b>218</b>

<b>8. Finance costs</b>	<b>2018-19</b>	<b>2017-18</b>
	<b>£000</b>	<b>£000</b>
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	83	137
Interest on obligations under PFI contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>83</b>	<b>137</b>
Provisions unwinding of discount	8	18
Periodical Payment Order unwinding of discount	0	0
Other finance costs	0	0
<b>Total</b>	<b>91</b>	<b>155</b>

## 9. Operating leases

### 9.1 Trust as lessee

Operating lease payments represent rentals payable by the Trust for properties and vehicles.

<b>Payments recognised as an expense</b>	<b>2018-19</b>	<b>2017-18</b>
	<b>£000</b>	<b>£000</b>
Minimum lease payments	<b>1,799</b>	1,732
Contingent rents	<b>0</b>	0
Sub-lease payments	<b>0</b>	0
<b>Total</b>	<b>1,799</b>	1,732

<b>Total future minimum lease payments</b>	<b>2018-19</b>	<b>2017-18</b>
Payable:	<b>£000</b>	<b>£000</b>
Not later than one year	<b>1,345</b>	1,687
Between one and five years	<b>2,231</b>	2,262
After 5 years	<b>2,549</b>	1,689
<b>Total</b>	<b>6,125</b>	5,638

Total future sublease payments expected to be received	<b>0</b>	0
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## 9. Operating leases (continued)

### 9.2 Trust as lessor

The Trust leases part of Vantage Point House to Aneurin Bevan LHB in respect of their GP Out of Hours Service.

#### Rental Revenue

Receipts recognised as income	2018-19 £000	2017-18 £000
Rent	0	0
Contingent rent	0	0
Other	115	110
<b>Total rental revenue</b>	<b>115</b>	<b>110</b>

Total future minimum lease payments	2018-19 £000	2017-18 £000
<b>Receivable:</b>		
Not later than one year	75	72
Between one and five years	13	84
After 5 years	2	0
<b>Total</b>	<b>90</b>	<b>156</b>

## 10. Employee costs and numbers

					2018-19	2017-18
10.1 Employee costs	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Other Staff	£000	£000
	£000	£000	£000	£000	£000	£000
Salaries and wages	108,070	409	238	0	108,717	103,823
Social security costs	10,845	0	0	0	10,845	10,226
Employer contributions to NHS Pensions Scheme	13,083	0	0	0	13,083	12,162
Other pension costs	9	0	0	0	9	(5)
Other post-employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
<b>Total</b>	<b>132,007</b>	<b>409</b>	<b>238</b>	<b>0</b>	<b>132,654</b>	<b>126,206</b>
<b>Of the total above:</b>						
Charged to capital					301	568
Charged to revenue					132,353	125,638
<b>Total</b>					<b>132,654</b>	<b>126,206</b>
Net movement in accrued employee benefits (untaken staff leave accrual included above)					95	129

## 10.2 Average number of employees

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Other Staff	2018-19 Total	2017-18 Total
	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	483	5	8	0	496	488
Ambulance staff	0	0	0	0	0	0
Medical and dental	2	0	0	0	2	4
Nursing, midwifery registered	149	0	0	0	149	130
Professional, scientific and technical staff	0	0	0	0	0	0
Additional Clinical Services	1,467	0	0	0	1,467	1,429
Allied Health Professions	983	0	0	0	983	982
Healthcare scientists	0	0	0	0	0	0
Estates and Ancillary	56	0	0	0	56	47
Students	0	0	0	0	0	0
<b>Total</b>	<b>3,140</b>	<b>5</b>	<b>8</b>	<b>0</b>	<b>3,153</b>	<b>3,080</b>

None of the employees of Welsh Ambulance Services NHS Trust are classified within 'Ambulance Staff'. Operational members of staff are included either within the category of 'Additional Clinical Services' or 'Allied Health Professions' dependent upon

## 10.3 Retirement costs due to ill-health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. During 2018-19 there were 8 (2017-18, 3) early retirements from the Trust agreed on the grounds of ill-health. The additional pension costs of these ill-health retirements is £354,668 (2017-18, £104,417). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division. This information has been supplied by NHS Pensions.

## 10.4 Employee benefits

Employee benefits refer to non-pay benefits which are not attributable to individual employees, for example group membership of a club. The trust does not operate any employee benefit schemes.

# 10.5 Reporting of other compensation schemes - exit packages

	2018-19	2018-19	2018-19	2018-19	2017-18
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	3
£50,000 to £100,000	0	1	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	3

	2018-19	2018-19	2018-19	2018-19	2017-18
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	Cost of special element included in exit packages £	Total cost of exit packages £
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	118,779
£50,000 to £100,000	0	71,983	71,983	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	71,983	71,983	0	118,779

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the Trust has agreed early retirements or compulsory redundancies, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table (see note 10.3 for details of ill health retirement costs).

The disclosure reports the number and value of exit packages agreed in the year in line with the Welsh Government manual for accounts. The expense associated with these departures may have been recognised in part or in full in a previous period.



## 10.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the midpoint of the banded remuneration of the highest-paid director/employee in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in post at 31st March 2019 in the Welsh Ambulance Services NHS Trust in the financial year 2018-19 was £155k to £160k (2017-18, £147,500). This was 5.32 times (2017-18, 4.99 times) the median remuneration of the workforce, which was £29,608 (2017-18, £29,536).

In 2018-19, 0 (2017-18, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £17,460 to £157,500 (2017-18 £16,523 to £147,500).

The reason for both the increase in remuneration together with the upward rise in ratio compared to 2017-18 are the result of a change in remuneration of the Chief Executive.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.

## 11. Pensions

### PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 5% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 2% of this. The legal minimum level of contribution level is due to increase to 8% in April 2019.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,032 and £46,350 for the 2018-19 tax year (2017-18 £5,876 and £45,000 ).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 12. Public Sector Payment Policy

### 12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2018-19 Number	2018-19 £000	2017-18 Number	2017-18 £000
<b>NHS</b>				
Total bills paid in year	781	4,127	730	3,184
Total bills paid within target	667	3,547	629	2,259
Percentage of bills paid within target	85.4%	85.9%	86.2%	70.9%
<b>Non-NHS</b>				
Total bills paid in year	39,395	85,156	38,440	81,132
Total bills paid within target	38,194	83,558	37,728	79,858
Percentage of bills paid within target	97.0%	98.1%	98.1%	98.4%
<b>Total</b>				
Total bills paid in year	40,176	89,283	39,170	84,316
Total bills paid within target	38,861	87,105	38,357	82,117
Percentage of bills paid within target	96.7%	97.6%	97.9%	97.4%

### 12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2018-19 £	2017-18 £
Amounts included within finance costs from claims made under legislation	0	0
Compensation paid to cover debt recovery costs under legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### 13. Property, plant and equipment :

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2018</b>	<b>8,478</b>	<b>17,982</b>	<b>0</b>	<b>8,072</b>	<b>22,449</b>	<b>70,655</b>	<b>29,016</b>	<b>1,030</b>	<b>157,682</b>
Indexation	167	171	0	0	0	0	0	0	338
Additions - purchased	0	27	0	18,698	(4)	1,071	32	0	19,824
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	580	4,274	0	(16,675)	234	8,721	(614)	748	(2,732)
Revaluation	0	(510)	0	0	0	0	0	0	(510)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(1,764)	0	0	0	(147)	(1)	0	(1,912)
Reclassified as held for sale	(130)	0	0	0	(2,330)	(8,542)	0	0	(11,002)
Disposals other than by sale	0	(53)	0	0	0	50	(197)	0	(200)
<b>At 31 March 2019</b>	<b>9,095</b>	<b>20,127</b>	<b>0</b>	<b>10,095</b>	<b>20,349</b>	<b>71,808</b>	<b>28,236</b>	<b>1,778</b>	<b>161,488</b>
<b>Depreciation</b>									
<b>At 1 April 2018</b>	<b>0</b>	<b>571</b>	<b>0</b>	<b>0</b>	<b>12,577</b>	<b>45,310</b>	<b>19,297</b>	<b>876</b>	<b>78,631</b>
Indexation	0	5	0	0	0	0	0	0	5
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	(33)	0	(134)	0	(167)
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(51)	0	0	0	(19)	0	0	(70)
Reclassified as held for sale	0	0	0	0	(2,309)	(8,542)	0	0	(10,851)
Disposals other than by sale	0	(53)	0	0	0	50	(197)	0	(200)
Charged during the year	0	791	0	0	2,441	8,261	2,891	59	14,443
<b>At 31 March 2019</b>	<b>0</b>	<b>1,263</b>	<b>0</b>	<b>0</b>	<b>12,676</b>	<b>45,060</b>	<b>21,857</b>	<b>935</b>	<b>81,791</b>
Net book value									
<b>At 1 April 2018</b>	<b>8,478</b>	<b>17,411</b>	<b>0</b>	<b>8,072</b>	<b>9,872</b>	<b>25,345</b>	<b>9,719</b>	<b>154</b>	<b>79,051</b>
Net book value									
<b>At 31 March 2019</b>	<b>9,095</b>	<b>18,864</b>	<b>0</b>	<b>10,095</b>	<b>7,673</b>	<b>26,748</b>	<b>6,379</b>	<b>843</b>	<b>79,697</b>
<b>Net book value at 31 March 2019 comprises :</b>									
Purchased	9,095	18,864	0	10,095	7,673	26,748	6,379	843	79,697
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2019</b>	<b>9,095</b>	<b>18,864</b>	<b>0</b>	<b>10,095</b>	<b>7,673</b>	<b>26,748</b>	<b>6,379</b>	<b>843</b>	<b>79,697</b>
<b>Asset Financing:</b>									
Owned	9,095	18,864	0	10,095	7,673	26,748	5,307	843	78,625
Held on finance lease	0	0	0	0	0	0	1,072	0	1,072
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
<b>At 31 March 2019</b>	<b>9,095</b>	<b>18,864</b>	<b>0</b>	<b>10,095</b>	<b>7,673</b>	<b>26,748</b>	<b>6,379</b>	<b>843</b>	<b>79,697</b>

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	25,059
Long Leasehold	2,900
Short Leasehold	0
<b>Total</b>	<b>27,959</b>

### 13. Property, plant and equipment :

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2017</b>	7,786	28,098	0	17,425	16,512	67,243	25,136	844	163,044
Indexation	0	0	0	0	0	0	0	0	0
Additions - purchased	0	0	0	17,822	51	299	363	0	18,535
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	3,976	0	(27,175)	7,244	7,962	3,936	186	(3,871)
Revaluation	858	(9,833)	0	0	0	0	0	0	(8,975)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(166)	(4,259)	0	0	(15)	0	(165)	0	(4,605)
Reclassified as held for sale	0	0	0	0	(815)	(4,540)	0	0	(5,355)
Disposals other than by sale	0	0	0	0	(528)	(309)	(254)	0	(1,091)
<b>At 31 March 2018</b>	<b>8,478</b>	<b>17,982</b>	<b>0</b>	<b>8,072</b>	<b>22,449</b>	<b>70,655</b>	<b>29,016</b>	<b>1,030</b>	<b>157,682</b>
<b>Depreciation</b>									
<b>At 1 April 2017</b>	0	14,281	0	0	10,217	43,218	16,906	844	85,466
Indexation	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	(258)	0	0	1,261	(1,005)	2	2	2
Revaluation	0	(14,023)	0	0	0	0	0	0	(14,023)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	(815)	(4,540)	0	0	(5,355)
Disposals other than by sale	0	0	0	0	(528)	(309)	(254)	0	(1,091)
Charged during the year	0	571	0	0	2,442	7,946	2,643	30	13,632
<b>At 31 March 2018</b>	<b>0</b>	<b>571</b>	<b>0</b>	<b>0</b>	<b>12,577</b>	<b>45,310</b>	<b>19,297</b>	<b>876</b>	<b>78,631</b>
<b>Net book value</b>									
<b>At 1 April 2017</b>	7,786	13,817	0	17,425	6,295	24,025	8,230	0	77,578
<b>Net book value</b>									
<b>At 31 March 2018</b>	<b>8,478</b>	<b>17,411</b>	<b>0</b>	<b>8,072</b>	<b>9,872</b>	<b>25,345</b>	<b>9,719</b>	<b>154</b>	<b>79,051</b>
<b>Net book value at 31 March 2018 comprises :</b>									
Purchased	8,478	17,411	0	8,072	9,872	25,345	9,719	154	79,051
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2018</b>	<b>8,478</b>	<b>17,411</b>	<b>0</b>	<b>8,072</b>	<b>9,872</b>	<b>25,345</b>	<b>9,719</b>	<b>154</b>	<b>79,051</b>
<b>Asset Financing:</b>									
Owned	8,478	17,411	0	8,072	9,872	25,345	7,575	154	76,907
Held on finance lease	0	0	0	0	0	0	2,144	0	2,144
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
<b>At 31 March 2018</b>	<b>8,478</b>	<b>17,411</b>	<b>0</b>	<b>8,072</b>	<b>9,872</b>	<b>25,345</b>	<b>9,719</b>	<b>154</b>	<b>79,051</b>

The net book value of land, buildings and dwellings at 31 March 2018 comprises :

	£000
Freehold	25,889
Long Leasehold	0
Short Leasehold	0
<b>Total</b>	<b>25,889</b>

The NHS Trust Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institution of Chartered Surveyors' Valuation Standards, 6th Edition. Trusts are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

### 13. Property, plant and equipment :

#### Disclosures:

#### i) Donated Assets

The Welsh Ambulance Services NHS Trust did not receive any donated assets during the year.

#### ii) Valuations

The Trust's land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors' Valuation Standards, 6th edition.

The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

#### iii) Asset Lives

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight line basis over their estimated useful lives. No depreciation is provided on freehold land, assets in the course of construction and assets surplus to requirements.

Equipment lives range from six to eight years.

Buildings are depreciated on useful lives as determined by the Valuation Office Agency.

#### iv) Compensation

£1.854 million was received from the Welsh Assembly Government in respect of compensation for assets impaired during the year. This is included in the income statement.

v) The Trust does not hold any property where the value is materially different from its open market value.

#### vi) Assets Held for Sale or sold in the period.

Assets becoming classified as held for sale are shown in Note 13.2. Those sold in the period are detailed below:-

#### Gain/(Loss) on Sale

Asset description	Reason for sale	Gain/(Loss) on sale £000
Vehicles	No longer serviceable	184
Equipment	No longer serviceable	28
		<u>0</u>
		<u><u>212</u></u>

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance b/f 1 April 2018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Plus assets classified as held for sale in year	130	0	21	0	0	151
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	(21)	0	0	(21)
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance c/f 31 March 2019</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>130</b>
<b>Balance b/f 1 April 2017</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance c/f 31 March 2018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

As at 31 March 2019, one property was included within this category as it became surplus to requirement following the relocation of staff to new office accommodation.



#### 14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	CRC Emission Trading Scheme	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2018</b>	<b>9,695</b>	<b>0</b>	<b>1,599</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,294</b>
Revaluation		0			0	0	0
Reclassifications	1,533	0	1,199	0	0	0	2,732
Reversal of impairments	0	0	0	0	0	0	0
Impairments	(23)	0	0	0	0	0	(23)
Additions							
- purchased	0	0	0	0	0	0	0
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0
<b>At 31 March 2019</b>	<b>11,205</b>	<b>0</b>	<b>2,798</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,003</b>
<b>Amortisation</b>							
<b>At 1 April 2018</b>	<b>5,880</b>	<b>0</b>	<b>1,144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,024</b>
Revaluation		0			0	0	0
Reclassifications	149	0	18	0	0	0	167
Reversal of impairments	0	0	0	0	0	0	0
Impairments	(12)	0	0	0	0	0	(12)
Charged during the year	1,135	0	337	0	0	0	1,472
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0
<b>Accumulated amortisation at 31 March 2019</b>	<b>7,152</b>	<b>0</b>	<b>1,499</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,651</b>
Net book value At 1 April 2018	<b>3,815</b>	<b>0</b>	<b>455</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,270</b>
<b>Net book value At 31 March 2019</b>	<b>4,053</b>	<b>0</b>	<b>1,299</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,352</b>
<b>Net book value</b>							
Purchased	4,053	0	1,299	0	0	0	5,352
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
<b>At 31 March 2019</b>	<b>4,053</b>	<b>0</b>	<b>1,299</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,352</b>

14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade- marks	Patents	Development expenditure internally generated	CRC Emission Trading Scheme	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2017</b>	6,219	0	1,204	0	0	0	7,423
Revaluation		0			0	0	0
Reclassifications	3,476	0	395	0	0	0	3,871
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	0	0	0	0	0	0	0
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0
<b>At 31 March 2018</b>	9,695	0	1,599	0	0	0	11,294
<b>Amortisation</b>							
<b>At 1 April 2017</b>	5,384	0	1,023	0	0	0	6,407
Revaluation		0			0	0	0
Reclassifications	(2)	0	0	0	0	0	(2)
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	498	0	121	0	0	0	619
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0
<b>Accumulated amortisation at 31 March 2018</b>	5,880	0	1,144	0	0	0	7,024
Net book value							
At 1 April 2017	835	0	181	0	0	0	1,016
<b>Net book value</b>							
<b>At 31 March 2018</b>	3,815	0	455	0	0	0	4,270
<b>Net book value</b>							
Purchased	3,815	0	455	0	0	0	4,270
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
<b>At 31 March 2018</b>	3,815	0	455	0	0	0	4,270

**14. Intangible assets**

- i) All intangible fixed assets are stated at original cost.
- ii) The useful lives of all intangible fixed assets held are finite and where applicable are in line with the terms of the individual license.

## 15. Impairments

Impairments in the period arose from:	2018-19		2017-18	
	Property, plant & equipment	Intangible assets	Property, plant & equipment	Intangible assets
	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	738	0
Other (Specify)	1,842	11	3,006	0
Reversal of impairment	0	0	0	0
<b>Impairments charged to operating expenses</b>	<b>1,842</b>	<b>11</b>	<b>3,744</b>	<b>0</b>

### Analysis of impairments :

Operating expenses in Statement of Comprehensive Income	1,842	11	3,744	0
Revaluation reserve	510	0	5,272	0
<b>Total</b>	<b>2,352</b>	<b>11</b>	<b>9,016</b>	<b>0</b>

Included within the above total of £2.363m (£2.352m plus £0.011m) are the following items:-

- a review undertaken in connection with expenditure incurred on Trust buildings identified that a total impairment of £0.580m was required as there were instances where the value of the buildings had not been enhanced. Of this amount, £0.141m was charged to operating expenses.
- a review of the Estates Strategy resulted in impairments for six Trust sites being identified in respect of future disposals planned in the medium term. This amounted to a total of £0.185m. Of this amount, £0.128k was charged to operating expenses.
- during the year refurbishment work was undertaken on Vantage Point House, following the conclusion of the work a valuation was carried out. This concluded that an impairment based on the total cost of the work done was required of £0.630m as no value had been added, of this amount, £0.616m was charged to operating expenses.
- during the year refurbishment work was carried out in respect of a relocation of staff from Cefn Coed to Matrix 1. Following the conclusion of the work a valuation was carried out. This concluded that an impairment based on the total cost of the work done was required of £0.819m, all of this was charged to operating expenses.
- a review of equipment and vehicles during the year identified £0.149m of obsolete items requiring impairment, of which £0.011m related to intangibles. All of this was charged to operating expense.

**16. Inventories**

**16.1 Inventories**

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
Drugs	152	168
Consumables	995	931
Energy	0	0
Work in progress	0	0
Other	271	129
<b>Total</b>	<b>1,418</b>	<b>1,228</b>
<b>Of which held at net realisable value:</b>	<b>0</b>	<b>0</b>

**16.2 Inventories recognised in expenses**

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## Welsh Ambulance Services NHS Trust Annual Accounts 2018-19

### 17. Trade and other receivables

#### 17.1 Trade and other receivables

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Welsh Government	1,796	1,595
WHSSC & EASC	11	11
Welsh Health Boards	835	1,904
Welsh NHS Trusts	98	47
Health Education and Improvement Wales (HEIW)	49	0
Non - Welsh Trusts	0	61
Other NHS	6	9
Welsh Risk Pool	2,198	8,347
Local Authorities	6	50
Capital debtors	280	0
Other debtors	838	529
Provision for impairment of trade receivables	(254)	(291)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	1,509	1,213
Accrued income	0	0
Sub-total	7,372	13,475
<b>Non-current</b>		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool	0	0
Local Authorities	0	0
Capital debtors	0	0
Other debtors	523	566
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Sub-total	523	566
<b>Total trade and other receivables</b>	<b>7,895</b>	<b>14,041</b>

The great majority of trade is with the Welsh Government and other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

Other debtors include £0.872m re Compensation Recovery Unit (2017-18 £0.919m).

**17.2 Receivables past their due date but not impaired**

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
By up to 3 months	<b>209</b>	348
By 3 to 6 months	<b>0</b>	0
By more than 6 months	<b>0</b>	0
<b>Balance at end of financial year</b>	<b>209</b>	348

**17.3 Expected Credit Losses (ECL) Previously Allowance for bad and doubtful debts**

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
Balance at 31 March 2018	<b>(291)</b>	
Adjustment for Implementation of IFRS 9	0	
Balance at 1 April	<b>(291)</b>	<b>(273)</b>
Transfer to other NHS Wales body	<b>0</b>	0
Provision utilised (Amount written off during the year)	<b>17</b>	5
Provision written back during the year no longer required	<b>0</b>	0
(Increase)/Decrease in provision during year	<b>20</b>	<b>(23)</b>
ECL/Bad debts recovered during year	<b>0</b>	0
<b>Balance at end of financial year</b>	<b>(254)</b>	<b>(291)</b>

**17.4 Receivables VAT**

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
Trade receivables	<b>58</b>	22
Other	<b>0</b>	0
<b>Total</b>	<b>58</b>	<b>22</b>

**18. Other financial assets**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
	<b>NHS Trust</b>	
<b>Current</b>		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Non-Current</b>		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
<b>Total</b>	<b>0</b>	<b>0</b>



**19. Cash and cash equivalents**

	<b>31 March 2019 £000</b>	31 March 2018 £000
Opening Balance	<b>10,126</b>	12,126
Net change in year	<b>3,500</b>	<b>(2,000)</b>
<b>Closing Balance</b>	<b>13,626</b>	10,126
<b>Made up of:</b>		
Cash with Government Banking Service (GBS)	<b>300</b>	293
Cash with Commercial banks	<b>20</b>	29
Cash in hand	<b>6</b>	4
<b>Total cash</b>	<b>326</b>	326
Current investments	<b>13,300</b>	9,800
<b>Cash and cash equivalents as in SoFP</b>	<b>13,626</b>	10,126
Bank overdraft - GBS	<b>0</b>	0
Bank overdraft - Commercial banks	<b>0</b>	0
<b>Cash &amp; cash equivalents as in Statement of Cash Flows</b>	<b>13,626</b>	10,126

<b>20. Trade and other payables at the SoFP Date</b>	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Welsh Government	59	89
WHSSC & EASC	426	0
Welsh Health Boards	346	392
Welsh NHS Trusts	277	211
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	0	1
Local Authorities	8	56
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	127
Other taxes payable to HMRC	1,147	1,052
National Insurance contributions payable to HMRC	1,627	1,547
Non-NHS trade payables - revenue	2,993	1,419
Trade payables - capital	7,650	6,438
Rentals due under operating leases	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	1,761	1,620
Accruals	7,234	7,653
Deferred Income:		
Deferred income brought forward	75	0
Deferred income additions	70	75
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
<b>Sub-total</b>	<b>23,673</b>	<b>20,680</b>

In respect of the Pensions figure shown above, £1.751m relates to the NHS Pension scheme (2017-18 £1.616m) and £0.010m to the NEST pension scheme (2017-18 £0.004m).

**20. Trade and other payables at the SoFP Date (cont)**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Trade payables - capital	0	0
Rentals due under operating leases	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
Sub-total	<b>0</b>	<b>0</b>
<b>Total</b>	<b>23,673</b>	<b>20,680</b>

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

<b>21. Borrowings</b>	<b>31 March</b>	<b>31 March</b>
<b>Current</b>	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	941	1,526
Other	0	0
<b>Total</b>	<b>941</b>	<b>1,526</b>
 <b>Non-current</b>		
Bank overdraft - OPG	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	942
Other	0	0
<b>Total</b>	<b>0</b>	<b>942</b>

## 21.2 Loan advance/strategic assistance funding

The NHS Trust has not received a loan advance or strategic funding from the Welsh Government.

## 22. Other financial liabilities

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
<b>Financial Guarantees</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
<b>Other</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
<b>Total</b>	<u>0</u>	<u>0</u>

	31 March 2019 £000	31 March 2018 £000
<b>Non-current</b>		
<b>Financial Guarantees</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
<b>Other</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
<b>Total</b>	<u>0</u>	<u>0</u>

## 23. Provisions

	At 1 April 2018	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>										
Clinical negligence	4,414	0	0	0	0	1,314	(1,008)	(3,235)	0	1,485
Personal injury	3,821	0	0	0	0	2,719	(4,064)	(1,240)	8	1,244
All other losses and special payments	0	0	0	0	0	285	(183)	(102)	0	0
Defence legal fees and other administration	262	0	0	0	0	383	(248)	(131)	0	266
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	20		0	7	0	9	(16)	0	0	20
Restructurings	0		0	0	0	0	0	0		0
Other	251		0	0	0	1,739	(121)	0		1,869
<b>Total</b>	<b>8,768</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>6,449</b>	<b>(5,640)</b>	<b>(4,708)</b>	<b>8</b>	<b>4,884</b>

### Non Current

Clinical negligence	0	0	0	0	0	0	0	0	0	0
Personal injury	7,172	0	0	0	0	0	(277)	0	0	6,895
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	86		0	(7)	0	0	0	0	0	79
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
<b>Total</b>	<b>7,258</b>	<b>0</b>	<b>0</b>	<b>(7)</b>	<b>0</b>	<b>0</b>	<b>(277)</b>	<b>0</b>	<b>0</b>	<b>6,974</b>

### TOTAL

Clinical negligence	4,414	0	0	0	0	1,314	(1,008)	(3,235)	0	1,485
Personal injury	10,993	0	0	0	0	2,719	(4,341)	(1,240)	8	8,139
All other losses and special payments	0	0	0	0	0	285	(183)	(102)	0	0
Defence legal fees and other administration	262	0	0	0	0	383	(248)	(131)	0	266
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	106		0	0	0	9	(16)	0	0	99
Restructurings	0		0	0	0	0	0	0		0
Other	251		0	0	0	1,739	(121)	0		1,869
<b>Total</b>	<b>16,026</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,449</b>	<b>(5,917)</b>	<b>(4,708)</b>	<b>8</b>	<b>11,858</b>

### Expected timing of cash flows:

	In year to 31 March 2020	Between 1 April 2020 to 31 March 2024	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence	1,485	0	0	1,485
Personal injury	1,244	1,677	5,218	8,139
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	266	0	0	266
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	20	64	15	99
Restructuring	0	0	0	0
Other	1,869	0	0	1,869
<b>Total</b>	<b>4,884</b>	<b>1,741</b>	<b>5,233</b>	<b>11,858</b>

"Other" provisions £1.869m (2017-18 £0.251m) relates to a provision of £1.505m in respect of an evaluation of recent employment legislation and case law affecting the calculation of annual leave payments for employees working in the NHS and £0.364m for dilapidation of leasehold premises.

**23. Provisions (continued)**  
**2017-18**

	At 1 April 2017	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2018
<b>Current</b>										
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence	2,259	0	0	0	0	6,965	(608)	(4,202)	0	4,414
Personal injury	2,664	0	0	0	0	2,969	(1,471)	(359)	18	3,821
All other losses and special payments	0	0	0	0	0	257	(234)	(23)	0	0
Defence legal fees and other administration	286	0	0	0	0	243	(154)	(113)	0	262
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	22		0	21	0	13	(18)	(18)	0	20
Restructurings	137		0	0	0	0	(126)	(11)		0
Other	253		0	0	0	0	0	(2)		251
<b>Total</b>	<b>5,621</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>10,447</b>	<b>(2,611)</b>	<b>(4,728)</b>	<b>18</b>	<b>8,768</b>
<b>Non Current</b>										
Clinical negligence	0	0	0	0	0	0	0	0	0	0
Personal injury	7,247	0	0	0	0	(75)	0	0	0	7,172
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	107		0	(21)	0	0	0	0	0	86
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
<b>Total</b>	<b>7,354</b>	<b>0</b>	<b>0</b>	<b>(21)</b>	<b>0</b>	<b>(75)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,258</b>
<b>TOTAL</b>										
Clinical negligence	2,259	0	0	0	0	6,965	(608)	(4,202)	0	4,414
Personal injury	9,911	0	0	0	0	2,894	(1,471)	(359)	18	10,993
All other losses and special payments	0	0	0	0	0	257	(234)	(23)	0	0
Defence legal fees and other administration	286	0	0	0	0	243	(154)	(113)	0	262
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	129		0	0	0	13	(18)	(18)	0	106
Restructurings	137		0	0	0	0	(126)	(11)		0
Other	253		0	0	0	0	0	(2)		251
<b>Total</b>	<b>12,975</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,372</b>	<b>(2,611)</b>	<b>(4,728)</b>	<b>18</b>	<b>16,026</b>

"Other" provisions £0.251m (2016-17 £0.253m) relates to a provision for dilapidation of leasehold premises.

## 24 Contingencies

### 24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	31 March 2019 £000	31 March 2018 £000
Legal claims for alleged medical or employer negligence	7,147	5,446
Doubtful debts	0	0
Equal pay cases	0	0
Defence costs	0	0
Other (Please specify)	0	0
Total value of disputed claims	7,147	5,446
Amount recovered under insurance arrangements in the event of these claims being successful	(5,912)	(3,943)
Net contingent liability	1,235	1,503

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme. The above figures include contingent liabilities for all Health Bodies in Wales.

In addition to the above, provision within the accounts has not been made for remote contingent liabilities arising from legal claims of £0.075m (2017/18 £0.072m).

### 24.2. Remote contingent liabilities

	31 March 2019 £000	31 March 2018 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfort	0	0
Total	0	0

### 24.3 Contingent assets

The Trust has no contingent assets.



**25. Capital commitments**

Commitments under capital expenditure contracts at the statement of financial position sheet date were:

	<b>31 March</b>	31 March
	<b>2019</b>	2018
	<b>£000</b>	£000
Property, plant and equipment	<b>452</b>	1,208
Intangible assets	<b>20</b>	3
<b>Total</b>	<b>472</b>	1,211

## 26. Losses and special payments

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

### Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year

	Amounts paid out during year to 31 March 2019		Approved to write-off year to 31 March 2019	
	Number	£	Number	£
Clinical negligence	8	1,008,497	3	544,470
Personal injury	93	4,340,902	30	497,313
All other losses and special payments	105	182,438	60	228,149
<b>Total</b>	<b>206</b>	<b>5,531,837</b>	<b>93</b>	<b>1,269,932</b>

Analysis of cases:

Case Reference	Case Type	No of cases	Amounts paid out in year	Cumulative amount	Approved to write-off in year
<b>Cases where cumulative amount exceeds £300,000</b>			£	£	£
14RT4MN0003	Clinical negligence	1	713,202	713,202	0
14RT4PI0012	Personal injury	1	30,380	382,000	0
15RT4MN0003	Clinical negligence	1	615	533,465	0
15RT4PI0033	Personal injury	1	3,548,813	4,077,610	0

<b>Sub-total</b>	<b>4</b>	<b>4,293,010</b>	<b>5,706,277</b>	<b>0</b>
<b>All other cases</b>	<b>202</b>	<b>1,238,827</b>	<b>9,475,317</b>	<b>1,269,932</b>
<b>Total cases</b>	<b>206</b>	<b>5,531,837</b>	<b>15,181,594</b>	<b>1,269,932</b>

Approved to write-off in the above context means the cash amount paid out to date relating to cases closed during the year.

## 27. Finance leases

### 27.1 Finance leases obligations (as lessee)

A contract was entered into with Airwave during 2007-08 in respect of the National Ambulance Radio Re-procurement Project. This contract will be paid in full during the financial year 2019/20.

This is the only asset included within 'Other' below.

#### Amounts payable under finance leases:

<b>LAND</b>	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**27.1 Finance leases obligations (as lessee) continued**

**Amounts payable under finance leases:**

<b>BUILDINGS</b>	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in: Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in: Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>OTHER</b>	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Minimum lease payments</b>		
Within one year	971	1,613
Between one and five years	0	984
After five years	0	0
Less finance charges allocated to future periods	(30)	(129)
<b>Minimum lease payments</b>	<b>941</b>	<b>2,468</b>
Included in: Current borrowings	941	942
Non-current borrowings	0	1,526
<b>Total</b>	<b>941</b>	<b>2,468</b>
<b>Present value of minimum lease payments</b>		
Within one year	941	1,526
Between one and five years	0	942
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>941</b>	<b>2,468</b>
Included in: Current borrowings	941	1,526
Non-current borrowings	0	942
<b>Total</b>	<b>941</b>	<b>2,468</b>

## 27.2 Finance lease receivables (as lessor)

There are no Finance Lease receivables.

### Amounts receivable under finance leases:

	31 March 2019 £000	31 March 2018 £000
<b>Gross investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

<b>27.3 Rental Revenue</b>	<b>31 March</b>	<b>31 March</b>
	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Contingent rent	0	0
Other	0	0
<b>Total rental revenue</b>	<b>0</b>	<b>0</b>

#### **27.4 Finance Lease Commitment**

The Welsh Ambulance Services NHS Trust has not entered into any new contracts under finance leases during 2018-19.

#### **28. Private finance transactions**

##### **Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)**

The Trust has no PFI or PPP schemes deemed to be "on or off SoFP."

## 29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

### Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

### Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

### Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

### Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

### General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

### 30. Movements in working capital

	31 March 2019 £000	31 March 2018 £000
<b>Movements in working capital</b>		
Decrease / (increase) in inventories	(190)	(55)
(Increase) in trade and other receivables - non-current	43	(8)
(Increase) / decrease in trade and other receivables -current	6,103	(5,871)
(Decrease) in trade and other payables- non-current	0	0
Increase / (decrease) in trade and other payables- current	2,993	981
<b>Total</b>	<b>8,949</b>	<b>(4,953)</b>
Adjustment for accrual movements in fixed assets -creditors	(1,212)	0
Adjustment for accrual movements in fixed assets -debtors	280	0
Other adjustments	0	0
<b>Total</b>	<b>8,017</b>	<b>(4,953)</b>

### 31. Other cash flow adjustments

	31 March 2019 £000	31 March 2018 £000
<b>Other cash flow adjustments</b>		
Depreciation	14,443	13,632
Amortisation	1,472	619
(Gains)/Loss on Disposal	0	0
Impairments and reversals	1,853	3,744
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	1,749	5,662
<b>Total</b>	<b>19,517</b>	<b>23,657</b>



**32. Third party assets**

The trust has no third party assets.

**33. Events after reporting period**

The Welsh Ambulance Services NHS Trust had no events after the reporting period.

### 34. Related Party transactions

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services.

During the year none of the board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Welsh Government is regarded as a related party. During the year NHS Trust have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely :-

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	456	13,990	59	1,796
WHSSC/EASC	0	147,684	426	11
Abertawe Bro Morgannwg University Health Board	180	4,146	16	76
Aneurin Bevan Health Board	183	6,378	58	278
Betsi Cadwaladr Health Board	405	4,993	169	65
Cardiff & Vale University Health Board	38	4,231	3	215
Cwm Taf University Health Board	79	1,309	19	4
Hywel Dda Local Health Board	178	3,093	40	12
Powys Local Health Board	53	1,150	43	185
Public Health Wales NHS Trust	17	44	0	5
Velindre University NHS Trust	1,656	1,386	276	93
Welsh Ambulance Services NHS Trust	0	0	0	0
Health Education and Improvement Wales (HEIW)	0	362	0	49
Welsh Local Authorities	2,014	112	8	6
Cardiff University	7	0	1	0
Swansea University	192	251	0	12
Cardiff Metropolitan University	3	0	0	0
University of South Wales	3	0	0	0
University of Wales	0	0	0	0
Bangor University	0	0	0	0
Glyndwr University	1	0	0	0
	<b>5,465</b>	<b>189,129</b>	<b>1,118</b>	<b>2,807</b>

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust (marked with an asterisk in the table overleaf) can act as a corporate trustee of the charity. During the year receipts from the Charity amounted to £0.010m (2017/18: £0.010m) with no other transactions being made. Net assets of the charity amount to just over £0.4m.

The Welsh Government income shown above includes £1.854m relating to impairment funding and £2.224m that relates to PDC capital received during 2018/19.

### 34. Related Party transactions (continued)

A number of the Trust's members have declared interests in related parties as follows:

Name	Position	Declaration
Martin Woodford *	Trust Chairman (Interim) and Non Executive Director	Secretary of Llandogo Memorial Green Committee. Secretary/Manager Tintern Sports Club.
Helen Birtwhistle *	Non-Executive Director (Left the Trust 31/10/18)	Director of Wales For Europe. Lay Member of the Governing Body of the Church of Wales. Vice Chair of Standing Committee. Member of the International Advisory Board, Cardiff Business School. Volunteer with Oasis, an organisation to support asylum seekers/refugees.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Army Reservist. Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, Halo Trust. Emeritus Professor, University of South Wales Independent Trustee St John Cymru Wales. Patron - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant across NHS Wales.
James Mycroft *	Non-Executive Director	Employee of Principality Building Society, Director of Nemo Personal Finance Ltd.
Martin Turner *	Non-Executive Director (Interim) (Joined the Trust 23/7/18)	Management Consultancy (Martin Turner Associates)
Patricia Roseblade *	Chief Executive (Interim) (1/4/18 to 23/9/18) Supernumerary (24/9/18 to 14/10/18) Left the Trust on secondment to Powys LHB (15/10/18)	None
Jason Killens *	Chief Executive (Joined the Trust 24/9/18)	Honorary Professorship at Swansea University – College of Human and Health Science
Claire Bevan *	Executive Director of Quality and Nursing	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Deputy Chief Executive (Interim) and Medical Director	None
Christopher Turley *	Executive Director of Finance and ICT (Interim)	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Hannah Evans	Director of Planning and Performance (Left the Trust on secondment to ABMU LHB 6/8/18)	None
Estelle Hitchon	Director of Partnership and Engagement (includes responsibility for Planning and Performance for the period 6/8/18-2/12/18)	None
Richard Lee	Director of Operations (Left the Trust 7/11/18)	Examiner for Royal College of Surgeons Edinburgh. Funded by Health Foundation to attend SCIANA leadership programme.
Rachel Marsh	Director of Planning and Performance (Interim) (Joined the Trust on secondment from Cwm Taff LHB 3/12/18)	None
Louise Platt	Director of Operations (Interim) (From 1/11/18)	None
Keith Cox	Board Secretary	Treasurer of Thrive – Local Charity, Magistrate Cardiff and Vale.

Voting Members of the Trust are marked with an asterisk \* in the Table above.

No other Trust members provided declarations of interest in related parties during the period.

**34. Related Party transactions (continued)**

Material transactions between the Trust and related parties disclosed on page 62 during 2018-19 were as follows (unless already reported on page 61) :

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
St John Ambulance	1,724	0	232	0
<b>TOTAL</b>	<b>1,724</b>	<b>0</b>	<b>232</b>	<b>0</b>

**35. Pooled budgets**

The Welsh Ambulance Services NHS Trust has no pooled budgets.

### **36. Operating Segments**

The Trust's primary remit is the provision of Ambulance and Unscheduled Care services throughout Wales and this is viewed as the only segment that is recognisable under this legislation.

The Chief Operating Decision Maker (CODM) is considered to be the Trust Board. The CODM receives a variety of information in a variety of formats dealing with various aspects of ambulance service and NHS Direct Wales performance. The Trust however considers the provision of services to be ultimately generic, in terms of geography and service.

The Trust therefore is deemed to operate as one segment.

## 37. Other Information

### IFRS15

Work was undertaken by the TAG IFRS sub group, consistent with the 'portfolio' approach allowed by the standard. Each income line in the notes from a previous year's annual accounts (either 2016/17 or 2017/18) was considered to determine how it would be affected by the implementation of IFRS 15. It was determined that the following types of consideration received from customers for goods and services (hereon referred to as income) fell outside the scope of the standard, as the body providing the income does not contract with the body to receive any direct goods or services in return for the income flow.

- Charitable Income and other contributions to Expenditure.
- Receipt of Donated Assets.
- WG Funding without direct performance obligation

Income that fell wholly or partially within the scope of the standard included:

- Welsh LHB & WHSCC LTA Income;
- Non Welsh Commissioner Income;
- NHS Trust Income;
- Foundation Trust Income;
- Other WG Income;
- Local Authority Income;
- ICR Income ;
- Training & Education income ;
- Accommodation & Catering income

It was identified that the only material income flows likely to require adjustment for compliance with IFRS15 was that for patient care provided under Long Term Agreements (LTA's). The adjustment being, for episodes of patient care which had started but not concluded (FCE's), as at period end, e.g. 31 March.

Therefore for The Welsh Ambulance Services NHS Trust there are no material income flows that require adjustment.

**37. Other Information (continued)**

**IFRS 9**

For consistency across Wales, the practical expedient provision matrix was used to estimate expected credit losses (ECLs) based on the 'age' of receivables as follows:

- Receivables were segregated into appropriate groups
- Each group, was analysed:
  - a) age-bands
    - 1-30 days (including current)
    - 31-60 days
    - 61-90 days
    - 91-180 days
    - 181- 365 days
    - > 1 year
  - b) at historical back-testing dates (data points)
- For each age-band, at each back-testing date the following were determined:
  - a) the gross receivables
  - b) the amounts ultimately collected/written-off. If material, adjustments should be made to exclude the effect of non-collections for reasons other than credit loss (e.g. credit notes issued for returns, short-deliveries or as a commercial price concession)
- The average historical loss rate by age-band was calculated, and adjusted where necessary e.g. to take account of changes in:
  - a) economic conditions
  - b) types of customer
  - c) credit management practices
- Consideration was given as to whether ECLs should be estimated individually for any period-end receivables, e.g. because information was available specific debtors.
- Loss rate estimates were applied to each age-band for the other receivables.
- The percentages calculated have been applied to those invoices outstanding as at 31st March 2019 (which don't already have a specific provision against them) to recalculate the value of the Trust's non-specific provision under IFRS9.

**BREXIT**

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

As part of the Trust's preparation in connection with this additional contingency stock was purchased with a value of approximately £0.2m.

**Indexation**

In 2018-19 the NHS Estate has been valued using indices provided by the District Valuer and disclosed in the Manual For Accounts.



**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**NHS TRUSTS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Audit of Financial Statements Report – Welsh Ambulance Services NHS Trust

Audit year: 2018-19

Date issued: May 2019

Document reference: 1263A2019-20



This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding

disclosure or re-use of this document should be sent to the Wales Audit Office at

[infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Contents

The Auditor General intends to issue an unqualified audit report on your financial statements. There are a number of issues to report to you prior to their approval.

## Summary report

Introduction	4
Status of the audit	4
Proposed audit report	4
Significant issues arising from the audit	5
Recommendations arising from our 2018-19 financial audit work	6
Independence and objectivity	6

## Appendices

Appendix 1 – final Letter of Representation	7
Appendix 2 – proposed audit report of the Auditor General to the National Assembly for Wales	10
Appendix 3 – summary of corrections made to the draft financial statements which should be drawn to the attention of the Audit Committee	14

# Summary report

## Introduction

- 1 The Auditor General is responsible for providing an opinion on whether the financial statements give a true and fair view of the financial position of the Welsh Ambulance Services NHS Trust at 31 March 2019 and its income and expenditure for the year then ended.
- 2 We do not try to obtain absolute assurance that the financial statements are correctly stated, but adopt the concept of materiality. In planning and conducting the audit, we seek to identify material misstatements in your financial statements, namely, those that might result in a reader of the accounts being misled.
- 3 The quantitative levels at which we judge such misstatements to be material for the Welsh Ambulance Services NHS Trust are £1.88 million for income and expenditure items, working capital balances and other balances. Whether an item is judged to be material can also be affected by certain qualitative issues such as legal and regulatory requirements and political sensitivity.
- 4 International Standard on Auditing (ISA) 260 requires us to report certain matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action.
- 5 This report sets out for consideration the matters arising from the audit of the financial statements of the Welsh Ambulance Services NHS Trust, for 2018-19, that require reporting under ISA 260.

## Status of the audit

- 6 We received the draft financial statements for the year ended 31 March 2019 on 26 April 2019, in accordance with the agreed deadline date. Although we have completed the majority of our audit, at the time of drafting this report we are awaiting some further documentation from the Trust to support the remuneration report coupled with confirmation as to the completeness of the payroll reconciliation. We will update the Trust Board at its meeting on 30 May 2019 in respect of these outstanding areas.
- 7 We are reporting to you the more significant issues arising from the audit, which we believe you must consider prior to approval of the financial statements. The audit team has already discussed these issues with the Interim Director of Finance and Financial Accountant.

## Proposed audit report

- 8 It is the Auditor General's intention to issue an unqualified audit report on the financial statements once you have provided us with a Letter of Representation based on that set out in [Appendix 1](#).
- 9 The proposed audit report is set out in [Appendix 2](#).

## Significant issues arising from the audit

### Uncorrected misstatements

- 10 Notwithstanding the areas of audit work outstanding highlighted in paragraph 6, there are no misstatements identified in the financial statements, which remain uncorrected. We will update our report as the audit work is completed and will report back to you any misstatements the Trust has not corrected.

### Corrected misstatements

- 11 There are misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process. They are set out with explanations in [Appendix 3](#).

### Other significant issues arising from the audit

- 12 In the course of the audit, we consider a number of matters both qualitative and quantitative relating to the accounts and report any significant issues arising to you. There were no issues arising in these areas this year:
- **We have no concerns about the qualitative aspects of your accounting practices and financial reporting.**  
We found the information provided to be relevant, reliable, comparable, material and easy to understand. We concluded that accounting policies and estimates are appropriate and financial statement disclosures unbiased, fair and clear.
  - **We did not encounter any significant difficulties during the audit.**  
We received information in a timely and helpful manner and were not restricted in our work. We are pleased to note that:
    - the Trust responded positively to our recommendations issued following our review of the 2017-18 financial statements and specifically our recommendation that the Trust undertake detailed testing on the new asset register, as part of the implementation. Our work on the new asset register, as part of this year's audit, confirmed that the Trust completed the recommended testing and no significant issues arose.
    - the working papers provided to support the disclosure of property, plant and equipment disclosures and the remuneration report had improved significantly (this is an area where we have encountered difficulties in previous years).

- **There were no significant matters discussed and corresponded upon with management which we need to report to you.**
- **We did not identify any material weaknesses in your internal controls.**
- **There are not any other matters specifically required by auditing standards to be communicated to those charged with governance.**

## Recommendations arising from our 2018-19 financial audit work

- 13 As noted above, we are pleased to report that the Trust responded to positively to our financial audit recommendations issued in respect of the 2017-18 financial statements which has resulted in improvements to the financial statements accounts production process.
- 14 We intend to report a number of recommendations in a separate report to the Trust which will be presented to the Audit Committee scheduled for the Autumn 2019.

## Independence and objectivity

- 15 As part of the finalisation process, we are required to provide you with representations concerning our independence.
- 16 We have complied with ethical standards and in our professional judgment, we are independent and our objectivity is not compromised. There are no relationships between the Wales Audit Office and the Welsh Ambulance Services NHS Trust that we consider to bear on our objectivity and independence.

# Appendix 1

## Final Letter of Representation

Auditor General for Wales  
Wales Audit Office  
24 Cathedral Road  
Cardiff  
CF11 9LJ

30 May 2019

## Representations regarding the 2018-19 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Welsh Ambulance Services NHS Trust (the Trust) for the year ended 31 March 2019 for the purpose of expressing an opinion on their truth and fairness their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

## Management representations

### Responsibilities

As Chief Executive and Accountable Officer, I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;
  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of the Trust will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.



## Information provided

We have provided you with:

- Full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects the Trust and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

## Financial statement representations

- All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.
- Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed.
- All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.
- All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the

auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

- The financial statements are free of material misstatements, including omissions. All misstatements identified as part of the audit process have been corrected.

## Representations by the NHS Trust Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for ensuring that the Trust maintains adequate accounting records.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved on 30 May 2019.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

**Signed by:**

Jason Killens

**Signed by:**

Martin Woodford

**Chief Executive**

Date: 30 May 2019

**Chair of the Trust**

Date: 30 May 2019

# Appendix 2

## Proposed audit report of the Auditor General to the National Assembly for Wales

### The Certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

#### Report on the audit of the financial statements

##### Opinion

I certify that I have audited the financial statements of the Welsh Ambulance Service NHS Trust for the year ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Welsh Ambulance Services NHS Trust as at 31 March 2019 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

##### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

##### Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to

continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

### Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

### Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### Report on other requirements

#### Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

#### Matters on which I report by exception

In the light of the knowledge and understanding of the trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

## Report

I have no observations to make on these financial statements.

## Responsibilities

### Responsibilities of Directors and the Chief Executive

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

### Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Adrian Crompton  
Auditor General for Wales  
11 June 2019

24 Cathedral Road  
Cardiff  
CF11 9LJ

## Appendix 3

### Summary of corrections made to the draft financial statements which should be drawn to the attention of the Audit Committee

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

#### Exhibit 1: summary of corrections made to the draft financial statements

Value of correction	Nature of correction	Reason for correction
£Nil impact on the overall financial position	<b>Note 24.1 - Contingent liabilities</b> The disclosure in the note incorrectly included remote contingencies. <b>Note 24.1</b> <ul style="list-style-type: none"><li>Legal claims for alleged medical or employer negligence: Amend from £7,666,000 to £7,147,000.</li><li>Amount recovered under insurance arrangements in the event of these claims being successful: Amend from (£6,356,000) to (£5,912,000).</li></ul> Additionally, a footnote required by the Manual for Accounts had been incorrectly omitted from the financial statements. The note was not included in the template accounts received from Welsh Government.	To ensure the notes correctly reflect the contingent liabilities of the Trust and comply with the disclosure requirements of the Manual for Accounts.
£Nil	<b>Cash flow statement</b> Additional narrative has been included within the cash flow statement to clarify the changes to the comparative figures in respect of a change to the manual for accounts.	To increase the clarity of the changes in the cash flow statement for the reader of the accounts

Value of correction	Nature of correction	Reason for correction
£Nil	<b>Accounting policies - Remote contingent liabilities</b> Accounting policies 1.21 (Losses and Special Payments) and 1.26 (Contingencies) updated to reflect the Trust's treatment of remote contingent liabilities.	To ensure the accounting policies correctly reflect the Trust's treatment of remote contingent liabilities.
£Nil impact on the overall financial position	<b>Note 20 - Trade and other payables at the SOFP date</b> After the draft accounts were submitted, the Financial Accountant identified that accruals of £773,000 had been misclassified as Non-NHS trade payables in Note 20. <ul style="list-style-type: none"> <li>Non-NHS trade payables - revenue: Amend from £3,766,000 to £2,993,000.</li> <li>Accruals: Amend from £6,461,000 to £7,234,000.</li> </ul>	To correct the misclassification of accruals in the note.
This amendment has no impact on the Trust's retained surplus for the year.  £167,000  (£167,000)	<b>Indexation</b> Testing of property, plant and equipment identified that the Trust had not applied indexation to its land assets. This adjustment impacts of the Statement of Financial Position, Statement of Changes in Taxpayers' Equity and associated notes. <ul style="list-style-type: none"> <li>Property, Plant and Equipment (Land, Cost - indexation): Amend from £nil to £167,000.</li> <li>Revaluation reserve: Amend from £9,347,000 to £9,514,000.</li> </ul>	To apply indexation to land assets as required by Welsh Government.



Value of correction	Nature of correction	Reason for correction
£Nil impact on the overall financial position	<p><b>Intangible assets</b></p> <p>Testing of intangible assets has identified that a licence has been incorrectly classified as computer software in Note 14.</p> <p><b>Computer software purchased</b></p> <ul style="list-style-type: none"> <li>• Cost - Reclassifications: Amend from £1,349,000 to £1,226,000.</li> <li>• Amortisation - reclassifications: Amend from £132,000 to £121,000.</li> <li>• Amortisation - charged during the year: Amend from £1,102,000 to £1,080,000.</li> </ul> <p><b>Licences and trademarks</b></p> <ul style="list-style-type: none"> <li>• Cost - Reclassifications: Amend from £996,000 to £1,119,000.</li> <li>• Amortisation - Reclassifications: Amend from £nil to £11,000.</li> <li>• Amortisation - charged during the year: Amend from £300,000 to £322,000.</li> </ul>	To correct the misclassification of licences in Note 14.
£Nil impact on the overall financial position	<p><b>Note 13 - leasehold analysis</b></p> <p>The Trust had incorrectly classified Ty Elwy as being freehold, when it is held on a long-term lease.</p> <p><b>Net book value of land, buildings and dwellings at 31 March 2019</b></p> <ul style="list-style-type: none"> <li>• Freehold: Amend from £28,184,000 to £24,708,000.</li> <li>• Long leasehold: Amend from £nil to £3,476,000.</li> </ul>	To correctly disclose Ty Elwy as being a long leasehold property.

Value of correction	Nature of correction	Reason for correction
£Nil impact on the overall financial position	<p><b>Note 13 - Misclassification of Ty Elwy</b></p> <p>Testing of assets reclassified from Assets Under Construction to Operational Assets during the year, identified a number of misclassifications relating to Ty Elwy, part of which became operational during the year.</p> <p><b>Land</b></p> <ul style="list-style-type: none"> <li>Reclassifications: Amend from £nil to £580,000.</li> </ul> <p><b>Assets under construction</b></p> <ul style="list-style-type: none"> <li>Reclassifications: Amend from (£16,396,000) to (£16,004,000).</li> </ul> <p><b>Buildings</b></p> <ul style="list-style-type: none"> <li>Reclassifications: Amend from £5,246,000 to £4,274,000.</li> </ul>	To ensure the correct classification of assets in the financial statements.
£Nil	<p><b>Note 10.2 - Average number of employees</b></p> <p>Testing of the employee numbers disclosed in the note identified that the figures for staff on inward secondment and agency staff were incorrect.</p> <p><b>Administrative, clerical and Board members</b></p> <ul style="list-style-type: none"> <li>Staff on inward secondment: Amend from 8 to 5.</li> <li>Agency staff: Amend from 5 to 8.</li> </ul>	To correct the analysis of employees in the note.

Value of correction	Nature of correction	Reason for correction
<p>This amendment has no impact on the Trust's retained surplus for the year.</p> <p>(£387,000)</p> <p>£387,000</p>	<p><b>Misclassification of Information Technology assets</b></p> <p>Testing of property, plant and equipment identified that an asset had been incorrectly classified as information technology assets in Note 13, but this also included costs for software and licences.</p> <p><b>Property, plant and equipment - Information technology assets (Note 13)</b></p> <ul style="list-style-type: none"> <li>• Cost - reclassifications: Amend from (£227,000) to (£614,000).</li> <li>• Depreciation - reclassifications: Amend from (£99,000) to (£134,000).</li> <li>• Depreciation - charge during the year: Amend from £2,961,000 to £2,891,000.</li> </ul> <p><b>Computer software purchased (Note 14)</b></p> <ul style="list-style-type: none"> <li>• Cost - reclassifications: Amend from £1,349,000 to £1,656,000.</li> <li>• Amortisation - reclassifications: Amend from £132,000 to £160,000.</li> <li>• Amortisation - charge during the year: Amend from £1,102,000 to £1,158,000.</li> </ul> <p><b>Licences and trademarks (Note 14)</b></p> <ul style="list-style-type: none"> <li>• Cost - reclassifications: Amend from £996,000 to £1,076,000.</li> <li>• Amortisation - reclassifications: Amend from £nil to £7,000.</li> <li>• Amortisation - charge during the year: Amend from £300,000 to £314,000.</li> </ul>	<p>To ensure the correct classification of assets in the financial statements.</p>

Value of correction	Nature of correction	Reason for correction
£Nil impact on the overall financial position	<p><b>Note 34 - Related party transactions</b></p> <p>Testing of amounts disclosed in the note identified a number of inconsistencies with other areas of the accounts.</p> <p><b>Receipts from related party</b></p> <ul style="list-style-type: none"> <li>Welsh Government: Amend from £11,766,000 to £13,990,000.</li> <li>WHSSC/EASC: Amend from £147,680,000 to £147,684,000.</li> </ul> <p><b>Amounts owed to related party</b></p> <ul style="list-style-type: none"> <li>Public Health Wales NHS Trust: Amend from £1,000 to £nil.</li> </ul> <p>The PDC received of £2,101,000 disclosed in the narrative of the note should be £2,224,000.</p>	To ensure values disclosed for related party disclosures are correct.
£Nil impact on the overall financial position	<p><b>Note 10.1 - Employee costs</b></p> <p>Review of the amounts disclosed in Note 10.1 identified that the Trust had incorrectly classified £64,000 of agency staff costs as permanently employed staff costs.</p> <p><b>Salaries and wages</b></p> <ul style="list-style-type: none"> <li>Permanently employed staff: Amend from £108,133,000 to £108,069,000.</li> <li>Agency staff: Amend from £175,000 to £239,000.</li> </ul>	To ensure employee costs are correctly analysed in the financial statements.

Value of correction	Nature of correction	Reason for correction
£Nil impact on the overall financial position	<p><b>Note 13 – Operational vehicles classified as AUC</b></p> <p>Testing of property, plant and equipment (PPE) identified that the Trust had classified operational vehicles as Asset Under Construction.</p> <p><b>PPE – Assets Under Construction (Note 13)</b></p> <ul style="list-style-type: none"> <li>Cost – reclassifications: Amend from (£16,396,000) to (£17,067,000)</li> </ul> <p><b>PPE – Transport Equipment (Note 13)</b></p> <ul style="list-style-type: none"> <li>Cost – reclassifications: Amend from £8,050,000 to £8,721,000</li> </ul>	To ensure the correct classification of assets in the financial statements.
<p>The Welsh Government has also requested some minor amendments to the financial statements which have been amended within the financial statements.</p> <p>There have also been a number of minor amendments and disclosure updates as a result of our work.</p>		
<p>The Accountability Report (including the Annual Governance Statement) has been reviewed by the Wales Audit Office and the Welsh Government. Following these reviews, the Trust has made some amendments to improve the clarity of the report.</p>		
<p>We have identified various minor amendments that were required to be made to the Remuneration Report.</p>		



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GIG  
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WALES

Ymddiriedolaeth GIG  
Gwasanaeth Ambwlans Cymru

Welsh Ambulance Services  
NHS Trust



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# ANNUAL QUALITY STATEMENT 2018/2019

WELSH AMBULANCE SERVICES NHS TRUST

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## CONTENTS

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FOREWORD	4
YOUR WELSH AMBULANCE SERVICE AT A GLANCE	5
LOOKING BACK	6
HELPING PEOPLE TO STAY HEALTHY	10
PROVIDING SAFE CARE	12
DELIVERING EFFECTIVE CARE	14
TREATING PEOPLE WITH DIGNITY AND PROVIDING DIGNIFIED CARE	18
PROVIDING TIMELY CARE AND SERVICES	20
TREATING PEOPLE AS INDIVIDUALS	23
OUR STAFF & RESOURCES	29
LOOKING FORWARD	33
A FINAL WORD & INVITATION	36
ENDORSEMENTS & FEEDBACK	39
FURTHER INFORMATION AND CONTACTS	40



We are proud to share with you the 2018/2019 Annual Quality Statement (AQS) of the Welsh Ambulance Services NHS Trust. As the national ambulance service covering Wales with a population of over 3 million, we have a responsibility to deliver services that are both agile in the way we respond to our patients and in the provision of high quality care.

This year we have experienced a renewed energy and impetus in delivering excellence across our services. We have had a real focus on keeping ‘quality’ at the very heart of everything we do. From new staff that strengthened our ability to respond to people, to being awarded Dementia Friendly Organisation of the Year, we have continued to ensure the best possible care, outcomes and experiences for our patients, their families and carers.

In November, the awaited Amber Review was released. This report was commissioned to look into the amber category of calls made to the ambulance service. There were many positives within the review; however, it also identified a number of opportunities for us to do more for our patients and staff, including improving experiences, tackling long waits and releasing the number of emergency vehicles we have available. Responding to these opportunities forms part of our work for the forthcoming year and is included in our approved 2019/2022 Integrated Medium Term Plan (IMTP). The newly established ‘Strategic Transformation Board’ will ensure that we deliver against the 42 actions within the



Jason Killens  
Chief Executive Officer

IMTP and keep us focused on delivering outcomes that will make a difference to people. Over the year we have heard first hand from patients and their families who have shared with our Quality Patient Experience and Safety Committee (QuEST) and our Board their experiences and expectations. We heard too, the lived experiences of staff working across our services on what it’s like to work for the Trust. Their feedback has mirrored those themes from complaints and the results of the staff survey. We are acting upon this valuable feedback and are using it to influence the way we plan and deliver our services for the future.

This AQS is a reflection of the challenges, successes and opportunities that have enabled us to respond to the growing demand we have, and continue to face as the national ambulance service for Wales, as well as our ability to adapt our services to meet this growing demand. With support from our Commissioners, Health Board colleagues and wider partners we are confident that we will be able to continue to develop the right services, care and staff that will offer value and efficiency in all that we do.

This is your ambulance service and we want to ensure that every patient receives the best possible service we can provide.

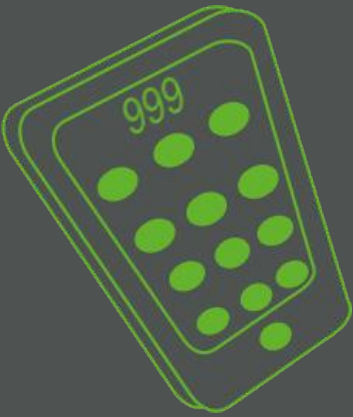
To the very best of our knowledge the information provided within this AQS is accurate at the time of publication.



Martin Woodford  
Chair

# Your Welsh Ambulance Service at a Glance\*

\* this data covers the calendar year 1 January - 31 December 2018



Total number of 999 calls received = **534,970**



Number of immediately life-threatening incidents = **24,438**



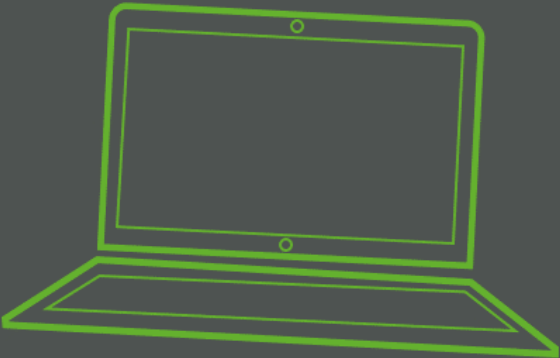
Number of non-immediately life-threatening emergency calls = **438,810**



Number of non-emergency patients transported to hospital appointments = **787,931**



Total number of calls received by NHS Direct Wales = **243,840**



Number of visits to the NHS Direct Wales website = **4,011,909**



# Looking Back on 2018/19

## Our Journey Continues...



Things moved fast in the Ambulance service during this last year. On looking back over our journey there have been some significant events that have shaped our thinking in the way that we deliver our services.

We welcomed our new Chief Executive Officer, Jason Killens, who joined us from South Australia Ambulance Service. Jason had previously spent much of his career at the London Ambulance Service. Since joining the Trust Jason has already travelled across Wales engaging with staff and service users and taking an active personal interest in ensuring that more is done to achieve our ambition of being a leading ambulance service.

Thankfully we didn't experience another 'Beast from the East' during the 2018/19 winter but, the impact of adverse weather, especially from Storm Emma that hit the country in the first part of 2018 was felt by everyone. The weather brought significant challenges in our ability to respond to patients across Wales, battling snow, freezing conditions and floods. These adverse conditions brought the best out of our staff who rose to the challenges and supported each other and colleagues across the NHS family to ensure patients could be reached and receive care in their time of need.

In the face of continued demand and pressure our winter plan delivered, there were further improvements built from learning lessons from the previous year. The plan has

### Improving Staff Attendance

For a number of complex reasons including the nature of our work and the demands on our staff, according to the Stats Wales website, WAST has the highest levels of staff sickness at 7.4% for 2018. It is recognised that working in the ambulance service will sometimes mean that our staff working across our call centres and in the community will experience distressing and traumatic events that can have a profound effect on them, their families and the organisation that we belong too. It is our duty and responsibility to look after the physical and psychological welfare of all our staff so it was with focused commitment that we introduced the Trauma Risk Management (TRiM) programme. Following exposure to trauma, it is normal for a person to return to 'pre-event' levels of stress between 4-6 weeks after the incident. It has been so pleasing to see that our staff have accessed this new service and 269 individual referrals have been made for TRiM in relation to traumatic incidents across Wales.

However, having high sickness levels amongst our staff meant that at times we struggled to cover some shifts impacting at times on our resources to respond to patients in the community. We know that healthy, well cared for staff is vital to deliver and maintain safe, high quality services. So, we have and continue to work closely with our staff and trade union partners in focussing our efforts to reduce sickness levels and maximise attendance across all parts of our Trust.



### Our workforce

There have been many reports in the media about the pressure on the NHS. For our part, we considered options to create more ambulance time so that ambulance crews were available for patients in the community with the greatest need. From this we established the role of Advanced Paramedic Practitioners (APPs). We targeted APPs to test how they could work and be used. APPs are based in the community and are allowed to carry out more actions, procedures and processes than a routine Paramedic can. APPs are delivering enhanced care for patients closer to home with less patients being transported to hospital. This work has attracted a lot of interest and has won several awards.

We have also recruited a lot more newly qualified staff to respond to patients in an emergency; within our Clinical Contact Centres (CCCs) we appointed more call takers and introduced 16 additional clinicians (registered nurses and paramedics) to help respond to patients needs over the phone. We were delighted to welcome these new staff to strengthen our dedicated teams across Wales to further improve our service to patients.

Mid way through the year the publication of the 2018 NHS Wales Staff Survey results were released. The headlines were positive, with an improving picture across the Trust. We have been engaging colleagues to gain feedback in more detail to determine how we will respond in some of the areas identified in the results.



## Recognition and achievements

Areas of our work have earned great recognition and won awards for the positive impact on patient outcomes and experiences. In particular our work in becoming a Dementia Friendly Organisation won at the prestigious Alzheimer's Society Dementia Friendly Awards and we were also finalists in the NHS Wales Awards in the category of 'Citizens at the Centre of Service Re-Design and Delivery'. We were also finalists at the NHS Wales Awards for our Community Paramedic Scheme and the introduction of APPs in North Wales, this particular work went on to win in the category of 'Improving Patient Safety' Award.

It hasn't just been patients we have responded to and engaged with. We have worked closely with our volunteers, third sector partners and the general public in establishing a strong continuous engagement model for participation. Through our public engagement people have been able to have face to face discussions with us on their expectations, observations and experiences. It has helped break down some of the public concerns and assumptions people have had as well as capturing ideas for improvement. In fact this year we had some key improvements that have been implemented thanks to our continuous engagement.

For example we have:

- provided staff with licenses to learn British Sign Language
- delivered a bespoke play and distraction techniques training session for staff responding to children and young people in distress
- launched a desk top/computer version of our successful communication app for use across hospital/clinic settings
- developed guidance and assistance dog resources for staff and;
- launched a series of easy read resources for people with learning disabilities
- developed a new resource for staff Dementia, A guide to communicating with people living with dementia

## Making improvements

We stated in last year's Annual Quality Statement that we would focus our attention on the top five conditions that impacted on our services and engage with patients/public by holding a number of conversations exploring their expectations and experiences. This was in support of the work being developed with our ambulance commissioner to improve the experiences of patients categorised as an amber call. It is no surprise that when we look back on the last year the most dominant story that reflected events was the Amber Review. The experiences and reflections of patients, their families, carers, our staff and partners all contributed to the review. It brought into focus the need for improvement across the entire unscheduled care system. It confirmed that the clinical response model we use to prioritise calls was a valid and safe way of delivering ambulance services however; it also highlighted that we have more to do in ensuring we have sufficient resources available to meet the needs and requirements of all our patients, some of whom have experienced long waits for help than any of us would have liked.

We identified a number of priorities last year and over the course of the last 12 months we have made available 28 online symptom checkers to enable people to carry out their own self-assessments against their symptoms; successfully delivered dementia training to our staff; continued with the phased rollout of the 111 service and strengthened our engagement with children and young people in measuring our promises to them. And finally, following refurbishment works we moved staff into newly designed estate buildings, Ty Elwy/Elwy House, North Wales in February and Matrix One, Swansea in March.

As we move forward we will focus on the growing service demand we face and aligning our work priorities to meet it and also face those challenges including maximising staff attendance. We will work hard to improve the health and well-being of our colleagues and embedding the new All-Wales Attendance Policy so that we can improve our staff attendance levels enabling more capacity back into the system to care for our patients. We will also address the improvements needed to handover patients efficiently and improve our ability to respond to those in the community. It will be an exciting time working with staff in developing their roles and skills to treat patients safely in the community and for health boards in developing a range of community pathways and services, so that we take to hospital only those patients who really need to be there.

We are confident that in listening to patients, service users and staff and by working together with our commissioners, the Chief Ambulance Services Commissioner and the wider community across Wales we will provide the best possible services to people who rely on us in times of need.





## Helping People to Stay Healthy

There are so many interactions between our staff and the public every day that we are in a great position to contribute to improving people's health and wellbeing. It is in all our interest that our staff, patients and the wider community in which people live are able to have access to support and information and be given the skills to help themselves in managing their health.

In our Integrated Medium Term Plan (IMTP) for 2018/19 we set out how we wanted to strengthen our role in engaging with the public, patients, service users and other stakeholders to provide information, education and advice that would help create stronger communities.

### NHS Direct Wales (NHSDW) Website and Online Symptom Checkers



Our NHSDW Health Information website continues to be a very popular resource for people to access information and advice. There has been a growing demand for access to good quality information online that helps people be able to make decisions about their own healthcare.

Visitors to the site have used it to help manage their symptoms by carrying out their own self assessments using the online symptom checkers. There are currently 28 symptom checkers available on the website, each designed to help people who are feeling unwell but do not have a medical emergency. They range from Cough, Cold, Ear problems to Diarrhoea, Stomach Pain and Urinary problems.

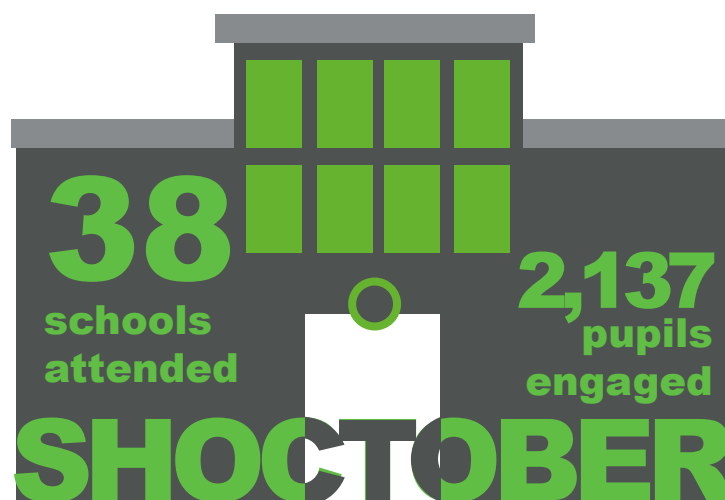
To support the symptom checkers people have also linked to the comprehensive A-Z health encyclopaedia to learn more about their general health.

### Building stronger communities - Educating the next generation

We made a strong commitment to have a greater presence engaging schools across Wales to provide children the opportunity to learn first aid skills and develop confidence in responding in the event of a life threatening situation. Our two main programmes of engagement with schools has been through our Shoctober and Restart-A-Heart campaigns.

#### Shoctober

is our primary schools based education programme delivered throughout October introducing children to Cardio Pulmonary Resuscitation; responding to someone choking and a range of other services available to help.



#### Restart-A-Heart

is a designated yearly day of action to teach CPR skills to children in secondary schools. Held on 16th October 2018, over 11,000 students were trained.

We have put a lot of investment and time into engaging with children to foster a greater understanding of our services and building confidence in their own abilities to help themselves and others around in need.

### Defibuary

Supporting these campaigns has been Defibuary, our annual public awareness campaign running throughout February that encourages people to locate their nearest defibrillators and have the knowledge and confidence to use them. We were delighted that this year colleagues from St John Cymru got behind the campaign and encouraged people to learn how to use a defibrillator and locate their nearest one.

286 pictures were submitted during the campaign.



### Mental Health Improvement Plan (MHIP)

There is a strong connection between the wellbeing of NHS staff and the impact and outcomes for patients. Our MHIP covers three specific categories:

- Our People
- Our Practice and;
- Pathways

We set out in our MHIP how we will support the mental wellbeing of our people; improve mental health practice across our services and; strengthen crisis care pathways for the public.

Staff have access to a number of support systems to help them cope with workplace stress and help improve their mental health. Some of the support available includes access to a confidential information, advice and specialist counselling service, and peer support to help people develop skills and knowledge necessary to help improve mental health and access help following a traumatic event.

#### Let's get talking about mental health

Mental health problems affect one in four people, but for many people the worst part is the feeling of not being able to talk about how you feel, and what you are experiencing. The theme of Mental Health Awareness Week (held 14-20 May 2018) was stress. To support colleagues talk about their own experiences of mental illness, crisis and distress our staff made a film to try and break through some of the perceptions held about admitting to or having mental illness. The film encourages staff to talk and share their experiences. To date it has been watched over 1700 times. You can see the film here <https://www.youtube.com/watch?v=LLECRilAGFo>





## Providing Safe Care

We have a responsibility to keep people safe when in our care and to protect them from infections including the protection of our staff. We are working to improve safety, reduce infections and protect people through close monitoring as well as encouraging all our staff to be vaccinated against flu.

### Protecting Communities against Flu

Our staff flu vaccination programme was built around peer vaccinators: these were trained staff able to vaccinate other members of staff working in their areas. They encouraged colleagues to protect themselves and their patients by getting vaccinated.

**\*40.17%**  
reported flu vaccination uptake  
from staff across WAST.  
Welsh Government target is set at 60%.

*\*figures are accurate as at March 2019.*

As staff members would have been vaccinated through their own GP, our figure of 40.17% could potentially be higher, and so we are working on improving our data collection process.

In February 2019 a Big Jab Event was launched where ‘flu leads’ held clinics for staff to access the flu vaccine. These clinics were advertised and promoted through social media and posters. However, staff continued to promote the vaccine through various outlets to drive the momentum and challenge those who had not been vaccinated.

### Preventing Infections

One of our priorities last year was to introduce Aseptic Non Touch Technique (ANTT). This year we successfully delivered ANTT training to our staff. This training package has been developed in collaboration with ANTT.org, the contents of the training were developed to reflect the environment and challenges our staff face when providing care and treatment in some of the most difficult situations, focusing on patient safety and the prevention of Health Care Associated infections (HCAI’S).

Training completion currently stands at 94% of those patient-facing staff whose role includes performing invasive procedures.

### Safeguarding

The Welsh Ambulance Service recognises that people who come into contact with our services may have well-being needs in addition to the clinical care that we provide. These additional requirements can range from social care needs to protection from harm that can affect children and

adults who are unable to protect themselves. The Safeguarding Team works together with other organisations across Wales, to ensure that we actively prevent children, young people and adults from being abused and neglected; and safeguard those who are at risk of harm. This includes those who experience Violence against Women, Domestic Abuse and Sexual Violence in our communities. We have embraced the opportunity to be an active partner in reducing the harm caused by these forms of violence perpetrated against all people in Wales, irrespective of gender or sexual orientation.

The WAST Pathway, launched in 2014 to facilitate contact with the specialist services of the Live Fear Free helpline supports the aim of early identification, intervention and support for victims of these issues. Our staff have helped over 150 victims to date. We have since been approached by Welsh Government to participate as a pilot site for phase 2 of the National Training Framework for Violence against Women, Domestic Abuse and Sexual Violence. The challenge of which is being met under the governance of the Trust Safeguarding Strategic Group and operationally by the newly formed *Ask and Act* task and finish group. This has given us the opportunity to start to deliver a comprehensive training package to our frontline staff so that they further supported to identify, support and take action for victims and their families.

### Shadowing Experience

The Safeguarding Team has continued to encourage staff working within the organisation to take the opportunity to shadow Safeguarding Specialists during this reporting period. The purpose of this activity is to enable further dissemination of safeguarding knowledge and skills. This can be achieved by gaining an insight into the roles and responsibilities of the members of the team, learning through “on the job” observation of safeguarding practice and participation in the safeguarding activities of the Team.

“I valued the openness and friendly attitude of the team and gained understanding of the vast safeguarding activity they are involved in”

### Responding to People’s Concerns

Learning from Serious Adverse Incidents (SAIs)

The winter period of 2017/2018 placed unprecedented demand and sustained pressure across the whole of the

NHS system,contributing to delayed responses to patients. As a result, WAST considered 161 cases through its Serious Case Incident Forum (SCIF), with 66 of these being reported as Serious Adverse Incidents (SAIs).

Following this, we have worked with Welsh Government (WG) Quality Division, Commissioners and the NHS Wales Delivery Unit (DU) focusing on SAI reporting and investigation. The collaboration informed the SAI Aggregated Review, undertaken between November 2017 and June 2018, which involved a meticulous analysis of each incident, to identify emergent themes and trends to inform our organisational and national learning and areas that required focussed quality improvements. Five findings emerged from this review:

- resource planning
- hospital handover delays
- categorisation of calls in our call centres and
- review of our resource escalation action plan and capacity in our clinical contact centres to carry out welfare calls.

### Mortality Review

The Trust reviewed its patient mortality work as part of the internal audit plan for the year. Although not required to do so the Trust established the Mortality Review Group to provide assurance that the care provided to patients is safe and that patients are not dying through the failure of the services it provides. The Trust is leading the work in the area for ambulance services nationally. The Mortality Review Group has been successful in delivering results in: Practice changes that are prompted by review findings brought to the attention of crews through clinical notices and with wider sharing with other ambulance services nationally.

### Quality Assurance Process

We made a commitment to improving and simplifying our complaints process. The focus of this was to ensure people who raised a concern would have a timely and meaningful response. We reviewed our process for responding to complaints and created a standardised leaflet which has helped contribute to the progress made in trying to improve the complaints process. Putting Things Right and Patient Safety teams attended a two day work-shop for letter writing and proof reading, delivered by the Plain English Campaign. This will ensure the quality and consistency of our responses continually meet the high standards our service users expect.

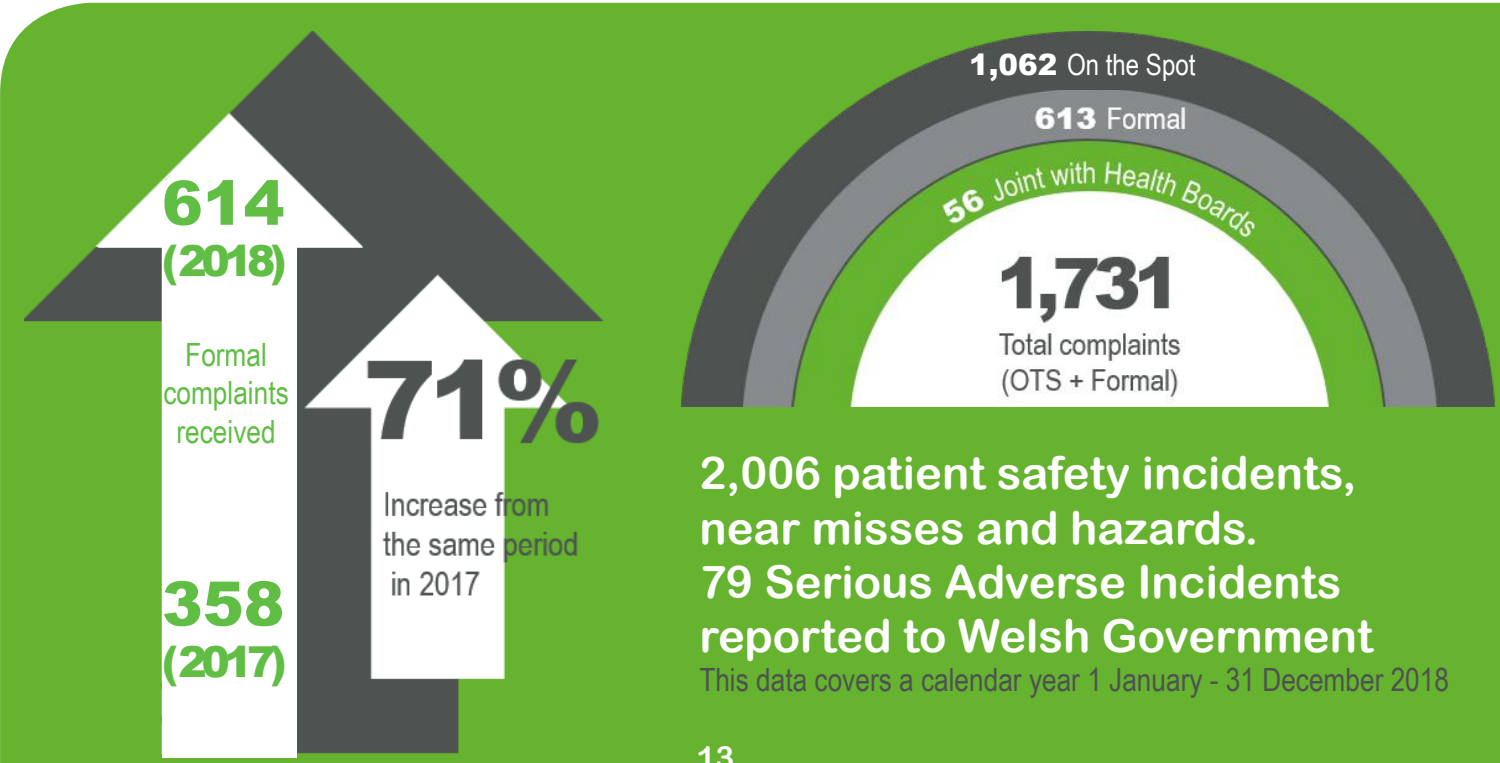
### Scrutiny Panel

The purpose of the Putting Things Right (PTR) Concerns Scrutiny Panel is to provide a forum of expertise for scrutiny, to provide assurance that concerns cases are managed in line with the regulations, and in a manner which minimises clinical, financial and organisational risks. The Panel takes an overview of:

- Processes and trends;
- Assess the degree and quality of responses, through deep scrutiny in a sample of cases.

### Root Cause Analysis training

A root cause analysis (RCA) is a method of problem solving used for identifying the root causes of faults or problems. In collaboration with Cardiff and Vale University Health Board (CVUHB), we expanded the capacity to undertake Root Cause Analysis (RCA) investigations following the delivery of 3 courses with 23 staff from WAST attending.





# Delivering Effective Care

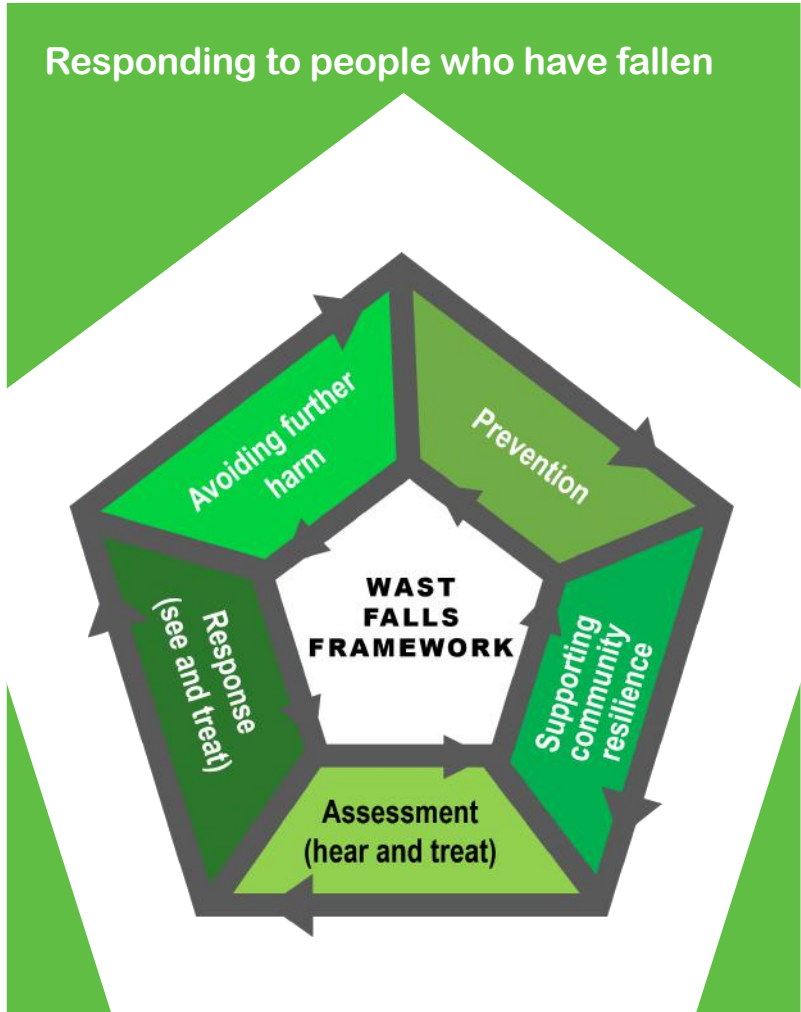
Overcoming those challenges and barriers to provide services that are suited to people’s needs.

## Advanced Paramedics

In our 2017 Integrated Medium Term Plan (IMTP) we committed to strengthening advanced practice within the Trust. This commitment, based upon the Advanced Paramedic Practitioner (APP) pilot delivered in the Betsi Cadwaladr area, illustrated a reliable and consistent approach to the use of APPs and offered a genuinely innovative approach to maximising the number of patients managed away from Emergency Departments.

This pilot scheme was developed into a fully costed business case, with initial support provided through our Commissioners and Welsh Government. The business case was presented to our Trust Board in July 2018 and detailed a significant opportunity to move the organisation forward in its intentions to play a bigger part in the Unscheduled Care System.

In addition to the success and benefits of the APP pilot, it had been demonstrated that the role of APPs could offer clinical support to other non-ambulance service settings like the Out of Hours (OOHs) and Primary Care service. Feedback received from service users/patients on the APPs and the clinical care provided by them has been very positive.



Falls are the second most common reason for calling an ambulance in Wales, but in many cases an emergency ambulance is not needed.

**In 2017/18 we received 62,488 calls relating to falls, with just under half (31,042) of these needing to be taken to hospital.**

There are often complex issues which lead to someone experiencing a fall, and because they are usually not classed as a life-threatening emergency, they may often wait longer for an ambulance to arrive. Even if they are not injured, they may still be immobile and unable to get up without our help. Furthermore, as well as causing anxiety and discomfort for a patient, a prolonged wait for an ambulance has the potential to contribute to future health and mobility problems.

**The Welsh Ambulance Service refers to an uninjured faller as a code 17, which will be automatically categorised as a lower priority “Green” call.**

The Welsh Ambulance Service recognises that, along with the Health Boards and other organisations, it has a role to play in everything from helping to prevent falls through to reducing further harm which might result from a fall. As a result we have developed a Framework for Falls to look at the best ways in which we can make a difference embedding into our work in relation to:

- **Prevention** – working with patients to reduce the risks of falling at home and in their communities.
- **Supporting Community Resilience** - helping nursing home staff and Community First Responders to more effectively deal with patients who have fallen but haven’t hurt themselves.
- **Assessment** – making sure that the way we assess patients over the phone results in them getting the right sort of help.
- **Response** – making sure that the help we send is correct depending on how badly the patient is injured.
- **Avoiding Further Harm** - looking at ways of reducing the amount of time a patient who has fallen has to wait for help, and at ways in which we can help patients avoid falling again in future.

We have also proposed a Falls Response Model to accompany the framework. The model recognises that not every patient call related to a fall will need an emergency response or need to be taken to hospital, and proposes three levels of possible response depending on whether the patient is injured or not. We are currently working with the Commissioner, Welsh Government and partners across the NHS and Third Sector to develop services which can support the model.

The way we respond to falls is undergoing a significant transformation, and much of this is as a result of listening to the families and carers of people who have fallen telling us about the impact of having to wait too long for an ambulance. The development of the Framework for Falls and the Falls Response Model is an important step towards achieving a safe, appropriate and consistent response across Wales for our patients who have fallen.

## Pressure Ulcer Prevention

The role and contribution of the ambulance service in Pressure Ulcer Prevention (PUP) can be overlooked. Pressure ulcers are localised damage to the skin and underlying tissue. They cause significant suffering for the individual and considerable costs for the health service. Damage can occur within hours so it is vital that preventative actions are started as soon as possible.

**It is widely accepted that the vast majority of pressure ulcers are avoidable, probably in excess of 80%.**

An online learning package (and hard copy leaflets aimed at raising awareness of PUP) has been developed in collaboration with the Welsh Wound Innovation Centre and Hywel Dda University Health Board. On ‘Stop Pressure Ulcer Day’ 2018 colleagues presented and launched the WAST Pressure Ulcer Prevention online learning package.

The learning package is aimed at all staff to help them better understand and recognise pressure injuries including those at risk, how to provide safe and effective care for those patients at risk and guidance on interventions and documentation.

PUP is helping our staff recognise potential risks to patients; provide early recognition of those deemed ‘high risk’; provide safe and effective care; prevent the possibility of further pressure damage and ultimately improve the outcome and experiences of patients.

**PUP e-learning has been implemented to aid the training of our ambulance staff.**

**£1.4 million**  
cost to the NHS each day for treating pressure ulcers.

## Improving Quality Together (IQT)

IQT is the national quality improvement training programme for NHS staff in Wales. Those going through the programme have an opportunity to develop their skills and develop a consistent approach to improve the quality of services delivered.

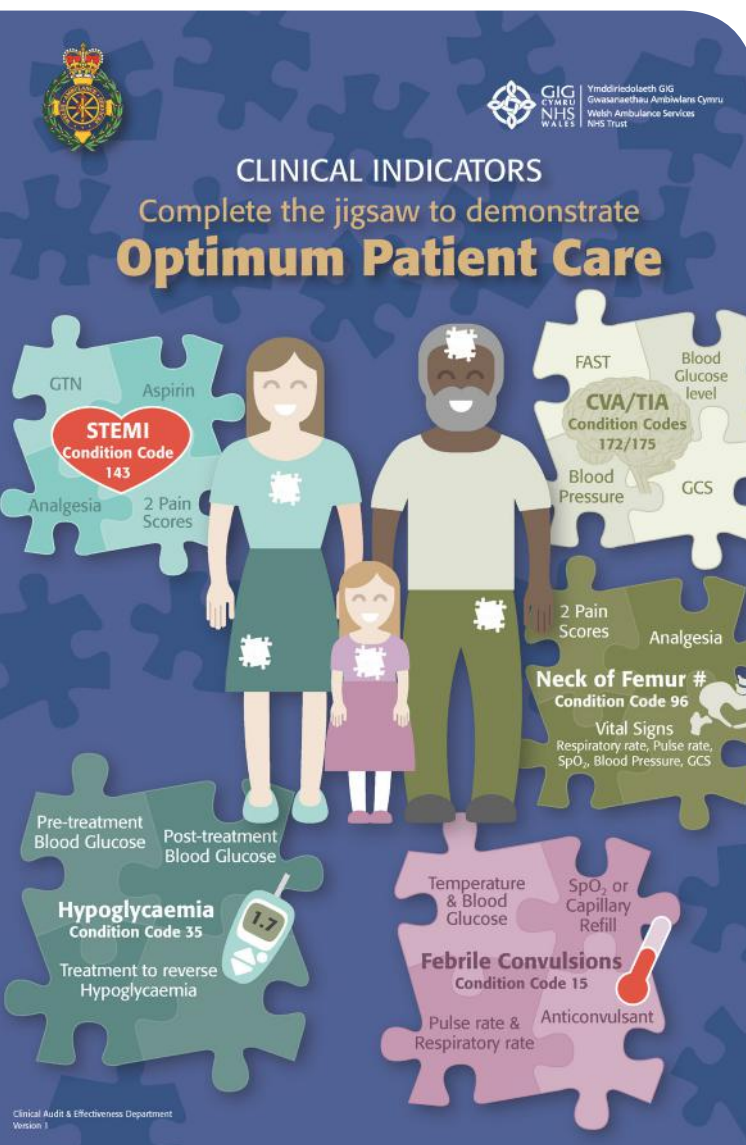
There are three levels of IQT training:

- Bronze - suitable for all staff across the NHS
- Silver - A 3 day course building on the foundations of the bronze level,
- Gold - develops advanced systems and knowledge, tools and techniques

The Trust has seen 8 cohorts go through their Silver IQT training and 110 team leaders.



## Clinical Indicators



Clinical Indicators measure the level of care expected by its clinicians for conditions such as heart attacks, strokes, and diabetic emergencies, older people who have had a fall and fractured their hip and, young children who suffer convulsions that can happen when they have a fever.

The Trust reports on these clinical indicators, they are used to demonstrate areas of good clinical practice and to identify areas that need to be improved. They are also used for quarterly reports to the Emergency Ambulance Services Committee (EASC) as part of their Ambulance Quality Indicators.

The level of care measured by the clinical indicators for each condition is evidence-based and takes into account the assessment and treatment included in the UK Ambulance Services Clinical Practice Guidelines (JRCALC) and the National Institute for Health and Care Excellence (NICE). As new Paramedic skills develop

and alternative pathways of care are established throughout Wales, additional clinical indicators will be developed. A 'Clinical Indicator Review Group' has been established with input from clinicians, managers and ambulance commissioners to ensure that relevant, evidence based clinical indicators continue to be in place and are developed in line with changing clinical practice.

During 2018, as part of a Clinical Indicator Improvement Plan an initiative was introduced to further assist clinicians with ensuring all aspects of the clinical indicator care bundles were known. This would support their delivery of care and accurate completion of patient clinical records. The first phase of this initiative was to issue posters identifying the clinical indicators and each aspect of care required for these. Each aspect of the assessment and treatment expected for the clinical indicators was illustrated as pieces of a jigsaw for ease of reference. The second phase of the initiative was to issue individual clipboard boxes to clinicians with an image of the poster attached so that it was always available.

## Clinical Audit

In addition to clinical indicators being used to continually monitor and look at improvements in the delivery of clinical care, the Trust also has an annual Clinical Audit Programme. Clinical audit assesses if a certain aspect of health care is achieving a recognised standard, this allows us to know where it is doing well with the delivery of care to patients, and where there could be improvements. The aim is to achieve quality improvement and improve outcomes for patients.

The 2018/19 programme included audits for the assessment and treatment of asthma, the use of antimicrobials, the appropriate administration of anticonvulsants, and audits that looked at the compliance for completing clinical documentation.

Following the completion of clinical audits, which include an action plan for improvements where required, they are approved and monitored to ensure completed. A re-audit can be undertaken where required to measure improvements made as a result of the actions. So for example following a re-audit on the accuracy of patient care records to ensure they include the right 'condition code', a notice to promote good practice was sent out to staff advising them on what they needed to do to make sure that the condition codes were being completed on every patient care record. This notice promoted good practice

## Research and Innovation

The Trust is an active participant and is amongst the leading research ambulance services in the UK. The knowledge and evidence being gathered is making a significant impact on the quality and cost effectiveness of care. From International Resuscitation Guidelines to Parliamentary enquiries, this acquired knowledge is having such a significant impact it will continue to have a positive influence on care that will benefit patients for many years to come.

In 2018 the Trust had 6 active studies with further studies being set up. These studies included many firsts for the Trust, including being a leading contributor to the PARAMEDIC 2 Trial which is the largest resuscitation drug trial to have been conducted in Europe.

Research is now active across the Trust in areas such as stroke, resuscitation and trauma. This represents a significant increase in the opportunity for patients to participate in and contribute to research.

Fascia iliaca compartment block (FICB) provides better pain relief with fewer side-effects than opiates for elderly people with hip fractures.

## PARAMEDIC2 Trial

In July 2018 findings from the Paramedic 2 Trial, the first large scale study to examine whether adrenaline is helpful or harmful as a treatment for cardiac arrest, were published. The study involved 8,000 patients across five ambulance areas (including Welsh Ambulance Services NHS Trust) between 2014 and 2017.

In adults with out-of-hospital cardiac arrest, the use of adrenaline resulted in a significantly higher rate of 30-day survival than the use of placebos, but there was no significant between-group difference in the rate of favourable neurologic outcome because more survivors had severe neurological impairment in the adrenaline group.

The findings of the study by the University of Warwick, were published in the *New England Journal of Medicine*.





## Treating People with Dignity and Providing Dignified Care

We put a lot of emphasis on delivering dignified care. We recognise that dignity covers all aspects of daily life including respect, privacy and self-worth. Upholding dignity and delivering dignified care is what want for all our patients.

### Dementia

Dementia is one of the most significant health and social care issues we face. Dementia shortens life expectancy and many people will die of dementia, but also many will have other life-limiting illnesses at the same time.

The Welsh Ambulance Services NHS Trust is often the first point of contact for many. More and more of our patients are presenting with more than just an emergency or clinical need. Often they have other conditions as well as multiple and complex needs. Dementia is one of those conditions we are seeing in our patients more often.

# 45,000

Alzheimer's Society estimate of are number of people with dementia in Wales.

There has and continues to be a growing need for our workforce to understand the issues involved in good dementia care and support. Our staff have needed to have a greater awareness of dementia and the issues surrounding it to ensure that their approaches to patients fully supports them and their carers to live well.

People diagnosed and living with dementia will require us to have a greater understanding so that we can ensure we meet their needs. Through our engagement with this community of people, they have guided us on how best to deliver services and care for them.

For example, how we identify and respond to their communication needs on the telephone; how we carry out our observations slowly; and how we consider prioritising their clinical needs as well as their dementia needs. Using our continuous engagement model we worked closely with local dementia groups and talked to people living with dementia and their carers. They told us that they wanted our staff to be more dementia aware and understand how to communicate with someone who has dementia and to include their carer in decisions that are being made.

Several members from a Newport Service User group came along to our Quality, Patient Experience and Safety Committee (in May 2018) to talk about dementia and their involvement in improving dementia awareness in the Trust. The committee heard from one representative her experiences and other members had whilst living with dementia and the assistance the Trust had given. They praised the Trust for its excellent work in this field. The Committee was shown a video which focused on people living with dementia and their experiences and expectations of our services <https://youtu.be/a3KzLZfLyRE>

A new Trust Dementia guide to support better communication with people living with dementia was launched for staff. The content of the guide had been informed by working with people living with dementia and their carer's and was promoted across the Trust to enhance staff awareness, confidence and skills. There is a National Emergency Services Commitment on Dementia, so we are working with Police and Fire and Rescue Services across Wales, to consider how we can better support people living with dementia and their families, when they need to contact our services for emergency help. One outcome of this work is providing additional training and awareness to call takers across the emergency services, as people living with dementia tell us that calling 999 is difficult and stressful.

# £85,256

Cost of delivering the first year of the Trusts Dementia Plan.

We received funding as part of the development and delivery of the Welsh Government Dementia Action Plan. The money is being used to focus on key areas such as: training & awareness of workforce; resource development and information provision and a structure to support the delivery of the Trusts own dementia plan.

### Andy's Story



Andy, who lives with Lewy Body Dementia, came to our Trust Board in December 2018 to share his experiences of using ambulance services. Andy had a recent experience of calling 999 and received an excellent service from local paramedics.

### Dignified Care

Providing dignified care and support for people who are facing the last weeks of their life is vitally important. They and their families are entitled to receive high-quality care and it is important for those teams involved in caring for them to come together to ensure their wishes are considered.

The following is a wonderful example of how we and our colleagues have worked together for the benefit of a patient and their family. What follows is an extract taken from a letter of the family of a patient at the end of their life. The patient is referred to in the following as A.

*"As you know one of 'A's wishes was to visit the seaside, and somehow you and the team made this happen. We were all taken back by how quickly you all were able to arrange for 'A' to go to the seaside, I don't know who was more excited us or the team, this really showed how much you all love your work and care for the patients. On the day we were blown away not only by the winds but with the way in which the ambulance crew handled 'A', taking care that she experienced her special day as best as she could – nothing was too much trouble.*

*As a family we really appreciated the efforts by everyone involved so that we could experience one last day trip as a family and it has given us all including the staff something else to talk about, which is great. My children join me in giving you all the biggest of thanks and warmest of best wishes for making 'A's seaside visit a special one and making lasting memories together as a family outside of hospital/hospice"*

Following an audit on handover delays at Emergency Care Units, the Trust has been progressing work with Health Boards to review arrangements in place for the provision of continence and where handover delays do occur to maintain a formal record to evidence that adequate care was provided at reasonable times.



# Providing Timely Care and Services

**Timely is not always about speed. It can also be about delivering care in a well-timed and appropriate manner.** We carried out a review of how we responded to calls throughout the winter of 2018/19 and identified two main areas that needed to be addressed: whether there was a problem with the amber category that was resulting in worsening outcomes for patients and whether there were patients in the amber category waiting too long for an ambulance response and, if so, what the impact on their health and experience was.

## The Amber Review

Since we introduced the clinical response model in October 2015, the way in which we measure our performance has changed, putting less emphasis on time-based targets and a greater focus on the quality of care provided and the patient's experience and clinical outcome.

The majority of the almost 0.5 million emergency calls made to the Welsh Ambulance Service every year are classed as "amber" calls, i.e. "serious but not immediately life threatening". In May 2018 the Emergency Ambulance Service Commissioner (CASC) started a review to examine the appropriateness of the way we categorise and respond to amber calls. The "Amber Review" looked at whether outcomes for amber category patients were getting worse, whether the time they were waiting for a response was getting longer and the impact this was having on their experience.

The review found that "the clinical response model is a valid and safe way of delivering ambulance services" but also recognised that we have more work to do to improve the experience of some amber category patients who had waited longer than we would have liked for an ambulance to arrive. We supported the review by engaging with lots of people, including patients, their families and condition specific groups to gather their views and experiences of being categorised as amber. The family of one patient shared their story of accessing emergency care for their mother who had experienced a stroke.

*Susan's family called the ambulance service when she had a stroke. The impact of the experiences of the family expressed through their concerns to the Trust was recorded earlier in the year. Their experience and story was shared widely with the Trusts' QUEST Committee; Betsi Cadwalder University Health Board Quality and Safety Committee; the Emergency Ambulance Commissioner (as part of the amber review) and was shared at a National Learning Event. It was with sincere regret that the family had such an unacceptable experience, subsequent meetings with the family helped us to continue to work on improving*

*stroke services. There has been a great deal of learning from their feedback and some key changes to support our capacity in our control room to provide regular welfare checks to ring people back who are waiting for an ambulance response. Additional staff have been trained also during increased periods of demand on our services and changed the scripts used within the control room to help improve communication with people who are awaiting an ambulance response.*

**AMBER calls refer to those patients with conditions that may need treatment and care at the scene or fast transport to a healthcare facility if needed. Patients are prioritised on the basis of clinical need and if necessary will receive a blue light response**

## The Amber Review Implementation Programme

Following the Amber review an Implementation Programme was released in January 2019. An overarching programme group will oversee the recommendations and direction of work as outlined in the Amber Review as well as provide assurances to Welsh Government, National Programme Unscheduled Care, Emergency Ambulance Services Committee and the public on the delivery of the recommendations.

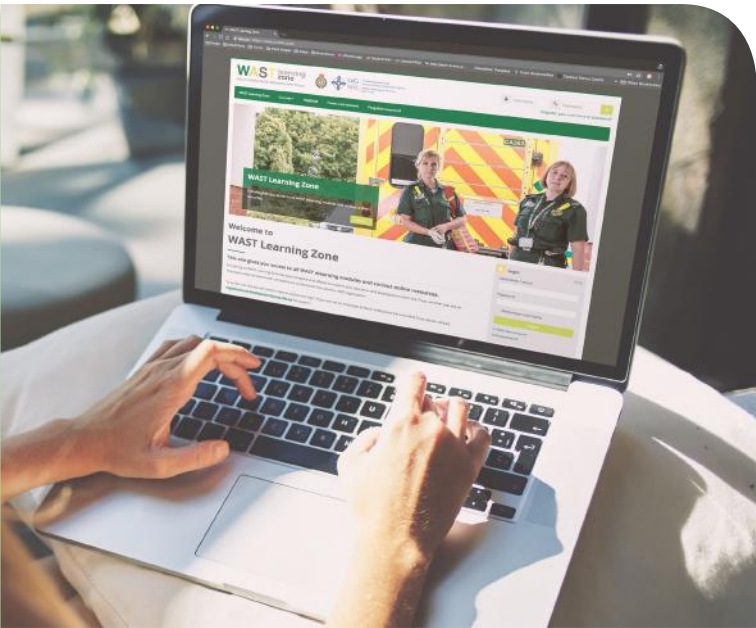
The programme is expected to run for 12 months and be delivered in partnership with WAST, NHS Wales Informatics Service and Delivery Unit.

## End of life care (EoLC)

End of life care is support for people who are in the last stages of their life. End of life care should help people to live as well as possible until they die and to die with dignity. The Trust has a dedicated 'Macmillan Paramedic' leading on EoLC who is working to increase education options available for staff, we are pleased that through this role we are helping to shape the future care of EoLC and cancer patients that access 999 in Wales.

The Welsh Ambulance Service has aimed to ensure that WAST ambulance clinicians received training in EoLC. Training has been delivered by the dedicated WAST EoLC Lead through a variety of channels, for example, inclusion in all emergency medical technician training courses, attending workshops held across Wales in conjunction with palliative care doctors as part of the serious illness conversation training programme, and WAST e-Learning packages.

EoLC training covers a range of subjects, such as administering suitable medications to EoLC patients where appropriate, breaking bad news and symptom recognition and management. Training workshops helped to further staff knowledge and give staff an opportunity to put questions to subject matter experts.



A review looking at specific information relating to EoLC patients was carried out by the Trust to ensure that positive changes continued to be seen as a result of the ongoing programme of work. Data from this review included;

- 16% reduction in EoLC patients conveyed to the Emergency Department. This is significant as it creates greater scope for managing the wishes of patients to choose their preferred place of care during the end of their life.

- 30% increase in shared decision making (usually between paramedic and GP/palliative care Clinical Nurse Specialist (CNS) or Palliative Medicine Physician). This can help reduce the need for hospital admission.
- 8% increase in End of life Care medicines being administered by paramedics
- A trend was also noted towards a more appropriate response attending EoLC calls. Calls relating to EoLC are statistically far less likely to require conveying to hospital than calls such as a stroke or chest pains.

The data demonstrates more instances of a Rapid Response Vehicle only attending and less instances of an Emergency Ambulance attending. This has ensured better use of resources and greater availability of Emergency Ambulances. The collaboration with the Non-Emergency Patient Transport Services (NEPTS) in WAST continues with the EoLC Rapid Transport Service. This innovative service has substantially reduced waiting times for EoLC patients who need urgent transfer to take them to their preferred surrounding for their last days. The service is operating in five Health Board areas to date. Over 390 patients have been transported and supported by this service since the initial pilot sites went on line in August 2017.

## Good SAM App

Staff and Community First Responders have been encouraged to download the GoodSAM App and become a GoodSAM Responder. Good SAM is a pioneering app and web based platform that alerts trained and verified Responders to nearby medical emergencies, helping to radically reduce death from life-threatening illnesses such as cardiac arrest.

Evidence shows that response time is a critical factor in cardiac arrest and being able to alert volunteer GoodSAM Responders to quickly attend nearby emergencies, in support of the Ambulance service, will help to save lives. When a life-threatening medical emergency call is received in our Control Room or through the GoodSAM app, an alert is sent to up to three GoodSAM Responders who are nearest the incident asking them to attend the scene. The GoodSAM Responders are also able to determine the location of the nearest defibrillator through the GoodSAM Automated External Defibrillator Registry.

The system does not replace the role of our emergency crews, we continue to dispatch and respond in the normal way. Although the system is more widely available to staff, Good SAM Responders are required to email their identification and certification of their basic life support training to be accepted onto the GoodSam app.



During 2018 the 111 freephone 24 hour health advice helpline, was made available to patients living in Powys. Through 111 they could access their GP Out-of-Hours service and NHS Direct Wales - making it easier to get the advice, support or treatment right for them.

Powys joined Abertawe Bro Morgannwg University and Hywel Dda Health Boards, in launching 111 services, improving urgent healthcare support and advice for patients when their own surgery is closed.

Operated by WAST on behalf of NHS Wales, the 111 service brings together NHS Direct Wales and GP out-of-hours under one, easy to remember number, allowing experienced healthcare professionals – nurses and, during evenings, weekends and bank holidays, GPs and pharmacists – to prioritise calls so that those with the most urgent need can be treated first.

**Increasing Clinicians within our Clinical Contact Centres**  
We have increased the number of clinicians working within our Clinical Contact Centres (CCCs) and have asked them 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 transportation to hospital and improving patient experience; this has led to further investment in this area as part of our 2018 winter plans. We will continue to monitor the benefits of this investment.

### Winter Planning

We started to plan for the winter in July 2018, in close partnership with colleagues across the NHS in Wales. Our winter plan was written with the objective of delivering four key outcomes over the winter:

- Reduced the number of patients transported to hospital
- Reduced dispatch and improved availability of resources
- Treat more patients in a timely manner and ensure a positive patient experience
- Look after our staff

Some of the things we did differently this time included: promotion of a number of winter messages to the public including flu awareness and to other health professionals on the types of ambulances suitable to patients; reviewed our REAP plan (this is our resource escalation plan); maximised the number of staff on duty including Advanced Paramedic Practitioners; enhanced the work of Community First Responders to take blood pressure, blood sugar levels and temperature and; worked with Health Boards to re-establish alternative care pathways for patients.



## Treating People as Individuals

People want a quality service, they want to have their needs met, have choices and be treated the way they want to be treated. So, we ask, act and implement what they tell us. In treating people as individuals we want people to feel they are engaged and experience care that meets their individual needs.

### Evidence from service users

We understand that what we do as a service impacts upon patients, their families and carers and influences their perceptions and experiences. We made a commitment over the years to better understand and improve service user's experiences in driving forward improvements across the Trust.

We introduced many ways to capture and use feedback to improve experiences. This has included working closely with local communities, patient groups, and our partners across the NHS and third sector as well as bringing together all the learning from concerns/complaints raised, compliments received, incidents reported and staff feedback. As a result we have used people's personal stories through a 'patient story tracker' to keep a focus on and ensure that we deliver dignified compassionate care and make improvements where necessary.

Throughout the year we recorded many patient stories; some have been shared with our Trust Board and internal Committees, others with NHS and external partners to learn and improve services.

A patient story is often told from the perspective of an individual, their family or carer. Some are about receiving excellent care, some describe unsatisfactory experiences and others identify improvements in our services. In sharing stories we have been able to gain a good understanding of what it is like to access and receive care from our services and how we can improve the services provided.

The following is an example of how we have used experiences and personal stories to implement change. We met with Eric to talk about his experiences and what we could do to learn from it <https://youtu.be/FvFhuUGriRk>

Eric is blind and depends on his guide dog Darcy to get about safely and enable him to live independently. His story describes an incident when Darcy was prevented from accompanying him on an ambulance, and describes the effect this had on him.

Eric's experience illustrates how the communication of our staff can have a significant impact on the experience of our patients.

We have planned and introduced a series of actions to make sure this type of incident doesn't happen again; including:

- Development of an Assistance Dog Guidance document for staff explaining their obligations relating to guide dogs on our vehicles.
- Raising staff awareness through training and communication, including collaboration with Guide Dogs Cymru.
- Presenting Eric's story at our *Quality, Patient Experience and Safety Committee* and *Executive and Directorate* meetings to ensure the issue is acknowledged and discussed at all levels within the organisation.

### Children

As part of our commitment in supporting the United Nations Convention of the Rights of the Child we have looked at how we put children at the centre of our service design and delivery. We launched our 'Promises' to children in November 2017.

### Children's workshop

We held our first workshop led and coordinated by children to guide us on what they felt was important in determining a positive user experience.





In partnership with Abertawe Bro Morgannwg University Health Board (ABMU) we sent out targeted invitations across the region to children aged 8-12 years who were taken to Morriston Hospital by ambulance during the last year. Children were invited to attend the joint AMBU/ WAST Youth Panel held on 2 February 2018 at Morriston Hospital to help us review our 'Promises' and learn more about their experiences and what we could do better.

Feedback from the day was overwhelmingly positive and gave us some insight into children's experiences and parents perceptions. Further workshops are planned for various age groups over the coming year.

### End of life care - Children



During the year our Non-Emergency Patient Transport service worked with Ty Hafan, to develop new child friendly epaulettes for staff for specific use when taking young children to a hospice or their home. These epaulettes are part of a range of measures to create a more relaxed child friendly ambulance for use when conveying terminally ill children.

The epaulettes have a painted hand print design that can be seen all over Ty Hafan and helps children see WAST staff as part of the Ty Hafan Care Team. We are exploring further to improve the experiences of children and families during end of life care.

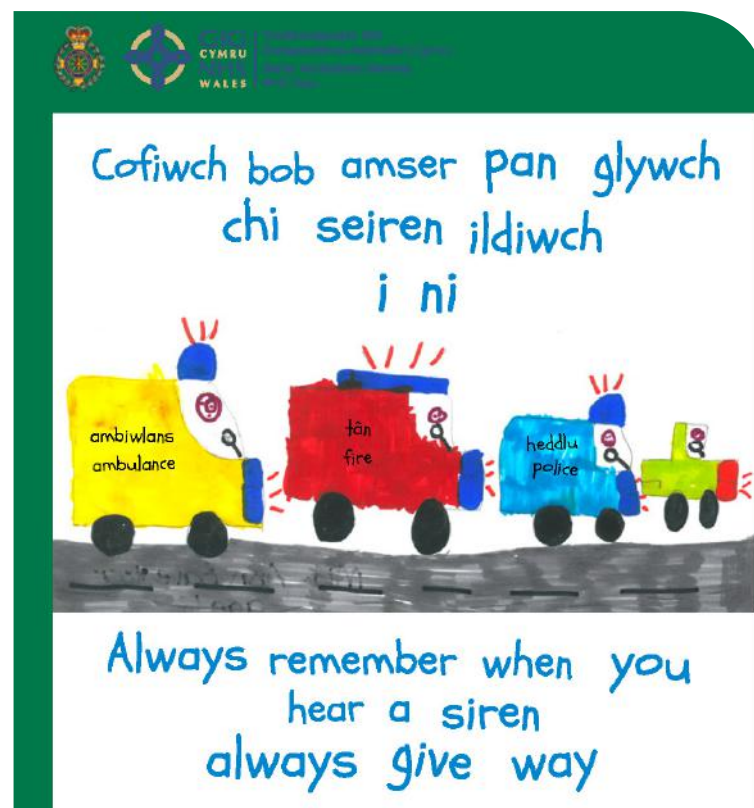
### George Street Primary Community Safety Project

2018 was set up in response to particular significant safety problems in the local community immediately surrounding George Street Primary School and our Pontypool Ambulance Station.

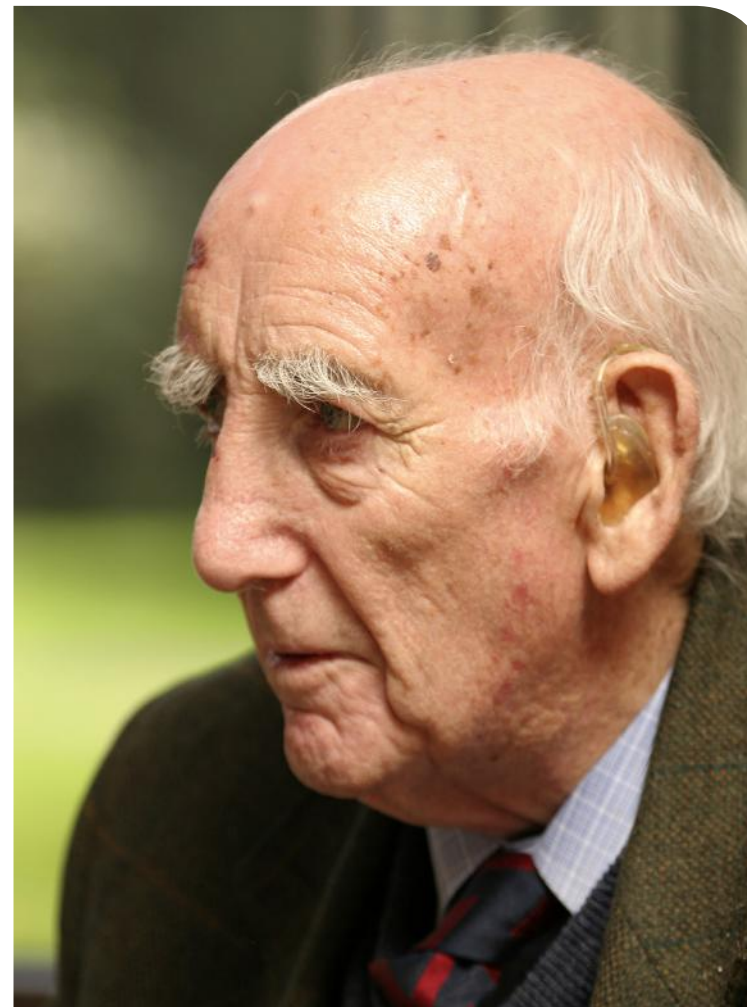
At Particularly busy times during the school day, parents had been double parking down the narrow street and in the forecourt of the ambulance station often blocking the exits to the station. In the event of an emergency, this put patients at risk due to delays, as well as putting staff and public in danger at these exit points. The aim of the project was to win hearts and minds of all concerned in order to affect change and better levels of understanding about community safety.

We partnered with colleagues from South Wales Fire & Rescue and Gwent Police to bring to conclusion our engagement with George Street Primary School on a yearlong Community Safety Project. Children have designed a series of winning posters that are in the process of being converted into public signs to be placed outside the local ambulance station in Pontypool, which is very near the school.

The purpose of these is to alert the public not to block exit and entrance points for the ambulance Station, as well as preventing routes in and around the school/ambulance station through double parking.



### Older People



During the course of the year we have continued to ask, act and apply improvements based on people's experiences, expectations and feedback. As part of measuring people's experiences of accessing and using our services we have measured their feedback and outcomes against our own 'Promises' that we made to older people (and their carers) in 2016. Overall we have continued to keep our promises and have extended our commitment and quality of engagement to older people through our work on responding to those who have had a fall; living with dementia and in supporting carers.

### Falls

We recognise that falling is not a natural part of aging however, for those calls that involve someone who has had a fall they often involve an older person.

- We now have a steering group that looks at how we improve our response and people's experiences when they have fallen
- We have a Falls Framework with 5 domains: Prevention; Supporting Community Resilience; Assessment; Response and Avoiding further harm
- Falls response model with three levels of response

### Dementia

We made a commitment to improve people's expectations and those of their carers and families. Over the past year people told us they had poor experiences of calling 999 services and found it difficult to use the telephone to communicate in a stressful situation.

- We have a Dementia Plan developed from patient feedback that sets out clearly what we will do and how we will do it
- We have brought people living with dementia and their carers into our control rooms to see what happens when a call is received
- We have brought dementia service users in to carry out dementia friendly environment reviews on our vehicles

### Carers

A carer is someone of any age who provides unpaid support to family or friend. Anyone can be carer and they include people of all ages. We have worked with young carers as part of our engagement work but have also focused a great deal on older carers.

- We have looked at how carers can be supported when organising transport for a patient. Our Non-Emergency Patient Transport Service achieved 'Investors in Carers Bronze Level award' – a scheme delivered by Hywel Dda University Health Board and supported by the local authority and third sector partners in Carmarthenshire, Ceredigion and Pembrokeshire.
- Met regularly with carers over the year and shared information and resources including 'message in a bottle'; developments across ambulance services and listened to suggestions for improvement.

Looking ahead we will also develop an Older Person's Framework which will include the development of plans to strengthen our role in supporting older people who are frail, isolated and lonely.

### Learning Disabilities

We continued our engagement to better understand the needs, care and support of people with learning disabilities and the level of information, advice and assistance that would help them in an emergency. There has been a lot of focus on treating more people at home and taking less people into hospital through our 'hear and treat' and 'see and treat' models. In consultations with learning disability groups, carers and other stakeholders the need for a resource that included information for both staff and patients that would create a positive patient experience, foster trust and enable involvement in care was identified.



So, in the summer of 2018, the 'Information about Me' sheet was launched. The sheet is an aid for our staff providing important information needed when responding to a patient with a Learning Disability. 'Information about me' has and continues to be rolled out to Learning Disability groups across Wales and to our staff. It can be secured to a person's fridge door by a magnet (supplied by us) with guidance to help people complete the form should they need it.

This resource does not take the place of the well-publicised Hospital Passport which patients take with them to hospital (as part of the 1000 lives Care Bundle for Adults with a Learning Disability), but remains at a patients home.



Compliments

Throughout the year we received positive feedback (compliments) from people who have wanted to give praise to staff who responded to them during particular stressful and anxious times. There were consistent themes from the feedback that focused on professional, reassuring, helpful staff to the provision of good care, attention and quality treatment.

All compliments received are logged and shared with the relevant staff members and their managers. It is always good to hear when staff have had a positive impact on people; we are always so grateful that people take the time to compose their thoughts and give praise to those staff who left a positive impression with them.

676

compliments received  
1 Jan 18 – 31 Dec 18

Sensory Loss

Every November the NHS in Wales celebrates Sensory Loss Awareness Month through a campaign called 'It Makes Sense'. This year we hosted the event for our staff and volunteers to come together and look back at the achievements and celebrate the work we have done to help improve access to our services for people living with a sensory loss. The event took place on 20 November at the Pierhead Building in Cardiff Bay as was opened by Vaughan Gething AM, Minister for Health and Social Services.

Sensory Loss Awareness Month aims to improve the experience of patients with sensory loss by ensuring that they do not face barriers because of their sight or hearing loss when accessing NHS services. People with sensory loss can face many communication and information barriers when accessing healthcare services. Often these barriers can be easily removed, small adjustments to the way we work and communicate with our patients can



make all the difference. The changes made have been as a direct result from user feedback and include the provision of over 100 free licenses for staff to learn British Sign Language (BSL) online. Staff have even been supported and funded to progress to exam stage to be awarded level 1 status in BSL.



In January 2019, five members of staff were successful in passing their level 1 BSL exam.

The communication app originally launched in 2017 to help communicate with those who have additional communication needs was developed further into an online version, meaning anyone can access and use from their computer. Many health and social care professionals gave us feedback that the resource would be valuable at times where people are attending clinics/A&E or doctors reception areas and would have difficulties communicating through English or Welsh. We have continued to promote the communication app which is free to download for Apple and Android devices.

Colleague Experience

William Wiggans (Will) is an Emergency Medical Technician in Pembrokeshire, he is one of 100 people from across the Trust who took up the opportunity to learn Level 1 BSL online. Will signed up to the course as he has family members who are deaf, so understands the difficulties and barriers that deaf people can face when communicating with people who don't use BSL or are not sensory loss aware.

Will has already used his newly learnt BSL skills when called to a deaf patient. Will and his crew mate received a call to attend to a patient who had fallen in the street. A local shop had called for an ambulance, Will was aware from the outset that there were barriers that needed to be broken down as the caller statement read, "55 year old female, fallen, hurt arm and leg, deaf and dumb, asking to go to hospital". Below, Will explains what happens next:

*"On arrival at the scene the patient was very distressed and apparently in a lot of pain. I introduced myself using normal English allowing her to lip read whilst confirming what I was saying using BSL. She initially didn't realise that I was new to BSL and communicated with me in her normal way using just her voice. After initial assessment we walked to the ambulance to carry out wound cleaning, dressing and observations. It was only once my conversation turned to her home life, social history and medications that she really grasped I was using BSL and that I was a new learner. Her face beamed and from this point on she also began to use BSL signs to confirm what she was saying. It was clearly evident that my using BSL had allowed us to create a bond and that this had a therapeutic effect on her perception of pain and distress over what had happened. Once we dropped her off at Withybush Hospital she couldn't thank me enough, in BSL, and she seemed much happier following her ordeal. I am immensely proud of the lengths we as BSL learners are going to, and am very grateful to the Trust for giving us this opportunity. I hope my first experience will encourage others to follow suit. It has highlighted to me that I must continue to improve and further my vocabulary to expand the depth of conversation I will be able to offer to those I meet who are deaf".*

Welsh Language Standards

In November 2018, the Welsh Language Commissioner gave its compliance notice to the Trust setting out those standards within the Welsh Language Standards (no.7) 2018 Regulations we needed to comply with and by when. In Wales, Health Boards, Community Health Councils and NHS Trusts are expected to comply with the standards.

The Welsh Language standards regulations were passed by the National Assembly on 20 March 2018 and came into force on 29 June 2018. The standards replace to previous statutory Welsh Language schemes approved under the Welsh Language Act 1993. The compliance notice was issued following a consultation period on the draft compliance notice between July and October 2018.

Implementation of the standards is seen as a core part of creating a service that is respectful of the people to use and converse in Welsh when accessing any of our Trust services. The notice included service delivery standards, policy making standards, operational standards and any other matters e.g. procedures for responding to complaints. How we engage and interact with people, information and resources we provide and communication through social media and websites are all being reviewed against the compliance notice. Implementation of the standards will start from May 2019.





## Our Staff & Resources

There are many demands on our staff; we need them to maintain and continuously develop their skills and knowledge so that we can continue to respond to growing service demand. We want healthy, compassionate and caring staff who also feel valued whilst working for us.

### Surveying Colleagues

During 2018, we regularly surveyed colleagues to help create evidence so that better decisions are made both within teams/departments and, also on strategic/ themed issues. Part of this work included an 'Engagement Index' survey which was completed by staff between April - June 2018.

Overall, there was a clear picture of improved experiences for colleagues on most comparable questions. Some highlights include an increased response rate (42% - up from 34% in 2016), an increased engagement index score (3.65 – up from 3.34 in 2016), improved experiences of line managers (most metrics have increased by 5-19%. With regards to diversity, staff saying that people who they work with treat them with respect has improved significantly since 2016 (77% - up from 67% in 2016).

There were also some clear areas for improvement as an organisation and across NHS Wales, including bullying, harassment and abuse. This work has been picked up across the wider health system and within the Trust. The key focus for every colleague is to be able to answer positively to:

- I have seen the latest staff survey results,
- I have had a reflection and conversation with others about the results and,
- I have been involved in deciding future actions.

### Health, Wellbeing and Colleague Benefits App

We recognise that each of us being as healthy, well and connected as possible is the basis of the services we provide to our communities. With many staff regularly working remotely, it is important that everyone knows what is available to help support them and be reminded of the things that we can do to support ourselves.

So, in November, we launched our Health and Wellbeing/ Colleague Benefits App, a Wellness Programme providing all colleagues with benefits and helping ensure that we are aware of health and wellbeing initiatives. The approach was built on the feedback given in the Staff Survey and helped show that we value staff feedback. The App is an open platform where physical, financial, and mental health wellbeing of staff is actively promoted and encouraged. In

the first two weeks of the launch, over 19% of colleagues (561) registered to access the benefits. We look forward to continuing to build the offerings available for our colleagues.

### Trauma Risk Management (TRiM)

For people in mental health crisis and distress to have better outcomes and the best quality care, we have focused on ensuring our staff have the support to enable them to do their jobs well and training to equip them with the right skills. There has been good progress made, particularly with improvements for access to mental health learning, and support for staff wellbeing. Training for staff, particularly suicide intervention, has been well received this year.

Supporting the well-being of staff who have experienced a traumatic event, the use of Trauma Risk Management (TRiM) was introduced in April 2018. TRiM programme is a peer support system designed to identify those at risk of developing psychological illness as a result of a traumatic event. It is used 48-72 hours after a distressing incident, participation is voluntary. Following funding from Welsh Government we have been able to train 100 colleagues as TRiM Practitioners, and 12 TRiM Managers. Their training allows them to understand the effects that traumatic events can have on people. They are not counsellors or therapists, they are there to listen, offer practical advice and signpost to specialist support.

To date we have received 269 individual referrals in relation to 99 separate traumatic incidents across Wales. Of the 269 individuals referred to the programme:

- 49 agreed to undergo a full risk assessment
- 182 required no further action following the Trauma incident briefing (TiB)
- 38 did not engage in the service: did not respond to either a phone call or follow-up text message from the TRiM Coordinator and,
- 100% of referrals were contacted by telephone as part of the Trauma Incident Briefing phase.
- A follow-up text message was sent offering support and contact information if the phone call was not answered.
- All those who engaged were offered a risk assessment 72hours post-incident.



## National Inquiry into Suicide

One of the clearest messages that emerged through the inquiry was the need to reduce stigma around suicide, including taking the fear out of ordinary people talking about suicide.

The Trust contributed to the inquiry into suicide prevention in Wales and acknowledged that feedback from our staff who had undertaken specific suicide prevention training demonstrated that it was effective. However, we also acknowledged that we had more to do in terms of increasing the number of staff receiving the training.

In 2017, the total number of 999 calls to the service was around half a million, and out of the half a million about 30,000 were coded as mental health/self-harm categories. Around 4,500 of the 278,000 calls a year to NHS Direct Wales are linked to self-harm and suicidal ideation.

Following the inquiry *Everybody's Business – A report on suicide prevention in Wales* was released in December 2018. This report, compiled by the Welsh Government, made a number of recommendations toward making Wales a zero suicide country <http://www.assembly.wales/laid%20documents/cr-ld11947/cr-ld11947-e.pdf>

In September 2018 the Trust launched a 9 point action plan – Improving Attendance at Work. The All-Wales Sickness Absence Policy was reviewed in partnership

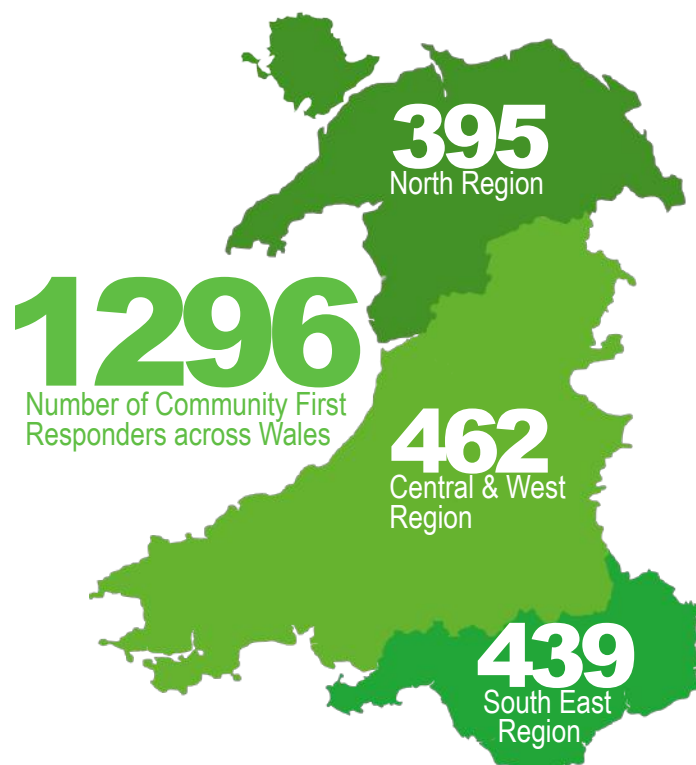
The implementation of the new All Wales Managing Attendance at Work commenced late last year. The policy has a clear focus on improving and supporting the Health & Wellbeing of our staff. The policy was developed in partnership with Trade Unions across Wales and the role out of the training has been undertaken jointly with Trade Union Partners.

## Volunteers

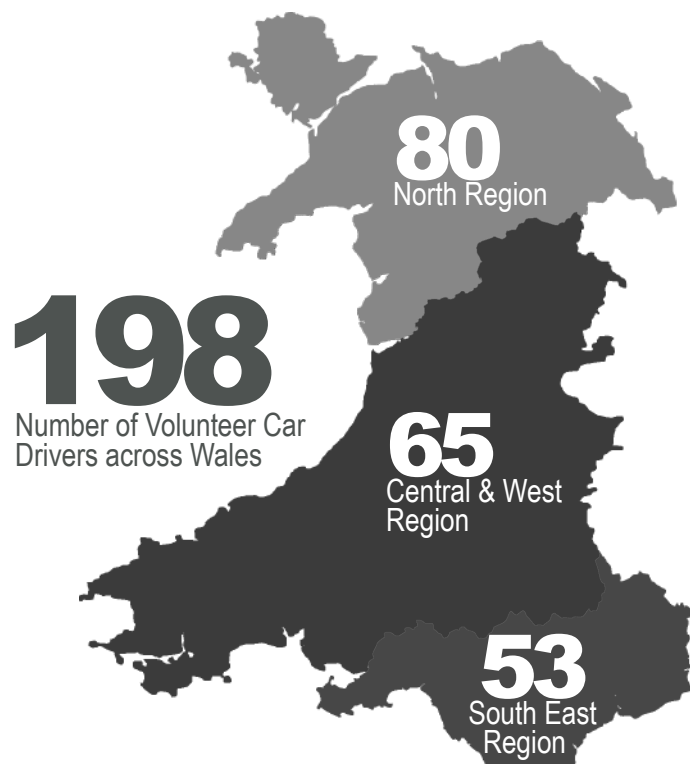
The Trust has a number of volunteers helping to deliver its services across Wales. We have been engaging with our volunteers and staff in developing a Volunteer Strategy that will promote the rewards of volunteering and maximise the potential benefits associated with volunteering. Our Volunteer Strategy will be launched 2019/20.

Our volunteers act as Community First Responders (CFRs) and Ambulance Car Drivers.

There are 1296 CFRs made up across the community. They are trained to administer basic first aid, oxygen therapy, cardiopulmonary resuscitation (CPR) and the use of a defibrillator.



There are 198 Volunteer Car Drives across Wales, they transport mobile patients to and from their homes to hospital appointments.



We will continue to progress our commitment in delivering on our volunteering strategy and plan that will ensure our ability to understand, value and maximise the important contribution that volunteers make to our services in the future.

## Dementia

Many staff have had a basic introduction to dementia through Dementia Friends, and access to an e-learning module. We have also invested in some additional learning from specialist dementia trainers. Over the next year we will be building a continuous training programme, giving staff ongoing opportunities to have access to a range of different courses.

## WAST Improvement and Innovation Network (WIIN)



Launched on 25 March 2019, WIIN has been established to engage staff to focus on building capacity and capability for improvements and innovation across the Trust. Colleagues are able to share their improvement and innovation ideas and discover how to take their own project forward. The WIIN intranet site is the place for staff to find and access information, resources, and key contacts for support & advice – to make improvement & innovation happen.

## Project A

*Project A* was developed to mobilise frontline ambulance staff and patients to identify and submit ideas through a website portal, with the aim of contributing to improvements in urgent and emergency services. By gathering ideas from frontline staff, *Project A* aimed to identify a small number of change ideas and themes that could be developed, prototyped and implemented across all UK ambulance trusts.

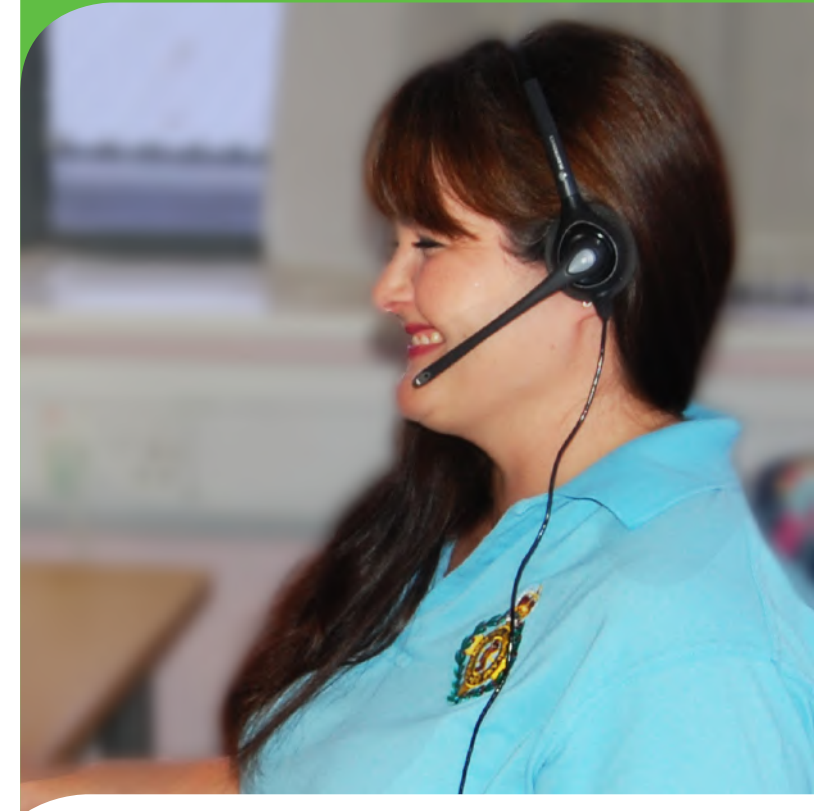
Twelve themes were taken forward with four being prioritised and taken forward, so that Ambulance Trusts can work together to improve care for patients who have fallen, or are experiencing a mental health issue. The other themes are focused on engaging with patients and the wider community and improving staff wellbeing.

Our staff & volunteers, along with other UK Ambulance Service colleagues, have contributed to more than 600 ideas submitted via an ideas platform and tweet chats during the summer 2018. The directory was created in response to many good ideas being fed back from staff. In WAST the *Project A* work is being coordinated through the Quality Improvement Team.

In January 2019 *Project A* continued at pace, with an Accelerated Design Event held in London, focusing on Falls, Mental Health and Staff Wellbeing.

## Professional Nursing and Midwifery Forum

There are many nurses and midwives working in various teams across the Trust. This forum provides an opportunity for professional discussion amongst nursing and midwifery colleagues within the Trust and externally as well as contributing to the continued development of the professional nursing and midwifery roles within the Trust as part of our Nursing & Midwifery Framework.



## Research and Development

Having strong evidence on which to base our services is essential; we are ensuring that all our service developments are grounded in good research, evidence and evaluation. We are committed to promoting an evidence-based service through our focus on continuous improvement, innovation and research.



## Wales for Africa

### Sharing Expertise Overseas

The partnership between the Welsh Ambulance Service NHS Trust and the charity Partnerships Overseas Networking Trust (PONT) was reinforced in 2018 by the signing of an updated 'Memorandum of Understanding' demonstrating the Trusts ongoing commitment to the Welsh Government's 'Wales for Africa' scheme. PONT works in the Mbale region of Uganda tackling poverty and improving access to basic health care. We have continued to support the charity throughout 2018/19 and it continues to provide a lifesaving resource to rural communities.

WAST staff have been instrumental in the development of a motorbike ambulance service in Mbale. The region has poor roads and infrastructure and motorbikes are more suited to the terrain than four-wheeled vehicles. The scheme also provides bicycle stretchers and mountain rescue stretchers to help reach the more remote communities.

The service, which mostly operates on a 24/7 basis, has now completed more than 34,000 journeys since its launch in December 2010. It operates through a network of volunteer Village Health Teams, whose workers make an initial triage of patients and call for ambulance transport if they feel it is appropriate. During 2018 the day to day management of the service was passed to the local District Directors of Health in Mbale, ensuring the sustainability of service delivery. Approximately 65% of patients transported continue to be maternity or obstetric related, the remaining 35% of journeys convey children and adults with various other illnesses and injuries.

WAST staff are planning their next visit in November 2019 to carry out further essential training with the Village Health Teams and also to carry out monitoring and evaluation work.

With the support of WAST, the 'Pennies from Heaven' scheme is now in place. This is a simple fundraising scheme to support the work of the charity; it allows the contributor to donate the odd pennies from their pay to the charity each month.

The charity is also currently seeking support from any individual who would be happy to donate a fixed amount each month.

More details are available on our website, or on the dedicated website for the project <https://pont-mbale.org.uk/what-we-do/ambulances/> and on Facebook and Twitter. The scheme is organised by Julian Newton and Tony Rossetti who can be contacted by email: [julian.newton@wales.nhs.uk](mailto:julian.newton@wales.nhs.uk) and [tony.rossetti@wales.nhs.uk](mailto:tony.rossetti@wales.nhs.uk)

## Team India



Formed in 2014, Team India is made up of Medics from various Ambulance and fire services from across England and Wales, supported by the Asian Fire Service Association (AFSA). They formed after a 15 year old boy tragically died from choking at a school in Jamshedpur. A non-profit group, their aim is to teach basic first aid skills to staff and school children in schools and villages across the country. First aid skills and training are not common practice in India and many people suffer and die due to a lack of basic knowledge.

Ambulance staff around India are not trained to deal with lifesaving emergencies; nor do they have any basic knowledge of first aid. The only equipment they carry is an oxygen bottle and a canvas stretcher. They are based at the hospital and are only used by doctors for hospital transport. Patients who attend hospital for serious life threatening emergencies have to make their own way to hospital. Team India first travelled to the country in 2015 and 2017 to deliver first aid training to over 1000 teachers and students, including staff at the Golden temple. The temple has a daily footfall of over 10,000 people per day. On religious days and festivals, this can be between 75,000 and 100,000 people from all over the world.

This year a team will travel and deliver lifesaving skills to a number of villages and schools. They will start with training in Bengaluru, located in southern India, which has a population of over 10 million, delivering training to both students and teachers. From Bengaluru, the team will then travel to Amritsar, the holy city in the state of Punjab, home to hundreds of thousands of Sikhs. The team will be spending over a week teaching first aid to teachers and students around Amritsar and Jalandhar. From here, they will travel to Kolkata, home to over 4.5 million people, then a train to the final training venue in Jamshedpur.

The project is self-funded by every member of the team. Various fund raising events are organised which will help support the cost of new medical equipment.

## Looking Forward

### Priorities for the year ahead 2019 – 2020

There are many demands on our staff; we need them to maintain and continuously develop their skills and knowledge so that we can continue to respond to growing service demand. We want to sustain healthy, compassionate and caring staff who also feel valued whilst working for us.

The ambulance service will continue to deliver excellence by ensuring quality is at the heart of everything we do. Achieving high quality will be realised by continuing to be a listening organisation embedding patient, carer and staff feedback from their experiences of receiving and providing care. We will embrace the NHS Wales Quality and Governance in Health and Care (Wales) Bill embedding our duty of quality and duty of candour and engage with the new Citizens Voice body. Working to provide safe, effective, person-centred, timely, efficient and equitable care. There are priority themes that we will progress further to deliver excellence.

#### Staying Healthy

- We will create resources for the general public that promotes self-care and health promotion, including further content development of the NHS Direct Wales website, information leaflets/booklets, audio and film and video resources.
- Progress our mental health plan that takes 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.

#### Safe Care

- Ensure that we use technology to deliver care to our patients where possible, monitor risk, quality assure the clinical care that we are providing and also the health and safety requirements of the service.
- We will use technology by developing an electronic safeguarding process. To improve the way safeguarding referrals are shared with partner agencies to ensure a safe, robust and effective process. This will also include our ability to link with future developments such as Electronic-Patient Care Record (e-PCR). An e-PCR will capture and record data and information that will provide clinicians with access to medical information about patients and faster access to the latest clinical guidelines and services available in the area.
- Launch Safe, Clean Care Campaign that will drive standards of cleanliness of our fleet and estate, working with Public Health Wales to reduce Healthcare associated Infections.

#### Effective Care

- Launch our Public Health Plan that ensures that making every contact we have with the public counts in terms of referral on to other agencies where it can make a difference to the individual's quality of life.
- We will continue to roll out the 111 service across Wales and the recruitment of staff required. We will develop and plan to further integrate the NHS Direct Wales and 111 services/teams to improve recruitment and retention of staff to deliver these services across Wales. This will include the continued development and implementation of our professional Nursing Career Framework.

#### Dignified Care

- Improve the service we provide for the transport of bariatric patients through developing a discrete service to meet the needs of patients.
- Develop an Older People's Framework with a focus on frailty, loneliness/isolation and falls.

#### Timely Care

- Work with partner organisations within the NHS and third sector to ensure our services are easy to use and streamlined for our uses.
- Continue to promote and embed the Good SAM app, opening this up to an increased range of staff and other emergency services.



## Individual Care

- Ensure that the revision of our quality strategy aligns with the Quality & Governance Bill, the All Wales Health & Care Standards, national standards for Learning Disabilities, Sensory Loss and BAME and Welsh Government legislation with its vision in the Healthier Wales plan Wales.
- We will continue to engage with and involve service users with sensory loss to improve accessibility for all our Trust service.

## Staff & Resources

- We will design and launch a campaign aimed at reducing the incidence of violence and abusive behaviour towards Trust Staff and; seek support to invest in improving the support for staff who are victims of incidents of violence and abuse.
- Use our new platform, the *WAST Improvement & Innovation Network* (WIIN) for quality improvement information and knowledge sharing for all colleagues. This will include any themes and trends from staff and patient feedback to inform WIIN priorities for improvement projects and learning for staff Continuous Professional Development.
- We will increase the skills and competence of face to face assessment and evaluate the impact of 'hear and treat' practice for Nurses in our control centres. An evaluation will be carried out to assess nurse feedback, confidence levels and audit of call dispositions/outcomes.

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 (STB) and will report quarterly to Trust Board on progress. These activities will also form a core part of the Joint Executive Team (JET) meetings which we have with Welsh Government and the formal meetings we have with the Chief Ambulance Service Commissioner as part of EASC structures. Provision has also been made to ensure there are adequate internal links between the STB and the Board Assurance Framework.

We will shortly be launching 'Delivering Excellence' our long term vision that sets out the future of WAST by 2030. In this document we will be explaining what our goal in 'Delivering Excellence' means, what is going to help us achieve our vision and the golden threads that will underpin everything we do.





## A final word & invitation

Putting Quality at the heart of everything we do.

This year has been fast paced with continuous demand being placed on our services and a focus on continuous improvement across our services to improve the experience for our service users, carers and for our staff. We have some of the most committed and dedicated staff working to deliver quality services and I am proud to be working alongside them. I have also been privileged to meet with some of our patients, carers and their families and I would like to acknowledge the rich feedback shared with us and say 'thank you' to everyone who has helped shape and deliver improvements across our services over this year.

I am grateful to those who took the time to give us feedback about our staff and services; receiving positive feedback is always greatly appreciated. We know that on occasions the service we provided was not always to the standard we would have liked, so I would like to extend my gratitude to those who took the time to let us know where we could have done better. Often patients, their families and carers have gone through a distressing and anxious period but found the time to get in touch and provide us with an opportunity to put things right and learn lessons to improve. I also want to thank all our staff and volunteers who have delivered such valuable care and support, often in challenging times, and for their continued dedication to our patients and communities across Wales. Not everyone has had the need to use our services so, we have taken the time to go out into communities and talk with people about their expectations, our services and explore new ideas to inform further improvements. Thank you to all the patient groups, communities, support teams and third sector partners and everyone else we have met. Your involvement, support and commitment in shaping our services continues to inspire us.

As I consider next year I want to mention some important developments. We will be reviewing our *Quality Strategy*, the new 'Quality and Governance in Health and Care (Wales) Bill' in development will inform this review and the emerging legislation namely; a duty of quality and a duty of candour, will be central to our commitment to have quality at the heart of everything, this is the golden thread through our *Long Term Strategy* and 3 year *IMTP* mentioned earlier in this document. Also, the *Wellbeing of Future Generations Act* and its five ways of working are embedded within our plans; these are: prevention, integration, involvement, collaboration and long term (planning) which ensure that we remain focused on the improvement of services, including staff and patient experience. As we progress our IMTP there will be a strong commitment from our Executive Management team in driving quality improvement and to focus on those things that will make the most difference for our patients, our staff, the communities we serve, our organisation and the wider health and care system more broadly. To support us in our ambition I would like to extend an invitation, whether you have used our services or not, to get involved. If you are interested you can do so in any of the following ways:

- Share your experiences, feedback and suggestions by visiting our website [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk) and click 'Have your say'
- Consider volunteering, you could be a Community First Responder or Ambulance Car Driver
- Consider a career with us
- Attend our open Trust Board Meetings to listen to the discussion and decisions about Trust services
- Join our network and influence new documents, strategies and developments

I sincerely hope that you have found our Annual Quality Statement informative and we welcome your comments and feedback to help shape next year's quality statement.

I look forward to hearing from you.



Claire Bevan  
Director of Quality and Nursing





## Engagment & Feedback

We are very thankful of the opportunities of having your staff providing talks to the group. Most of our members have little English, so it is important for them to know about the ambulance service via interpretation during the talks.

Kin Sai  
Volunteer (steering group member)  
Cardiff Chinese Elderly Club

Your visit, as usual, was informative and helpful for our ESOL learners. The leaflets handed out were explained clearly and the learners appreciated the information given to them.

Ruth Smith  
Merthyr College

*We very much welcome speakers to engage with Survivors and Carers as they have a wealth of experiences to share and are keen to learn new things'.*

Julia  
Stroke Association

**My members have enjoyed themselves in these sessions and learnt valuable knowledge that can be applied in emergency situations to keep themselves, and others, safe and calm. Our more active members have been involved in the Learning Disability Community Champion programme and take great pride in their role to spread important knowledge to the wider Learning Disability Community in an accessible way.**

**Louise Peck  
Project Worker  
Swansea People First.**

The Welsh Ambulance service have been wonderfully engaging, really helpful and a pleasure to have to come to visit our groups... I have nothing but high praise for your work.

Stuart Ashman (Major)  
Commanding Officer  
The Salvation Army  
Cwmbran Corps

I found working with the Patient Experience Community Involvement team really enhanced the experience the children had. It enabled us to add more content to the visit and was very well received by the children.

Kevin  
Locality Manager  
South Aneurin Bevan

The service is recognised and loved by all our members with learning disabilities ...the Championship scheme has not only raised awareness but also helped build individuals self-confidence and esteem. We are proud and thankful of our association with them.

Celia Lewis  
Engagement Co-ordinator  
Conwy Connect

Your knowledge and understanding is outstanding, and we can't compliment you enough on the way you engage with our members. You always hold easy conversations with no jargon, and include all members where possible. You give praise and credit for the work we deliver and we are very impressed with the easy read leaflets and information packs you provide.

Christy Taylor  
Support Worker

Listening to children can shape and change our services. The joint working has improved our understanding of each other's roles in the eyes of Children Young People, and help us shape our services with a shared vision.

Eirlys Thomas  
Head of Nursing  
Neonatal & Children's Services

The session was fun and informative and all the members really enjoyed the way your member of staff got her point across.

Rhiannon Currie  
Project Officer  
Newport People First

The parents responded well especially to the practical aspects of first aid which your colleague delivered. She was able to answer their questions and geared the session to their needs.

Donna  
Project Parents Coordinator

It is a pleasure to say that the discussion we had at our monthly meeting was very beneficial to our members. Coming to talk to groups like us is important as the general public don't understand or are not aware how the service works.

Hannah  
Merched y Wawr

Through experiences such as this, I'm sure that the future of the NHS will be very positive! We have many children who are interested in this field of work. This is great to hear at such a young age!

Jenny Thomas  
Head teacher

Last year Alzheimer's Society was delighted to be able to recognise the ground-breaking and inspiring work being delivered by the Welsh Ambulance Service NHS Trust in its annual Dementia Friendly Awards. With entrants from across England and Wales, there was strong competition and the Trust won the Best Dementia Friendly Organisation (large) Award. This was an endorsement and celebration of the Trust's Dementia Action Plan which aims to improve the quality of customer service for those people living with and affected by dementia across Wales. The commitment to involving people living with dementia in the development of the Plan has been particularly impressive, and sets the benchmark for good practice for other organisations. Rolling out Dementia Friends as a means to increase awareness and understanding of dementia within the Trust's workforce, as well as commissioning dementia specific training, will undoubtedly improve the quality of service delivered by our ambulance drivers and paramedics, but in addition is inspiring other blue light services to do the same. Ultimately the Trust is blazing the trail in improving the experience of people living with dementia accessing our emergency services.

Sue Phelps  
Country Director  
Alzheimer's Society Cymru

## Further Information

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Follow the links below to find out more about the work of the Welsh Ambulance Service, see people's feedback and hear patient stories.

[Welsh Ambulance Services NHS Trust](http://www.ambulance.wales.nhs.uk/)

<http://www.ambulance.wales.nhs.uk/>

[For committee papers and reports](http://www.ambulance.wales.nhs.uk/Default.aspx?pageld=11&lan=en)

<http://www.ambulance.wales.nhs.uk/Default.aspx?pageld=11&lan=en>

[To hear patient stories](http://www.ambulance.wales.nhs.uk/Default.aspx?pageld=183&lan=en)

<http://www.ambulance.wales.nhs.uk/Default.aspx?pageld=183&lan=en>

[NHS Direct Wales – for self-care, information and advice](http://www.nhsdirect.wales.nhs.uk/)

<http://www.nhsdirect.wales.nhs.uk/>

### Social Media Channels:



[https://www.youtube.com/channel/UC\\_Jp9nVObDsiYncNVEBVkIQ](https://www.youtube.com/channel/UC_Jp9nVObDsiYncNVEBVkIQ)



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

[www.facebook.com/nhsdirectwales](http://www.facebook.com/nhsdirectwales)



@WelshAmbulance <https://twitter.com/WelshAmbulance>

@WelshAmbPIH <https://twitter.com/WelshAmbPIH>

@NHSDirectWales <https://twitter.com/NHSDirectWales>

### How was your experience with us?

If you would like to give feedback on this document or any aspect of your experience of using the Welsh Ambulance Service, contact the Patient Experience and Community Involvement (PECI) team at [peci.team@wales.nhs.uk](mailto:peci.team@wales.nhs.uk) or visit the Have Your Say section on the website.

To become a member of our Peci Network and have a say in the development of our services, email us at [peci.team@wales.nhs.uk](mailto:peci.team@wales.nhs.uk) or visit our Get Involved page on the website.

If you are interested in learning more about the Welsh Ambulance Services NHS Trust you can read our Annual Trust Report 2017/18 or visit our website.

If you need the document in a different format or language, copies of this Annual Quality Statement and any companion documents are available from the Peci team, tel: 01792 311773 or email [peci.team@wales.nhs.uk](mailto:peci.team@wales.nhs.uk).



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

<b>AGENDA ITEM No</b>	2.4
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

## Welsh Ambulance Services NHS Trust Annual Report 2018/19

<b>MEETING</b>	Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Director of Partnerships and Engagement
<b>AUTHOR</b>	Director of Partnerships and Engagement
<b>CONTACT DETAILS</b>	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	All IMTP Strategic Themes
<b>CORPORATE RISK (Ref if appropriate)</b>	CRR 34: Trust Reputation
<b>QUALITY THEME</b>	All
<b>HEALTH &amp; CARE STANDARD</b>	All

<b>REPORT PURPOSE</b>	To consider an initial draft of the 2018/19 Annual Report and approve delegation of final sign off to the Chair and Chief Executive.
<b>CLOSED MATTER REASON</b>	Not applicable

### REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

## **SITUATION**

The Board is required to approve the content and publication of the draft 2018/19 Annual Report of the Welsh Ambulance Services NHS Trust.

The report has been drafted in line with Welsh Government guidance contained in the Manual for Accounts 2018/19. This year, the format proposed for approval varies from the normal procedure as detailed below and, subject to Board approval, will be reviewed by the Chair, Chief Executive and Wales Audit Office subsequent to the presentation of this early draft. The reasons for this are detailed below.

## **BACKGROUND**

NHS bodies are required to publish, as a single document, a three part Annual Report and Accounts which includes:

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

In a significant change from recent years, the deadline for publication in 2019/20 has been brought forward to 01 July 2019, putting significant pressures on timescales.

## **ASSESSMENT**

The guidance in relation to the production of the annual report is prescriptive and sets out the minimum content of the annual report and accounts. Beyond this, however, the guidance is clear that the organisation must take ownership of the document and ensure that additional information is included where necessary to reflect the position of the Trust within the community and give sufficient information to meet the requirements of public accountability.

The annual report, and accounts as a whole, must be fair, balanced and understandable and the Accountable Officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable.

In addition, the Wales Audit Office, while not offering an audit opinion on the Annual Report as in previous years because of changes in the Companies Act legislation, is required to review the information within the report to confirm that there are no material inconsistencies between this and the audited financial statements.

In meeting the requirements of the guidance, every effort has been and will be made to produce a readable and engaging report, recognising that this is not easily achieved in what is, in essence, a technical document.

In addition, there is significant overlap with the Annual Quality Statement, which is designed to be an outwardly facing, more succinct and engaging public document and is due for publication on June 1 subject to Board approval at this meeting.

In order to minimise repetition in content with the Annual Quality Statement, and other constituent documents such as the Annual Governance Statement, a number of hyperlinks will be inserted into the document so that the reader can view more detailed information on specific areas of interest and Trust activity if required.

Given these factors, it is anticipated that the Annual Quality Statement will be the more accessible document for the general public, and will be promoted as such, while the Annual Report has a broader and more detailed focus.

In light of this, design of the Annual Report will be kept minimal, although the content is comprehensive.

The Annual Report will also be available in Welsh as a separate digital document by the 01 July deadline and arrangements are in place for that translation to take place subject to the content being finalised.

Given these factors, the document presented at this meeting should be read only as an indicative and early draft. Given that a number of component elements are due to be signed off at this meeting, the final draft will then be refined, based on any amendments to be made and/or comments received from the Wales Audit Office.

The reason for it being presented at this incomplete stage is two-fold:

- 1) To allow Board members to review progress to-date and offer any observations, amendments or comment
- 2) To seek approval for the delegation of final sign off to the Chair and Chief Executive prior to publication and submission to Welsh Government to avoid a further Board meeting in late June becoming necessary.

Assuming approval is given, once the Report is approved by the Chair and Chief Executive, the document will be made live immediately on the Trust website with the full range of hyperlinks etc. inserted.

#### **RECOMMENDED: That**

- The Board considers this initial draft of the Annual Report 2018/19
- The Board delegates final sign off to Chair and Chief Executive further to WAO review and prior to submission to Welsh Government and publication on 01 July 2019

#### **EQUALITY IMPACT ASSESSMENT**

##### **REPORT CHECKLIST**

<b>Issues to be covered</b>	<b>Paragraph Number (s) or “Not Applicable”</b>
Equality Impact Assessment	N/A

Environmental/Sustainability	The Annual Report is a digital only document, minimising use of paper and improving access for the public.
Estate	N/A
Health Improvement	N/A
Health and Safety	N/A
Financial Implications	The writing and production of the Annual Report in-house has resulted in a cost saving of some £8k based on the 2014/15 expenditure figure
Legal Implications	All
Patient Safety/Safeguarding	N/A
Risks	N/A
Reputational	All
Staff Side Consultation	N/A



**FRONT COVER**

**WELSH AMBULANCE SERVICES NHS TRUST: ANNUAL REPORT 2018/19**

**TWITTER: @welshambulance**

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**[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

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## **Contents**

**Page (TBC)**

Welcome from the Chair and Chief Executive

The Welsh Ambulance Service: What We Are and What We Do

Our Year in Review: The Highlights

Planning and Delivering our Services

A Clinically-Led Service

Measuring Quality: Ambulance Quality Indicators

Our Performance in Summary

Non-Emergency Patient Transport Services

Our Volunteers

Emergency Preparedness

Quality and Innovation at the Forefront

Planning for Tomorrow

Valuing Our People

Developing our Infrastructure

Keeping Us Moving: Our Fleet

An Open Culture

Better Together

Working Sustainably: Our Sustainability Report

Governing Ourselves Well

The Year Ahead: Challenges and Opportunities

Company Directorships

Report of the Interim Director of Finance

Governance Statement (with link to AGS)

Salary and Pension Entitlements of Senior Managers

Pension Benefits

Hutton Report Information

## Welcome from the Chair and Chief Executive

Hello and welcome to our 2018/19 Annual Report. It's been a busy year and we hope that this document gives you an interesting insight into the world of the Welsh Ambulance Service, our work, our ambitions and our challenges.

It is our first annual report as Chair and Chief Executive, which gives us an opportunity to reflect on the year we've had. As ever, the efforts of our people in delivering care to patients across the country have been tremendous, whether that's as a first point of contact in our clinical contact centres or non-emergency transport service booking centres, as a member of our emergency medical, unscheduled care on non-emergency staff, or in our support services. Each and every one of them plays a vital role in making the Welsh Ambulance Service the organisation it is, with a clear focus on caring for patients and putting quality at our heart.

You'll be able to read about many of the new developments that we've brought forward this year in this document. From developing new and innovative roles for our most clinically skilled professionals, to improving the working environments of our north Wales support teams, there's been much to celebrate.

That said, we must never lose sight of our purpose - to provide effective and compassionate care and services to the people of Wales, whether that's in a life threatening emergency or when you need to get to life-sustaining treatment safely and on time.

It's true that, while we've made great progress in recent years, there's still a great deal for us to do. The Amber Review, published in November, highlights that some patients in our amber call category are waiting too long for us to arrive. This is something we are committed to rectifying. The solutions are not easy, and require all elements of the NHS unscheduled care system to work together to find them. We are working closely with the Chief Ambulance Services Commissioner, colleagues from the National Collaborative Commissioning Unit and our local health board partners to get to the root of performance issues and improve matters. It's important to us, as we know it is to you. We'll keep you posted on progress on how we're getting on throughout the year.

As we say so often, we wouldn't be anything without the amazing people in our organisation. This year, we've made significant efforts to support the mental health and well-being of our teams, recognising the pressure that all our staff contend with as part of the jobs that they do. We recognise that no-one's a machine, and that what happens in work can affect home lives, and vice versa, which is why we've invested in tools and services to support our people when they feel they need help to cope or just need to get something off their chest.

We've spent some time this year finalising our long term strategic framework, which provides a focus for us over the next 10 years or so. It's difficult to predict what sort of world we will live in by 2030, but we do know that technological change will change the face both of service delivery and the expectations of patients and employees. We also know that communities will need to develop

greater resilience, while services will need to be agile in responding both to the needs of an increasingly elderly population but also of millennials, whose approach to work and to healthcare will be markedly different from current and previous generations.

We've tried to capture how we think we could look in 2030 in our **long term strategic framework (insert hyperlink)**, and our Welsh Government-approved **Integrated Medium Term Plan (IMTP insert hyperlink)** sets out how we are going to move forward over the next three years to gear up for those changes.

There's lots going on and we understand that sometimes it's hard to keep pace with developments. That's why we're continuing to put great effort into our engagement work. We're changing and we need to listen to our people, our patients, our stakeholders and the wider public so that we understand what is important to them, reflect that in our developments and also share with them our plans for the future.

In total, there's a huge amount to be proud of and a great deal that we can do better. We hope this Annual Report gives you a flavour of our organisation. If you're keen to know more, you can find us on Twitter @welshambulance, on Facebook (**Insert hyperlink**) or via our [website](#). Alternatively, you can email us at [transformation.amb@wales.nhs.uk](mailto:transformation.amb@wales.nhs.uk)

We hope you enjoy our Annual Report. Many thanks for your support and interest.

Jason Killens  
Chief Executive

Martin Woodford  
Chair

**INSERT SIGS AND DIGITAL PIX**

## **The Welsh Ambulance Service at a Glance: What We Are and What We Do**

Two decades have passed since the Welsh Ambulance Service was formed in 1998. In that time, the service has changed significantly, moving from what was predominantly a transport service to one which now provides clinical care and clinically focused transport services to three million people across Wales, an area of almost 8,000 square miles, spread across a diverse and challenging urban, coastal and rural landscape.

Our services span three main areas – unscheduled, emergency care, planned non-emergency clinical transport and telephone and online advice and triage:

- Our unscheduled care services (emergency and urgent care) provide support to patients with illnesses that are immediately life-threatening through to minor injuries. We are increasingly providing services and pathways to keep patients out of hospital in order to treat people closer to home, where it is clinically appropriate to do so.
- Our planned Non-Emergency Patient Transport Service (NEPTS) helps hundreds of thousands of patients each year to get to their hospital and medical appointments and home again, including for life sustaining services like renal dialysis and cancer treatment.
- NHS Direct Wales (NHSDW) provides telephone and online advice to patients who feel unwell, helping to signpost patients to, or arrange, the most appropriate care for them. The 111 service, which we host on behalf of NHS Wales and which was introduced from 2016, is being rolled out across Wales and provides the basis for a more integrated model of future health and care provision.

These services are provided by more than 3,000 colleagues throughout Wales. From the staff in our clinical contact, NHSDW and 111 centres, who deal with more than a million calls between them every year, making sure patients get the right advice and help 24/7/365, to our frontline clinical staff, our non-emergency teams, support services and volunteers, we all have the same goal – to deliver excellence to our patients.

Here are a few facts and figures to give you a flavour of the Welsh Ambulance Service and our work:

- 534,970 999 calls were answered by our staff at our Clinical Contact Centres (CCCs). That's a slightly down on the previous year's figure of 540,891
- These translated into 465,552 verified incidents (we often receive more than one call about the same incident)

- 246,788 of those emergency patients were conveyed to hospital
- Our Non-Emergency Patient Transport Service (NEPTS) made 787,931 patient journeys during the year, which was slightly up on the previous year's figure of 787,666
- 243,840 calls were made to NHS Direct Wales (NHSDW) and 3,696,770 visits were made on the NHSDW website. Both these figures were down on the previous year
- 276,580 calls were made to 111 service, which brings together the services of NHS Direct Wales and the GP out-of-hours service in Swansea, Bridgend, Neath Port Talbot, Carmarthenshire, Pembrokeshire, Ceredigion and Powys. This is an increase on the previous year and reflects the commensurate decrease in calls to NHSDW

In 2018/19, we operated from 113 buildings, had 715 vehicles in our fleet and employed 3,455 people (substantive staff headcount rather than posts).

In terms of our employees, the figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 and rounded to the nearest whole time equivalent. The table below excludes agency and seconded in staff.

Category	2018/19	2017/18
Additional Clinical Services	1,467	1,428
Administrative & Clerical	484	470
Allied Health Professionals	983	982
Estates & Ancillary	56	45
Medical & Dental	2	4
Nursing and Midwifery	149	130
<b>Total</b>	<b>3,141</b>	<b>3,059</b>



### Staff Composition

The gender balance of our senior leadership team in 2018/19 was slightly out of kilter with the organisation as a whole, with 37.5% of our senior leaders being women, down from 41.2% the previous year. This figures excludes secondees out of the Trust but includes secondees into the Trust and compares to a Trust wide staff composition of 43.2% female, 56.8% male.

Gender	Headcount	%
Female	6	37.5
Male	10	62.5
<b>Grand Total</b>	<b>16</b>	<b>100</b>

Our vision, purpose and behaviours, which were developed in 2016 with our colleagues, remained unchanged for 2018/19 and are set out in our pictogram below:

**Figure X: Our Story – Being Our Best**



## **Our Year in Review: The Highlights**

As with most years, 2018/19 was a year of both successes and challenges, which is inevitable in a complex environment of permanent change.

The leadership of the organisation was refreshed in September as we welcomed our new Chief Executive Officer, Jason Killens, who joined us from South Australia Ambulance Service. Jason had previously spent much of his career at the London Ambulance Service. Since joining the Trust Jason has already travelled across Wales engaging with staff and service users and taking an active personal interest in ensuring that more is done to achieve our ambition of being a leading ambulance service.

The main focus of the organisation remains on performance improvement and innovation, with 2018/19 being no exception. You will find more detail about our performance and innovation later in this document, but here are some brief highlights.

### *Advanced Paramedic Practitioners*

As an ambulance service, we have previously looked at we can optimise how we use the skills of our most highly trained clinicians, our Advanced Paramedic Practitioners (APPs). Having piloted an Advanced Paramedic Practitioner (APP) Rotational Model in 2017/18, the Trust expanded this Model in 2018/19 (using Welsh Government Winter Monies) and put in place an additional 20 APPs. The Advanced Paramedic Practitioners can undertake more see & treat activity than paramedics, which should enable the Trust to treat more patients without conveying them to hospital.

An additional rotational model went live in the Hywel Dda UHB area in November 2018, involving a jointly funded rotation through the GP Out-of-Hours service to support home visits and increase capacity and resilience to this vital service.

A full business case, detailing this strategic direction, was agreed at the July 2018 Trust Board and we have since expanded the work further working collaboratively with commissioners. We have already seen a dramatic reduction in the use of secondary care where APPs are involved and many more people being treated effectively, much closer to home. This model epitomises how the Welsh Ambulance Service is using its clinically focussed service to work in an integrated way with primary care colleagues.

The Trust's Advanced Paramedic Practitioner Scheme has been successful entrant at several national awards, including winning the 2018 NHS Wales Award in the Improving Patient Safety category.

### *Clinical Support Desk*

Ensuring our staff and callers can access appropriate clinical advice and guidance is central to our clinical triage system. This year, we received additional funding from Welsh Government for the further expansion of our clinical support desks (CSDs) in our clinical contact centres (CCCs). The clinical support desks are staffed by paramedics and nurses and enable the Trust to undertake more of

what we describe as hear and treat services, which free up our ambulances to respond to patients who are more acutely ill. While it takes time to recruit and train people, the investment will increase our clinical desk numbers by 50%, from 32 to 48 roles.

### *Falls Framework*

The Falls Framework adopts a holistic approach to people who have fallen, recognising that while our core business is to assess and respond to people who have fallen, we also have a significant role to play in the prevention of falls, supporting communities to have resilience to assist people who have fallen and avoid further harm as a result of a fall. These five key areas comprise the Falls Framework. You can read more about this area of our work later in this document or in the **Annual Quality Statement**. (Insert Hyperlink)

### *111*

Through 2018/19 the Trust has continued to roll out the NHS Wales 111 service, working with Health Boards to provide patients with a single phone number for access to health information, advice and out of hour's urgent care. Through 2018/19 the service was expanded into Powys teaching Health Board and across the whole of Hywel Dda. Work has progressed in preparation for the roll out of 111 into Aneurin Bevan and Cwm Taf Health Board areas which is planned for 2019/20.

There were a number of other highlights throughout the year, including:

- Embarking upon our paramedic prescribing journey. Changes in legislation means Advanced Paramedics are now able to prescribe, bringing huge benefits to patients and the NHS. 2019 will see the completion of the accompanying structures and effective governance processes required to ensure the Trust becomes the first NHS ambulance service to deploy prescribing paramedics. Five staff members were enrolled on the prescribing programme in September 2018.
- We introduced dedicated falls response teams and falls assistants, commissioned from St John Ambulance, to respond mainly to elderly patients who had fallen, but were not injured, and needed help getting up. This meant fewer patients needing to wait for an ambulance and freed up ambulances to attend more seriously ill patients. This initiative formed part of the implementation of our Falls Framework, which we have developed and are working with health board partners to adopt.
- Continuing our work with frequent callers and particularly those in the nursing/care home and prison sectors. During 2018, our six clinical support leads managed 1,227 new frequent callers who generated 8,326 calls to the Welsh Ambulance Service. After positive intervention, the calls reduced by 81% and the total ambulance hours required to manage these calls subsequently reduced by 78% which equates to being able to provide 508 ambulance operational shifts
- Significant work has been delivered in relation to how we manage patients at the end of their lives. We have delivered e-learning packages to increase skill and knowledge of our staff in caring for terminally ill patients. We have introduced an "end of life care" rapid response car, which reduces our response times to patients in an acute emergency and we have found it

reduces unnecessary emergency department admissions for patients at the end of their lives. Working with colleagues from our Non-Emergency Patient Transport Services (NEPTS), we have established a pan Wales rapid transport service for patients who are dying and need urgent transfer to their preferred place of death.

- We continued to invest in the health and well-being of our staff through our mental health improvement plan, as well as improve how we manage patients with mental ill health and dementia. One highlight was the launch of a video for staff, which encourages our people to talk about their own mental well-being. You can watch it [here](#)
- We also won the Alzheimer's Society Dementia Friendly Organisation of the Year Award
- We improved work environments for support services staff in North Wales with the opening of our Ty Elwy regional office in St Asaph and in South West Wales with the opening of Matrix One in Llansamlet

Once again, we managed to deliver all of our services and initiatives within our budget, with a very small surplus of some £57,000. We could not have achieved this without the efforts of all our colleagues in working prudently, but we know that the coming years for will present challenges to us in terms of resourcing, as we face increasing demand for our services.

One of the actions arising from the recent Amber Review, of which more later, is to commission a new demand and capacity review, which seeks to understand the level of resources we will need to meet the demand with which we are faced over the coming years. This will be underway by the end of June 2019.

Read on to find out more about our year. While we aim to cover the main achievements and challenges of our year here in the Annual Report, you can follow the hyperlinks you see highlighted throughout this document to find even more detail on specific areas of our work.

## Planning and Delivering Our Services

Ambulance services in Wales are commissioned on a collaborative basis by the seven health boards through the Emergency Ambulance Service Committee and the Chief Ambulance Services Commissioner (CASC). The Emergency Medical Services Commissioning and Quality Delivery Framework for Emergency Medical Services (EMS) was live throughout 2018/19, with the equivalent for the Non-Emergency Patient Transport Services under development during 2018/19 and live in shadow form.

The Commissioning Quality & Delivery Frameworks for Emergency Medical Services and Non-Emergency Patient Transport Services (CQDFs) set out what is expected of us by our commissioners and focus on how we can make real improvements for our patients. Both are based on a five step model of service delivery, which breaks down the patient journey by need.

Visual representations of the five step models are shown below:

Figure X: Five-Step EMS Ambulance Care Pathway



*Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.*

Figure X: Five-Step NEPTS Ambulance Care Pathway



*Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Service Trust.*

The Emergency Medical Services, Commissioning and Quality Delivery Framework has set out a clear strategic aim to “shift left where it is clinically safe and appropriate to do so”, that is, focus on moving from steps four and five towards steps one, two and three.

The focus of both care pathways is to ensure that patients are supported to make the right choice for them and receive the care most appropriate to their needs. Performance on both these care pathways can be found in our **Performance Report (INSERT HYPERLINK)**.

Throughout 2018/19, we continued to use our Clinical Response Model, which was confirmed as our permanent model in 2017 following an independent review, and which focuses on quality and clinical outcome as key indicators, using time targets for those where time has a significant impact on patient outcome. Calls where the patient is in imminent danger of death, for example as a result of cardiac or respiratory arrest, are categorised as RED calls and have an eight minute response target in 65% of cases across Wales. However, the majority of our calls fall into our Amber category, where the patient’s condition is serious but not immediately life threatening.



Figure X: Our Clinical Response Model

Call Type	EASC Definition	Example	Quality Indicator
RED	Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.	Respiratory / cardiac arrest	8 minute response time within 65%. National target
AMBER	Serious but not immediately 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.	Cardiac chest pains / stroke	Compliance with care bundles for cardiac stroke and fractured neck of femur patients.
GREEN	999 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.  Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.	Fainting - recovered and alert	Clinical outcomes and patient satisfaction for 999. Compliance with healthcare professional agreed admission timescales for HCP calls.

### *Clinical Indicators*

In addition, the Emergency Medical Services, Commissioning and Quality Delivery Framework includes a set of published Ambulance Quality Indicators, which measure the quality of our service against a range of clinical standards. These are published quarterly by Emergency Ambulance Service Committee and you can find out more about them [here](#)

During 2018, discussions took place with Commissioners (EASC) to identify which Clinical Indicators will be developed next. This work is now being supported by a Clinical Indicator Improvement Plan to ensure we deliver improvement in all aspects of our clinical indicator care bundles, including the accurate recording and capture of information on our patient records. Recording is improving but there remains work to do to drive up performance in some of these indicators and is something we will continue to focus on in 2019/20.

You can find out more about our how we fared on clinical indicators in our **Performance Report (INSERT HYPERLINK)**.

### *Amber Review*

Following the challenging winter of 2017/18 and deteriorating response time performance for calls in the Amber category, a review was launched in May 2018 to look at Amber performance, commissioned by the Chief Ambulance Services Commissioner.

The Welsh Ambulance Service worked closely with the review team and our health board partners to understand the system issues which were adversely affecting Amber performance. The overall conclusion of the Review was as follows:

*“We have found that there are a number of patients in the amber category that are waiting too long to receive a response. The overriding factor in improving this is the availability of ambulance resources and not the categorisation of these patients as amber. .”*

The Review made nine recommendations:

1. Measures of quality and response time should continue to be published although they need to reflect the patient's whole episode of care
2. Measures should be developed in collaboration with patients

3. There should be a programme of engagement to ensure clarity on the role of emergency ambulance services and how calls are prioritised and categorised
4. NHS services in Wales must improve and simplify their offering of alternative services
5. There must be sufficient numbers of clinicians in the contact centres to ensure patients receive the most appropriate level of care
6. The ambulance service must ensure that planned resources are sufficient to meet expected demand
7. The ambulance service must deliver against its planned resource
8. Health Boards must take appropriate actions to ensure that lost hours for ambulances outside hospitals reduce
9. The longest waits for patients in the community must be reduced

An Amber Review Implementation Programme was agreed in February 2019 with Emergency Ambulance Services Committee. You can read more about it [here](#) and in our **Performance Report (INSERT HYPERLINK)**.

## **Our Performance in Summary**

### *Performance Overview*

2018/19 was another pivotal year in the transformation of the Welsh Ambulance Service Trust. Overall, verified incident demand for emergency medical services decreased by 3.29% in 2018/19, compared to 2017/18. Red demand increased by 6.38%, Amber demand increased by 0.95% and Green demand decreased by 18.24%.

The Welsh Ambulance Service Trust continued to move from the NHS Direct Wales service to the 111 service. NHS Direct Wales calls volumes were 243,840 compared to 278,647 and 111 call volumes increased to 276,580, compared to 225,757, with Pembrokeshire, Ceredigion and Powys switching to 111 on 01 October 2018.

Non-Emergency Patient Transport Service patient journeys increased to 787,931, compared to 781,561.

Quality is at the heart of what we do. The key headline measure for quality, safety and patient experience, is the number of Serious Adverse Incidents (SAIs) we have. There were 32 SAIs in 2018/19, compared to 38 in 2017/18.

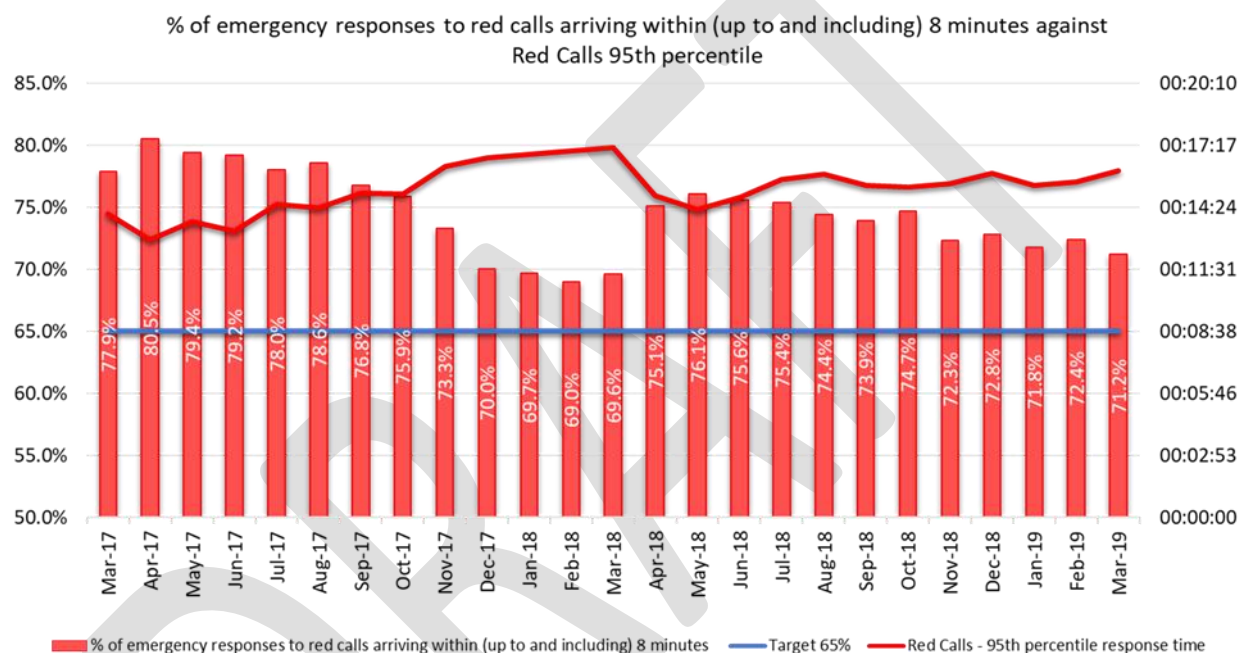
This is an improvement, but the number remains of concern and is a major area of focus for us. We will continue to work on a range of initiatives to reduce the number of SAIs, including the recommendations of the recent Amber Review, particularly as they relate to ambulance availability. In a similar vein, there were 1,748 patient safety, incidents, near misses and hazards in 2018/19, compared to 2,047 in 2017/18.

The other key quality, safety and patient experience measure that the Welsh Ambulance Service Trust is measured on is the percentage of concerns with a response within 30 days.

There were 1,460 concerns in 2018/19 compared to 1,757 in 2017/18. The 30 days concerns response performance declined as a result of the severe 2017/18 Winter, which affected performance into 2018/19.

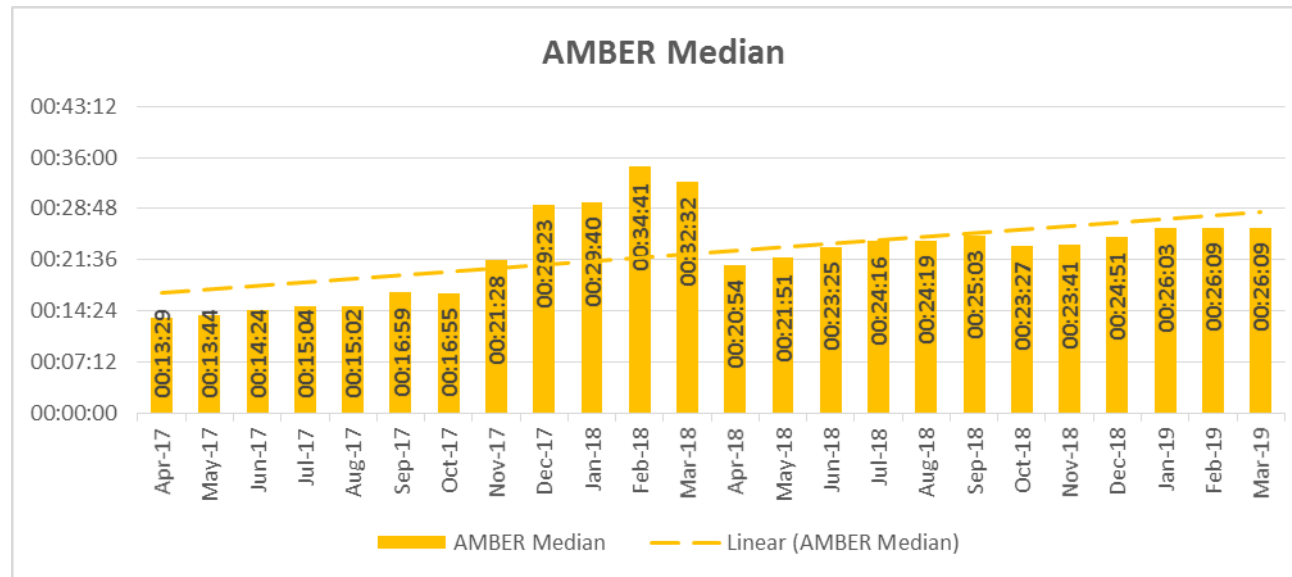
Red performance was above 70% for every month during 2018/19. In 2018/19 the Welsh Ambulance Service Trust responded to 73.8% of Red incidents within eight minutes.

Figure X: Percentage of Emergency Responses to Red Calls Arriving Within (up to and including) Eight Minutes against Red Calls 95<sup>th</sup> percentile.



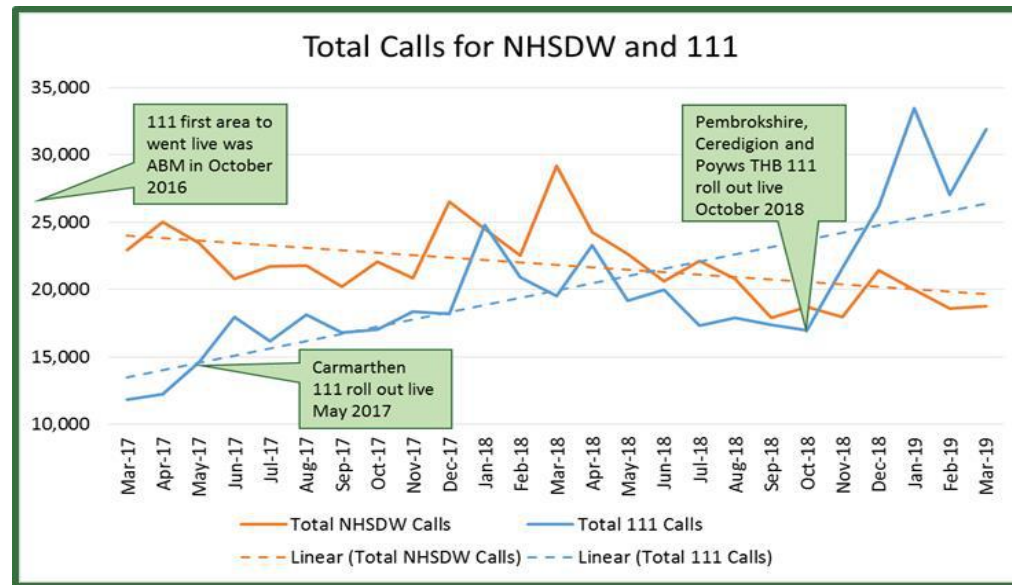
There is an upward trend in the average time it takes us to get to Amber calls (the Amber Median). In 2018/19 we achieved an Amber Median of 37 minutes, compared to 32.47 minutes in 2017/18. It is hoped that the plan to address the recommendations of the November 2018 Amber Review will deliver improvements in Amber performance in 2019/20 and beyond.

Figure X: Amber Median



Through 2018/19 the Trust has continued to roll out the NHS Wales 111 service, working with health boards to provide patients with a single phone number for access to health information, advice and out of hours urgent care. Through 2018/19, the service was expanded into Powys Teaching Health Board and across the whole of the Hywel Dda University Health Board area. Work has progressed in preparation for the roll out of 111 into the Aneurin Bevan and Cwm Taf Health Board areas, which is planned for 2019/20.

Figure X: Total Calls for NHSDW and 111



Both NHS Direct Wales and 111 call answering performance improved marginally in 2018/19, compared to 2017/18. NHS Direct Wales was 75.93% and 75.81% respectively. 111 was 65.57% and 62.76% respectively.



### **Non-Emergency Patient Transport Services**

Our Non-Emergency Transport Service remains an important element of our work at the Welsh Ambulance Services NHS Trust, with the service making hundreds of thousands of patient journeys every year.

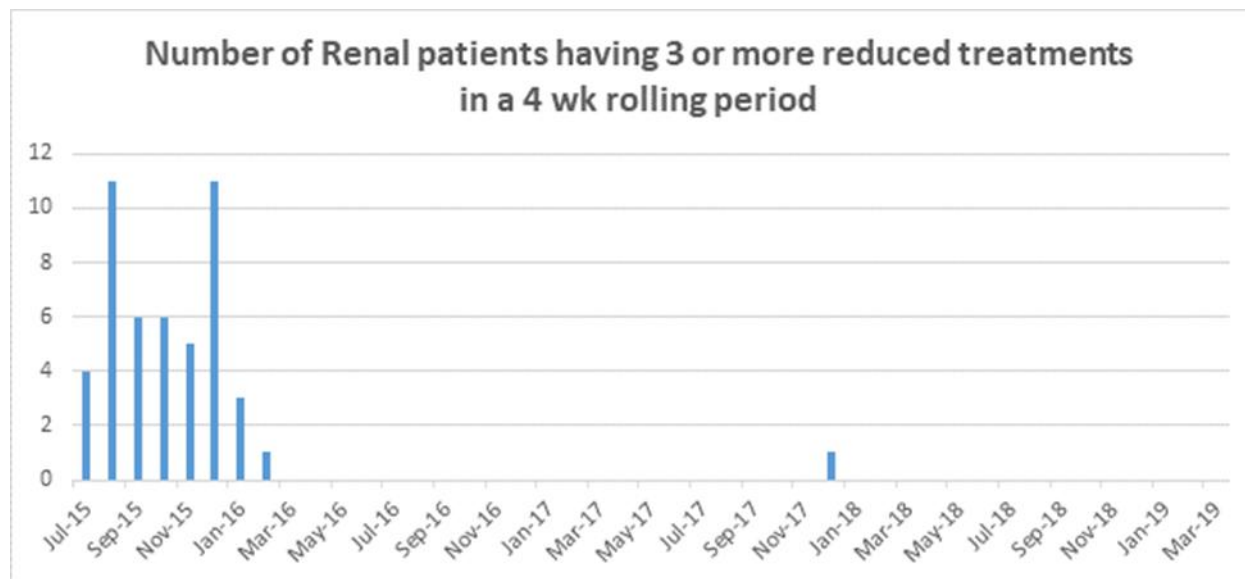
During 2018/19 we continued to work with all health boards across Wales to transfer all commissioned non-Welsh Ambulance Service Trust Non-Emergency Patient Transport Services to the Welsh Ambulance Service Trust. This a complex and lengthy process, which was developed during 2017/18 and, during 2018/19 the first successful transfers of work from Velindre NHS Trust and Cardiff and Vale University Health Board to the Welsh Ambulance Service Trust. We have worked in collaboration with health boards and the Chief Ambulance Services Commissioner to develop an approved transfer process and robust plan for future transfers in the coming year.

By transferring all transport work to Welsh Ambulance Service Trust, we will realise a number of benefits to create better value for money for NHS Wales through better coordination of services and efficiency saving. This will allow savings to be re-invested to improve the service further. The transfer of work will also improve the quality of service by implementing a well governed 'once for wales' approach. A robust programme plan is in place for the transfer of work from remaining Health Boards to Welsh Ambulance Service Trust.

In July 2018, the Welsh Ambulance Service Trust started reporting a set of Non-Emergency Patient Transport Services Ambulance Quality Indicators (AQIs). The Emergency Ambulance Service Committee does not require these to be publically reported in the same way as the Emergency Medical Service Ambulance Quality Indicators, but they are based on the same principles. Since we only have data from July 2018, we cannot report performance for all of 2018/19 or compare it with the previous year, but will be able to do so in future years. For the period July 2018 to March 2019: 12.7% of Non-Emergency Patient Transport Services journeys were aborted, 13.25% of calls were abandoned and 25.8% of bookings were by fax/post and hand.

A key patient metric for Non-Emergency Patient Transport Services is the number of renal patients having three or more reduced treatment in a four week rolling period, as a result of a delay in their arrival. In 2018/19, this was not an issue.

Figure X: Number of renal patients having 3 or more reduced treatments in a 4 week rolling period



The information now being provided by the Non-Emergency Patient Transport Services AQIs will be a key enabler for improving Non-Emergency Patient Transport Services going forward. During 2018/19, Non-Emergency Patient Transport Services undertook 28,786 discharges which demonstrates the importance of Non-Emergency Patient Transport Services in supporting patient flow within our hospitals. Over the winter period, the Non-Emergency Patient Transport Services provided additional discharge and transfer capacity to help patient flow. This was well received by health boards and we expect winter 2019/20 to see further capacity introduced.

#### *End of Life*

The Non-Emergency Patient Transport Services End of Life service was introduced in 2017/18, providing terminally ill patients with transport to their chosen final destination. The service provides a timely and coordinated response for patients using the service. Staff providing the service have completed specialist training in supporting end of life patients and their families. In 2018/19 Non-Emergency Patient Transport Services undertook 920 end of life journeys.

You can find more detail about our performance in our full **Performance Report** ([INSERT HYPERLINK](#)).

## Our Volunteers

We very much value the contribution that our many volunteers make to the Welsh Ambulance Service, whether that's as a volunteer car driver or as a Community First Responder. Many of our patients benefit from the skills and contribution of our volunteers and we are very grateful to the many people across Wales who give up their time to support us and our patients.

Investing in our volunteers, whether that be in training, in equipment or in recognising their contribution, is high on our list of priorities and we remain committed to building on these relationships further in the coming years. That's why we are developing a volunteer strategy.

Volunteering is integral to patient experience and is clearly aligned to our emerging People and Culture Strategy. The Volunteer Strategy will also make an important contribution to the Welsh Ambulance Service's implementation of the Wellbeing of Future Generations (Wales) Act 2015 and Welsh Government's *A Healthier Wales* strategy.

The Trust understands and acknowledges that the impact of volunteering on volunteers is as important as the contribution that volunteers have on the people they interact with as part of their voluntary service. Research undertaken by the National Council for Voluntary Organisations (NVCO) published in March 2018 sets out its key findings which highlight:

- There is strong evidence on the link between volunteering and improved mental health and wellbeing;
- Volunteering can improve people's social connections and is positively associated with improved mental health and wellbeing;
- Volunteers who feel appreciated in their role is an important factor in making volunteering impactful;
- The quality of relationships formed while volunteering should also be considered when evaluating volunteering programmes;
- The motivational reasons for volunteering impacts on the volunteers; and
- A positive impact on mental health is more likely when people take part voluntarily, rather than when mandated to do so

The Volunteer Strategy will aim to maximise the double benefits and impact that volunteering has on both the volunteers and the Trust. The development of the Welsh Ambulance Service Trust's first Volunteer Strategy will scope out the vision for volunteers for the next three years. The three years will be set out as follows:

- Year 1 2019/20 (Short Term) – Infrastructure and Governance
- Year 2 2020/21 (Medium Term) Quality and Standards
- Year 3 2021/22 (Long Term) Maximising Volunteer Contribution

The scope of the Volunteer Strategy will enable us to develop further the current provision of volunteers; Community First Responders, Community Champions and Volunteer Car Drivers. The strategy will focus on increasing the diversity of volunteers, embracing cultural diversity, young people, post retirees and people who are 'time poor' yet community minded. The Strategy will also target people who are most marginalised, such as refugees and those within our communities who face segregation because of language barriers, isolation and loneliness, mental health conditions and religious beliefs. Volunteers in the community will build trust through advocacy, information and third party relationships.

### *Volunteer Car Service*

Our Volunteer Car Service (VCS) is an important and highly valued part of our Non-Emergency Patient Transport Services team. The service provides a comfortable, reliable and caring way to travel long distances across the rural areas of Wales, especially for those patients travelling for life sustaining treatments like kidney dialysis or radiotherapy, for example.

Training for our Volunteer Car Service drivers includes first aid, safeguarding, health and safety and conflict resolution. Volunteer drivers must re-qualify annually and are provided with an Automated External Defibrillator (AED). Just like our community transport providers, our volunteer car service drivers have been provided with hand held devices, allowing them to communicate effectively with the NEPTS Control Centre and record journey data. Volunteer cars are also checked on a regular basis to ensure they continue to maintain the high standards we expect.

During 2018/19, our volunteers undertook 162,419 journeys, which was a slight increase on 2017/18.

Attracting volunteers is a challenge most organisations and, while we hope the development of our volunteer strategy will help us, we always want to hear from people interested in becoming a volunteer car driver. You'll receive a mileage allowance, as well as training and support and a great deal of personal satisfaction from knowing you're making a positive difference to some of our most vulnerable patients. If you are interested in joining our Volunteer Car Service, please telephone us on 01622 626262 or email us at [enquiries.acs@wales.nhs.uk](mailto:enquiries.acs@wales.nhs.uk)

### *Public Access Defibrillators (PADs)*

During 2018/19, the Welsh Ambulance Service issued 111 additional Automated External Defibrillators (AEDs) to communities across Wales. The majority of these devices are active Public Access Defibrillators sites in our communities and are registered on our internal control system; this means that we can direct members of the public to the nearest device when it is required.

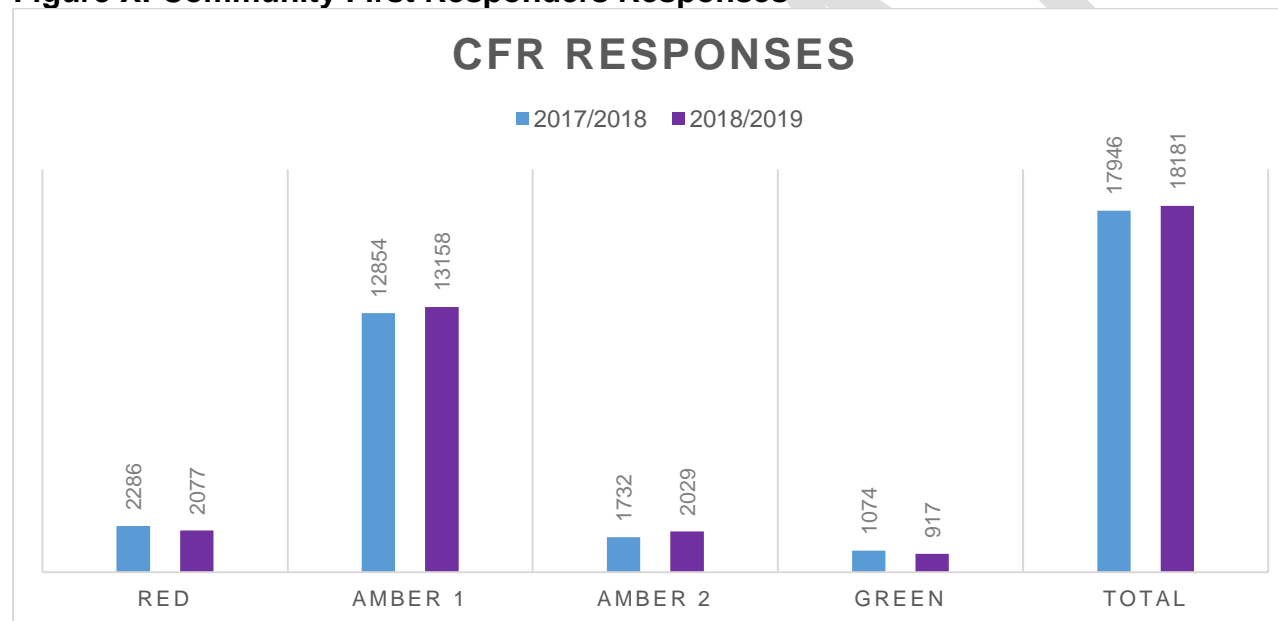
Devices are also funded through different organisations, charities and communities and the Trust encourages the registration of these devices on to our CAD system through our 'Be a Defib Hero' campaign. There are currently 3,412 Public Access Defibrillators sites registered with Welsh Ambulance Service Trust which can be viewed [here](#).

### *Community First Responders*

Community First Responders (CFRs) are volunteers who give their time freely to help care for people and save lives in their community. They are everyday people who are trained to deal with a wide range of potentially life-threatening conditions or, sometimes, simply to provide reassurance until the arrival of an ambulance.

Our Community First Responders attended more than 18,000 calls during 2018/19:

**Figure X: Community First Responders Responses**



## *GoodSam*

The Welsh Ambulance Service responds to around 5,000 cardiac arrest calls every year. With the current arrangements and resources available to staff, return of spontaneous circulation (ROSC) is achieved in only 8-9% 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 each minute CPR is not initiated. If someone suffers a cardiac arrest, the engagement of bystanders in CPR and the use of a defibrillator have a significant impact on the person's chance of survival, if used within the first few minutes of the patient suffering the arrest.

In 2015, London Ambulance Service began working with GoodSam to develop a smartphone app to alert trained first-aiders to nearby cardiac arrests. The intention was to minimise the time between a cardiac arrest occurring and cardiopulmonary resuscitation (CPR) starting.

We introduced GoodSam for our staff November 2018, which means that off duty colleagues who wish to, can be alerted to cardiac arrest calls near them via an app. The responders can then accept the alert if they are in a position to do so and are shown the nearest defibrillators to their location that are available to be used at the scene. Almost 300 staff including paramedics, emergency medical technicians, CFRs, colleagues from our non-emergency and urgent care services, nurses, colleagues from the Emergency Medical Retrieval Service (EMRTS) and BASICS Doctors have signed up to the app.

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 to achieve ROSC, following which the patient has gone on to make a full recovery.

The Trust has plans to roll out to wider responder groups in early 2019, including other emergency services, other healthcare professionals and responding third sector organisations such as St John Ambulance. This will increase the impact and responding capacity to cardiac arrest alerts across Wales and will hopefully lead to an increase in survival rates through early CPR and defibrillation.

## *Sharing Expertise Overseas: Wales for Africa*

The partnership between the Welsh Ambulance Service and the charity Partnerships Overseas Networking Trust (PONT) was reinforced in 2018 by the signing of an updated 'Memorandum of Understanding' demonstrating WAST's ongoing commitment to the Welsh Government's 'Wales for Africa' scheme.

PONT works in the Mbale region of Uganda tackling poverty and improving access to basic health care. The Welsh Ambulance Service has continued to support the charity throughout 2018/19 and it continues to go from strength to strength providing a truly life-saving resource to rural communities.

Sharing passion, expertise and knowledge, our people have been instrumental in the development of a motorbike ambulance service in Mbale. The region has poor roads and infrastructure and motorbikes are more suited to the terrain than four-wheeled vehicles. The scheme also provides bicycle stretchers and mountain rescue stretchers to help reach the more remote communities.

The service, which mostly operates on a 24/7 basis, has now completed more than 34,000 journeys since its launch in December 2010. It operates through a network of volunteer Village Health Teams, whose workers make an initial triage of patients and call for ambulance transport if they feel it is appropriate. During 2018, the day to day management of the service was passed to the local District Directors of Health in Mbale. This has proved a very positive step, adding to the sustainability of service delivery.

Approximately 65% of patients transported continue to be maternity or obstetric related, the remaining 35% of journeys convey children and adults with various other illnesses and injuries.

Our staff are planning their next visit in November 2019 to carry out further essential training with the Village Health Teams and also to carry out monitoring and evaluation work.

With the support of the organisation, the 'Pennies from Heaven' scheme is now in place. This is a simple fundraising scheme to support the work of the charity; it allows the contributor to donate the odd pennies from their pay to the charity each month.

More details are available on our website, or on the dedicated website for the project <https://pont-mbale.org.uk/what-we-do/ambulances/> and on Facebook and Twitter.





## Emergency Preparedness

The Welsh Ambulance Service is a Category One Responder under the Civil Contingencies Act 2004 (CCA), the UK's Counter Terrorism Strategy (CONTEST) and the Security and Counterterrorism Act (2015).

The Resilience and Specialist Operations department of the Operations Directorate sits with the Assistant Director of Operations (Support) and comprises a head of resilience, three regional resilience managers responsible for specific Health Board areas across Wales and Local Resilience Fora (LRFs), as well as the Hazardous Area Response Team (HART), the Special Operations Response Team (SORT), business continuity officer and an event planning manager.

The resilience managers work closely with key partners in delivering against statutory (Civil Contingencies Act 2004) and non-statutory guidance in relation to emergency preparedness, resilience and response (EPRR).

Resilience managers engage through the Local Resilience Fora (LRF) which are coterminous with the four Welsh police forces. The department is engaged in national (UK) fora to support the area of operations from Resilience / emergency preparedness, resilience and response (EPRR), Hazardous Area Response Team (HART) and the Special Operations Response Team (SORT). We also engage at a Welsh level with the relevant resilience fora and is engaged in the UK Contest Board and the UK counter terrorism strategy.

Under the Civil Contingencies Act 2004 (CCA) Category One responders are subject to the following full set of legal civil protection duties:

- Risk assessment
- Emergency planning
- Business continuity planning
- Warning and informing
- Information sharing and
- Co-operation

In ensuring we are fully discharging our legal obligations and ensuring that we are in a suitable state of readiness to react to any situation, the Trust's preparedness, resilience and business continuity processes are constantly reviewed and updated.

The Welsh Ambulance Service provides and supports a specialist service known as HART (Hazardous Area Response Team). The HART team forms the central core of what would be the Trust's response to any major incident, physical incident or weather-related event (including, in the current political climate, the Trust's response to any acts of terrorism) and employs 35 paramedics and seven HART team leaders, supported by 2.8 whole time equivalent (WTE) management and administration staff.

The HART team ensures the statutory obligations and duties of the Trust are met in relation to its role as a Category One Responder under the Civil Contingencies Act 2004 (CCA), the UK Government's Counter Terrorism Strategy (CONTEST), and the Security and Counterterrorism Act (2015). Other legislative and guidance documents relating to duty of care, security and emergency preparedness from both UK and Welsh Government are addressed as part of Trust core business, with the support of the HART team.

### *Brexit*

This year has seen the Welsh Ambulance Service, in line with the rest of the public service, make preparations for Brexit and particularly one involving a "no-deal" scenario. We have undertaken a full risk assessment in relation to the potential impact of Brexit on our staff, services and supply chain and are fully engaged in pan-Wales work, working with partners across the NHS and beyond.

We are planning in collaboration with colleagues across NHS Wales to manage any potential disruption to goods and services. This is the same as all NHS organisations across the country and our aim is that our services continue seamlessly and smoothly. We have business continuity plans in place to support this.

We have reviewed our existing resilience plans in the context of a no-deal Brexit and are working with our partners through local resilience fora across Wales. These plans will be tested as part of the wider public service preparations.

Given the uncertainty over Brexit at the time of writing, we will continue to review and update our planning to ensure that any potential impact of a future Brexit is managed with minimal disruption.

## Quality, Research and Innovation at the Forefront

One of our guiding principles is that quality should be central to everything we do. We also recognise the links between research, innovation and delivering a high quality service focused on evidence-based care.

Every year we publish an **Annual Quality Statement (AQS)** [INSERT HYPERLINK](#), which tells you more about we are doing to bring our quality agenda to life across the organisation.

We know from listening to our patients how important it is that you feel well cared for and confident in the services we provide. We use the key principles of the Welsh Government's [Health and Care Standards](#) as the basis for our quality agenda. These are:

- Staying healthy
- Providing safe care
- Delivering effective care
- Treating people with dignity and providing dignified care
- Providing timely care
- Treating people as individuals
- Staff and resources

While you can learn more about what we are doing in all these areas in our **Annual Quality Statement (INSERT HYPERLINK)**, one example is the development of our Falls Framework and Falls Response Model, which was adopted by the Trust Board in September 2018 and which addresses a number of these standards.

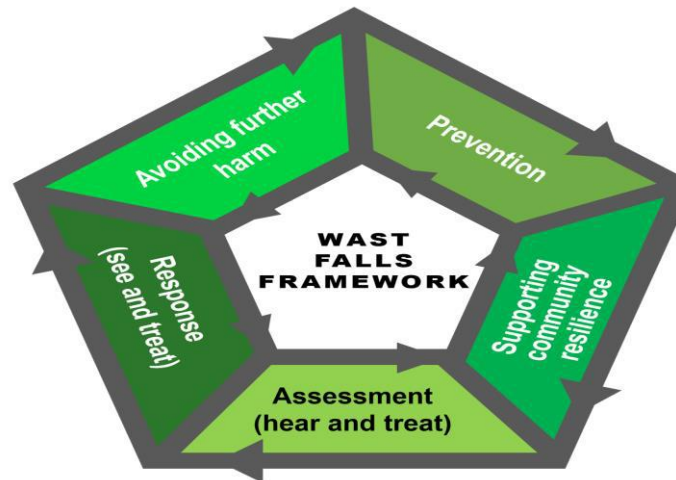
Falls are the second most common reason for calling an ambulance in Wales, but in many cases an emergency ambulance is not needed. There are often complex issues which lead to someone experiencing a fall, and because they are usually not classed as a life-threatening emergency, people who have fallen may often wait longer for an ambulance to arrive. Even if they are not injured, patients may still be immobile and unable to get up without our help. Furthermore, as well as causing anxiety and discomfort for a patient, a prolonged wait for an ambulance has the potential to contribute to future health and mobility problems.

The way we respond to falls is undergoing a significant transformation, and much of this is as a result of listening to the families and carers of people who have fallen telling us about the impact of having to wait too long for an ambulance. The development of the Falls Framework and the Falls Response Model are an important step towards achieving a safe, appropriate and consistent response across Wales for our patients who have fallen.

The Falls Framework adopts a holistic approach to people who have fallen, recognising that while our core business is to assess and respond to people who have fallen, we also have a significant role to play in the prevention of falls, supporting communities to have

resilience to assist people who have fallen and avoid further harm as a result of a fall. These five key areas comprise the Falls Framework below:

Figure X: Falls Framework Diagram



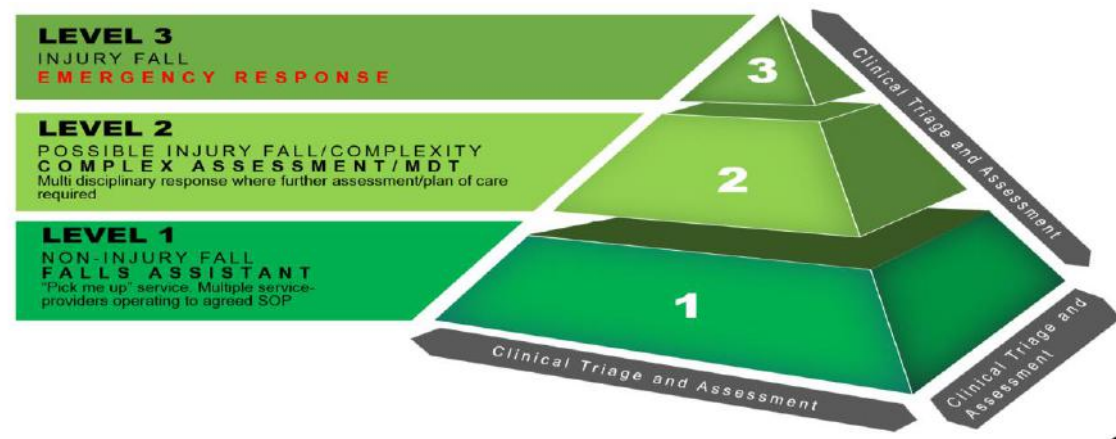
Response is supported by a Falls Response model. This adopts the principles of prudent healthcare and consists of three levels of response:

Level 1: Falls assistants provide a “pick me up” service designed to respond in a timely manner to people who have fallen but are uninjured

Level 2: a multi-disciplinary response to respond to and assess people who have fallen and may be injured and where there is some further complexity and

Level 3: Emergency ambulance response for people who have fallen and are injured. As illustrated below, the Falls Response Model is supported by the clinical support desk in our clinical contact centres.

Figure X: Falls Response Model



Building on the Falls Framework and Falls Response Model, the Trust has committed to the development of an Older People's Framework for 2019/2020.

The QuEST committee has been active in overseeing developments and results to improve the quality and safety of our services. You can read more about quality governance and the way in which our Board receives assurance about our quality agenda in our **Annual Governance Statement**. [\(INSERT HYPERLINK\)](#)

2019/20 will see the publication of the Welsh Government's Quality Governance Bill, which is likely to place new duties on the organisation. We will report on these in next year's Annual Report and Annual Quality Statement.

### *Improvement and Innovation*

During 2018/19, the Trust has developed and launched an Improvement and Innovation Network. The aim of this network is to ensure that we have an improvement and innovation platform that connects the various parts of the organisation together to enable small and large scale improvements. A cross directorate group designed and implemented the Welsh Ambulance Service Trust Improvement and Innovation Network: WIIN. The infographic below summarises its principles and functions:

Figure X: Welsh Ambulance Services NHS Trust Improvement and Innovation Network



The WIIN Network supports frontline staff to progress improvement projects and aims to link with the research functions of the organisation, as well as the project management team, where successful small scale improvements are intended for scale up.

### *Research*

In 2018/9, the Welsh Ambulance Service continued to be a UK leading research active ambulance trust, with a broad research and development (R&D) portfolio, including studies of international significance. This portfolio spanned some of the largest and most complex trials ever conducted in pre-hospital care, to small scale student led research.

Engaging in such a broad spectrum of research allows us to improve our understanding of pre-hospital care and drive clinically and cost effective improvements. Our portfolio includes studies exploring the role of electronic records in ambulances, pre-hospital recognition and antibiotics for patients with severe sepsis, care for transient ischemic attacks (TIA; mini strokes) and paramedic initiated fascia iliaca compartment block (FICB), which is an injection to block pain following hip fracture. We have also engaged in large scale clinical trials of medicinal products (CTIMPs) of epinephrine in out of hospital cardiac arrest and GTN for acute stroke.

The year was not without its challenges, with a significant transition in staffing and move in premises from PERU in Cardiff to the Institute of Life Sciences 2 Swansea. Major trials also came to an end in 2018, and we continue to collaborate on disseminating the results of these Trials through contributions to final reports, publications in some of the highest quality journals such as the *Lancet* and *New England Journal of Medicine* and presentations in national and international conferences.

In 2018, major changes were made to the approvals processes for research in Wales and, in collaboration with Health & Care Research Wales (HCRW), systems continue to be developed, tested and implemented to ensure compatibility with the four nations approvals process.

We also continue to support and develop the research culture within the pre-hospital and ambulance service context, at a local, national and international level. This includes supporting local initiatives such as the ArCH Talent bank training of young people in the life sciences, contribution to the [Council for Allied Health Professions Research](#) (CAHPR) NIHR CRN Allied Health Professionals Strategy 2018-2020, the Oxford Trauma James Lynd Alliance Research Priority Setting on Fragility Fractures in older people and many more.

WAST continues to benefit from collaboration with many groups, including:

- The UK National Ambulance Research Steering Group (NARSG):
- Primary and Emergency Research Centre PRIME Centre Wales
- South East Wales Academic Health Science Partnership (SEWAHSP)
- South West Wales Research Design & Conducts Service
- Swansea Trials Unit

Many oral and poster presentation have been delivered on our research, including at Wales Stroke conference, 999 EMS Conference (UK), College of Paramedics (UK) R&D Conference, EMS 2019 Copenhagen, European Resuscitation Council Conference Bologna and many more. This was also the first year for the NHS R&D Forum Conference to be hosted in Wales, and our Head of R&D delivered a presentation on Archie Cochrane and hosted the networking element of this event.

Delivering and developing research in parallel, whilst also disseminating the findings of studies completed is challenging. Whilst we have a small R&D team, capacity continues to grow through the development of new principal and chief investigators, which enables us to continue the pipeline of studies, some of which are presented below:



- Para VR is a collaboration between our R&D function and Chester University that won the Bevan Commission Welsh Gadget Hack. This initiative has provided funding, allowing the team to develop a prototype to explore the feasibility of virtual reality training in pre-hospital and emergency care and compete for future large scale research funding
- Pre-hospital ECG 2 Study builds on previous work by this team, which found that one in three eligible patients did not receive a pre-hospital 12-lead electrocardiogram (PHECG), but those who did had a lowered risk of short-term death. PHECG-2 will update that work and explore reasons for variations in practice, highlighting opportunities to improve care and outcomes
- TIME is a feasibility study for a randomised controlled trial (RCT) of take home Naloxone (a drug which reverses opiate overdose), distributed in emergency settings clustered by Emergency Department (ED) catchment area and local ambulance service

The evidence and knowledge we produce continues to influence local, national and international policy and clinical practice. This includes our clinical pathway development, a recent National Assembly for Wales committee inquiry into suicide prevention, the International Liaison Committee on Resuscitation 2019 Consensus on Science with Treatment Recommendations (CoSTR) and many more.

## **Listening, Learning and Explaining: Our Engagement in Action**

Learning from the experiences of our patients and the wider public, while helping people to understand how and when to use our services most effectively is at the heart of what we do as an ambulance service.

Feedback is crucial in helping us understand what we do well for our patients, and where we could improve. Providing a range of opportunities for people to share their experiences, thoughts and ideas with us is something to which we are committed, as well as making sure this feedback is put to good use by improving services today, and informing future developments.

Throughout the year we engaged with 20,206 members of the public discussing their experiences and expectations of the Welsh Ambulance Service.

Some consistent positive feedback from people included having professional, kind, courteous staff, provision of good care and appreciation for being engaged and kept informed on developments.

Examples of negative feedback included: long waits for an ambulance for those who had fallen, waits outside emergency departments, poor access to interpreters for people with sensory loss and not feeling that staff were able to support them when in mental health crisis.

In order to improve our levels of engagement, we have created a desk top version of our Communication App, provided licences for staff to learn British Sign Language, hosted a sensory loss awareness month event and held numerous BME engagement and learning disability sessions. We also delivered our first distraction techniques training for colleagues to support anxious children.

Our work to promote awareness around dementia in particular has been well received, with training for colleagues and co-production of plans with those people living with dementia, including hosting visits to our Clinical Contact Centres and assessment of an ambulance as part of our commitment to developing dementia friendly environments.

### *Recognition and Achievements*

Areas of our work have earned great recognition and won awards for their positive impact on patient outcomes and experiences. In particular our work in becoming a Dementia Friendly Organisation won at the prestigious Alzheimer's Society Dementia Friendly Awards and we were also finalists in the NHS Wales Awards in the category of 'Citizens at the Centre of Service Re-Design and Delivery'. We were also finalists at the NHS Wales Awards for the introduction of APPs in North Wales, which went on to win in the category of 'Improving Patient Safety'.

It hasn't just been patients we have responded to and engaged with. We have worked closely with our volunteers, third sector partners and the general public in establishing a strong continuous engagement model for participation. Through our public engagement, people have been able to have face to face discussions with us on their expectations, observations and experiences. It has helped break down some of the public concerns and assumptions people have had as well as capturing ideas for improvement.

We are confident that in listening to patients, service users and staff and by working together with our commissioners, the Chief Ambulance Services Commissioner and the wider community across Wales, we will provide the best possible services to people who rely on us in times of need.

#### *Educating the Next Generation*

In the UK, fewer than one in 10 (8.6 per cent) people survive a cardiac arrest. The British Heart Foundation predicts that if the UK achieved the same survival rates in countries like Norway (25 per cent), where CPR is more widely taught in schools, an additional 100 lives could be saved each week.

Developing the life-saving skills our young people is crucial if we are to build strong, resilient communities across Wales. We know we have more to do to systemise our engagement with schools but we are strongly committed to doing so. This year, our engagement with schools at corporate level was predominantly through our *Shoctober* and *Restart-A-Heart* campaigns.

*Shoctober*, is our primary schools-based education programme delivered throughout October, introducing children to Cardio Pulmonary Resuscitation (CPR), responding to someone choking and a range of other services available to help. This resulted in:

- 38 schools attended
- 2,137 pupils engaged

*Restart-A-Heart* is a designated yearly day of action to teach CPR skills to children in secondary schools. This year saw more schools and volunteers than previous years sign up to take part in *Restart-A-Heart*, with a fantastic response from staff and volunteers helping us deliver CPR training across Wales. This year, 50% of the schools that participated in last year's *Restart-A-Heart* project signed up to engage in this year's event. This was a great improvement on previous years. Around 12,500 Welsh schoolchildren were given a lesson in life-saving CPR supported by more than 200 volunteers as part of the international CPR Training Day.

We have put a lot of investment and time in engaging with children to foster a greater understanding of our services and building confidence in their own abilities to help themselves and others around in need. This will be progressed further during 2019/20.

### *Defibuary*

Supporting these campaigns has been *Defibuary*, our annual public awareness campaign running throughout February that encourages people to locate their nearest defibrillators and have the knowledge and confidence to use them. We were delighted that, this year, colleagues from St John Cymru got behind the campaign and encouraged people to learn how to use a defibrillator and locate their nearest one.

In 2019/20 we will launch an updated strategic framework for engagement, which will help us focus and systematise our engagement work to align fully with our organisational objectives.

## Planning for Tomorrow, Today

The pace of societal, technological and environmental change is such that many organisations find themselves struggling to keep up. In the world of healthcare too, change is upon us and the expectations of our current, and future, patients are very different from even a few years ago.

With these factors in mind, we at the Welsh Ambulance Service spent much of 2018/19 focusing on thinking hard about the type of ambulance service we want to be in the future and working on an Integrated Medium Term Plan which lays the groundwork for delivery of that long term ambition.

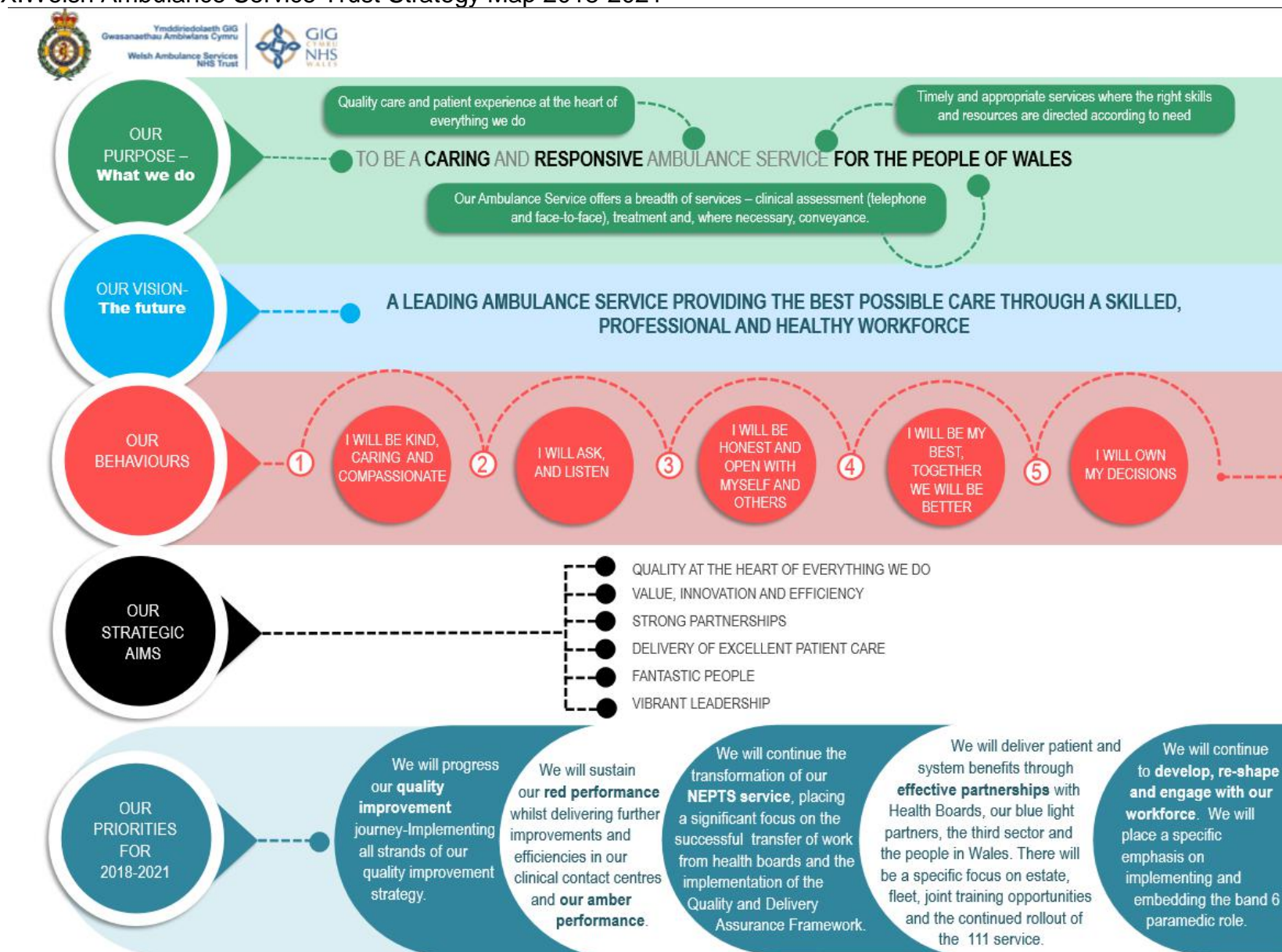
As a result, the Board has adopted a Long Term Strategic Framework for the organisation, which sets out our ambitions to 2030 and which you can read **here**. **(INSERT HYPERLINK)**

We also developed our 2019-22 Integrated Medium Term Plan, which sets out the first three years of our journey towards 2030 and which was approved by Welsh Government in the final quarter of 2018/19. It looks in detail at the strategic actions we will take to respond to changes in demand, acuity, resourcing, workforce, finances, quality and partnerships and to support us to improve further. You can read it **here** **(INSERT HYPERLINK)**

### *Strategy Map*

To try and make our strategy and priorities clearer for our people and our stakeholders, we have drawn up a strategy map, which provides a visual guide and demonstrates the link between our vision, purpose, behaviours and our strategic aims and priorities over a three-year timeframe from 2018.

Figure X:Welsh Ambulance Service Trust Strategy Map 2018-2021



## Integrated Medium Term Plan (IMTP)

The Trust's Integrated Medium Term Plan for the three-year period from 2017-18 to 2019-20 was approved by the Cabinet Secretary for Health, Wellbeing and Sport in the spring of 2017 and ensured the Trust met its statutory planning duty.

Some headlines of the IMTP progress during 2018-19 included:

- Producing a business case for the roll-out of our ground-breaking and award winning Advanced Paramedic Practitioner rotational model, which was successfully piloted in the Betsi Cadwaladr University Health Board area.
- Developing our falls framework, which now provides a long-term strategic direction to address one of the biggest calls on our resources.
- Collaboratively supporting 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.
- Successfully transferring Non-Emergency Patient Transport Service (NEPTS) activity commissioned by Cardiff and Vale UHB and Velindre NHS Trust to the Trust as part of the delivery of the NEPTS business case.
- Rolling out the new 111 service in Powys, Pembrokeshire and Ceredigion.
- Taking 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 South Wales Fire and Rescue Service (SWFRS). Other co-location sites completed in 2018/19 with SWFRS include Whitland and Llanidloes.
- Publishing our Annual Quality Statement (2017-18) demonstrating our commitment to listening and learning from patients and carers to improve improvements and experience.
- Producing a Joint Emergency Service Group directory of service which joins up all the activities we are doing with our blue light partners.

You can read more about our Integrated Medium Term Plan 2017-2020 **here (INSERT HYPERLINK)** or in our **Performance Report. (INSERT HYPERLINK)**



## Valuing Our People

The Welsh Ambulance Service is an organisation with a strong commitment to its people – they are central to everything we do. We cannot continue to improve, innovate deliver high quality care without the support of everyone who works for us. We employ more than 3,000 clinical and non-clinical staff across Wales and have invested significantly in clinical and leadership skills this year, to ensure our people are supported to be their best.

### *Developing our Workforce*

During 2018/19 we began facilitation of the three year Band 6 paramedic education process, led by a team of educational support managers. The process involves achievement of an additional 34 competencies aligned to the new paramedic profile, with 12 of these to be achieved during year one. A portfolio was developed in order to support paramedic colleagues through this process, which includes elements of research and reflective practice. This project is one of the first steps towards the transformation of our approach to education and training, demonstrating a commitment to and requirement for self-ownership of education by our workforce.

The transition from Band 5 to Band 6 occurred in the second half of 2017/18 with 833 (out of 912) paramedics transitioning to Band 6. 89.7% have achieved all the year one required competencies, 4.6% have partially achieved the year one required competencies and 5.7% have not achieved any of the year one required competencies (18 of these have agreed extensions). These figures exclude newly qualified paramedics, paramedics on maternity leave and paramedics on long term sick leave. The Band 6 paramedic competencies are designed around the top 10 presiding conditions and training paramedics in an increased scope of practice around these competencies should increase our paramedics' ability to see and treat patients.

### *Re-shaping our workforce*

The needs of the people we serve are changing and, as an ambulance at the leading edge, we need to adapt our services and the skills of our colleagues to meet this demands. Developing our advanced paramedic practitioners, including non-medical prescribing, expansion of our hear and treat services through our clinical support desks and 111 service, supporting our NEPTS teams and responding to legislation like the Nurse Staffing Level (Wales) Act 2016 have all influenced the shape of, and support for, our workforce this year, much of which is highlighted elsewhere in this report.

## *Workforce Planning*

With demand on our services continuing to increase year on year, we need to be increasingly innovative and develop new workforce plans and initiatives to support our ability to match workforce supply to demand and also support the aspiration to expand our place within the wider healthcare system.

In 2018/19 we introduced a workforce planning toolkit based on the 6 step model of workforce planning to support the workforce planning process. The Trust has also been 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 for all our directorates.

Following the conclusion of the 2018 Amber Review, it is proposed and agreed with our commissioners to run a fresh demand and capacity exercise based on up-to-date demand projections, 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.

## *Being the Best Place to Work*

During 2018-19, we have continued to focus on developing the best possible colleague experience we can. This has included continuing to embed our behaviours framework, continuing to develop leadership expectations and capability, ensuring that colleagues are recognised for the work they do and focusing on a move from “we know best” to “you know best”. The evidence from the 2018 staff survey suggests a number of improvements.

During 2018/19 we have continued to develop the capacity and capability of our colleagues including through the Trust’s Team Leader programme which is an in depth all-encompassing 18 month learning approach; developing leadership across the Trust through providing and promoting access to learning opportunities (e.g. Academi Wales programmes, bespoke internal approaches); and regularly measuring and reporting on our Engagement Index levels to help teams to reflect on their behaviours and what improvement actions they want to take.

Our approach “Being Our Best” deliberately shifts the balance from process to people in the workplace. It is based on making sure that every individual feels valued for being an individual and having an individual voice within the Trust. It is based on the philosophy

that for really successful participation and engagement, colleagues need to make as many decisions as possible about what they do in their work, and how they do it. Our approach to leadership development, health and wellbeing and leadership development have provided much of the impetus for great engagement, as colleagues experience of being able to make more decisions is giving them more ownership. As our new Wellbeing Strategy is launched during 2019, we anticipate a clearer focus on how we help colleagues to have the best possible experience of work which will lead to much greater participation, engagement and ownership.

In 2018, the Trust participated in the NHS Wales Staff Survey (the last one being in 2016). On the whole, the results of the 2018 survey showed positive movements across the board, with some significant improvements. 71% of staff completing the survey said that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 65% in 2016, a 6% improvement. The survey includes an overlay engagement index. The Trust improved the three parts that make up the index and our overall index score.

Figure X: Engagement Index Table

	2018	2016	2013
Intrinsic psychological engagement	3.92	3.77	3.59
Ability to contribute towards improvements at work	3.33	2.85	2.45
Staff advocacy and recommendation	3.70	3.34	3.03
Overall engagement index	3.65	3.34	3.03

Despite these improvements, the Trust is performing worse than the overall NHS Wales scores on a number of questions, including harassment, bullying and abuse. We are working with our teams to address the findings of the survey and will maintain a strong focus on staff engagement and well-being going forward. 42% of our colleagues completed the survey.

#### *Working with our Trade Union Partners*

During 2018/19 we have continued to work with our trade union partners to ensure staff are recognised for the work that they do in particular: during the year, we have continued to develop our culture collaboratively, so that colleagues are better able to give and receive feedback, participate in making decisions and have a greater ownership of what they do and how they do it. Specifically, this has included: collaboratively developing our approach to 1:1s and Personal and Development Reviews with updated guidance and support; and further improving our “Being Our Best” Awards and Recognition programme.

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 continue to promote and embed across the organisation. Moving forward, we will refresh and reinforce our commitment to partnership working, review our facilities arrangements and develop 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.

### *Recruitment and Training*

Aligning our recruitment and training plans to meet the needs of the organisation has been a key challenge in previous years. In 2018/19 we introduced a Recruitment Manager and a Workforce Planning Business Partner post within the Workforce and Organisational Development Directorate to give specific focus to these activities.

This has resulted in improvements starting to become evident for our EMS recruitment in particular, in relation to improvements in capacity to identify ideal education commissioning requirements for future scenarios (e.g. awareness of options to mitigate the fallow year because of the move to a degree requirement for paramedics), widening access to careers from a more diverse range of candidates (e.g. signing up to the Armed Forces Covenant and Step into Health Pledge), improved candidate experience of our recruitment process (through reviewing recruitment timelines and introducing candidate experience surveys) and increasing the level of interest from candidates wishing to work for our organisation (by increased use of social media for advertising campaigns and improvements to recruitment materials/ branding). However, there is more to do to ensure our recruitment processes are targeting a diverse range of candidates. A number of initiatives are planned for 2019/20 to address this challenge.

### *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.

### *An Ageing Workforce*

We have seen an increase in the number of staff aged 50-plus, from 34% three 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 and wellbeing strategy is one of our key strategic actions and is outlined in our People and Culture Strategy enabling plans.

### *Equality, Diversity and Human Rights*

Our Equality and Human Rights Strategy (2016-20) is called [\*Treating People Fairly\*](#). Whilst we have a duty to report on how we are progressing against our strategic equality objectives, we are delighted to regularly update all stakeholders on our progress. We are passionate about creating an environment where regardless of background or circumstances, each patient is provided with a high quality service to meet their needs and every colleague achieves their full potential.

Our aim, at the heart of all of our plans, is to shift from “treating people how we want to treat them” to “treating people how they want to be treated”. *Treating People Fairly* is significant as it links how we play our part in delivering the Equality, Welsh Language, Well-being of Future Generations and Social Services and Well-being Acts. The most important part of delivering *Treating People Fairly* is helping every colleague to recognise, understand, and value difference in everyone by ensuring that no-one is excluded. We are proud of the progress we have made during 2018-19.

### *Joint Training Opportunities*

We continue to collaborate effectively with Swansea University with regard to delivery of the DipHE paramedic science programme and placement educator training and on developing a degree programme for paramedicine which will commence in September 2020.

We continue to work with Mid and West Wales Fire and Rescue Service and have developed a relationship with North Wales Fire and Rescue Service in relation to the delivery of road traffic accident management training. This includes rapid extrication, team working, prioritising patient needs and effective communication.

## Improving our Infrastructure

### *Estates*

Ensuring our teams are able to work in appropriate environments is a key priority for the Welsh Ambulance Service and one where there remains much to do.

Since the Welsh Government endorsed the Estates Strategic Outline Programme in 2017, we continue to deliver schemes on a prioritised basis, with measurable improvements ranging from being able to improve the cleanliness of vehicles to improved staff morale and retention as a result of an improved working environment.

The Trust now occupies 113 buildings, comprising more than 40,000m<sup>2</sup> floor area. The increase in capital funding is enabling existing buildings to be brought up to an improved standard.

Key drivers for change for estates include:

- Providing the right quality of premises, resulting in an estate portfolio which is safe, appropriate and flexible and meeting all statutory obligations. The current backlog maintenance could be largely eliminated and a planned preventative maintenance regime to ensure properties are routinely maintained to appropriate standards is being developed
- Providing the right type of premises in the right location to allow for the effective and efficient control, management and deployment of resources, including exploration of partnership opportunities with local partners
- Developing and rationalising the operational estate based on a hub (Ambulance Resource Centre – ARC / Make Ready Depot - MRD) and spoke (Social Development Point - SDP) basis, much of which relies on co locations with other blue light services that makes better use of the respective estate and public sector properties
- Continuing to develop key support functions within both operational and non-operational estate to include Clinical Contact Centres (CCCs) and regional administrative centres, with the potential to include training and multi-functional facilities for all staff
- Providing locally adapted solutions where possible to implementing the concept of washing and stocking that support cost effective operational services and minimise risk of cross infection; and

- Providing sustainable solutions towards the environment and as part of the de-carbonisation of the public sector estate (we continue to be the only ambulance service within the UK to achieve and maintain our ISO accreditation).

During the reporting period two administrative centres - Ty Elwy, St Asaph and Matrix House, Swansea have been refurbished to replace premises which are no longer fit for purpose. Approximately 230 staff in Wales have been relocated to work in modern fit-for-purpose, open-plan premises that allow a more flexible working environment, with meeting rooms and video conferencing facilities. Plans are in place to deliver new learning and development centres in North and South Wales to be delivered in 2019/20.

Figure X: Ty Elwy House, St Asaph – The Atrium





Figure X: Matrix One, Swansea



Cardiff and Vale University Health Board closed their Lansdowne Hospital premises where this Trust used the premises as a Non-Emergency Patient Transport base and for offices for 10 staff. The Non-Emergency Patient Transport function was relocated to Cardiff East ambulance station and the remaining administrative staff were relocated to Vantage Point House (VPH).

The following work has also been progressed by the Estates Department:

- Feasibility study and outline business case (OBC) for the development of a workshop solution in the South East Region to replace two facilities at Blackweir and Blackwood Ambulance Stations as well as provide further resilience in the Cwm Taf Morgannwg area
- Preparation and submission of an OBC to Welsh Government for a make ready facility to serve the community of Cardiff and to replace the functionally obsolete Blackweir Ambulance Station
- Replacement of heating and ventilation systems at Bryn Tirion, clinical contact centre (CCC)
- Replacement of the heating system at Colwyn Bay ambulance station
- Replacement kitchens at Bangor and Caernarfon ambulance stations
- Commissioning of the new make ready facility at Barry with South Wales Fire and Rescue Service to support operational teams serving the Vale of Glamorgan
- Relocation of operational crews to new reporting stations with Mid and West Wales Fire and Rescue Service at Builth Wells, Llanidloes and Whitland.
- Infrastructure upgrade and replacement of workstations at Vantage Point House clinical contact centre.
- Refurbishment of the major incident room at Vantage Point House for clinical contact centre resilience.
- Refurbishment of the welfare areas at Cowbridge ambulance station.

The main effect of investment in the Trust estate is a reduction in the overall backlog maintenance and reduction of the risk profile associated with such improvements for the wellbeing of all staff.

Work will continue in 2019/20 to close some operational ambulance stations which are no longer fit-for-purpose, with a range of options being considered on both an interim and longer term basis.

### *Information Communications Technology*

The Information Communications Technology (ICT) department provides all information systems and services for the Trust including day-to-day support and support in delivering the strategic aims of the Trust across all areas.

The ICT department plays a key role in supporting the our strategic transformation and modernisation programme by providing our workforce with an electronic, patient-centred view of information in order to support high quality care that is aligned to the Welsh Government Digital Health and Care Strategy.

ICT is a key enabler for the Welsh Ambulance Service and, during 2018/19, we delivered the following:

- Further improvement in the ICT Infrastructure to provide a secure, scalable and resilient platform to support digital delivery
- ICT and telephony support to the National 111 Pathfinder, while also supporting to the procurement of a new integrated 111 information system
- A workforce mobility pilot focused on the requirements of clinical and operational staff for secure access to appropriate information whilst away from their station. This included the roll-out of 200 tablets to staff at trial stations across our Central and West region and the introduction of 30 Wi-Fi enabled ambulances across trial stations in the North region. This pilot is currently being evaluated and will inform the next stage of our work in this area
- Preparatory work in readiness for adoption of Ambulance Radio Programme (ARP) Control Room Solution (CRS) and the Emergency Services Mobile Communication Programme (ESMCP); and
- Extensive work with all directorates across the organisation to deliver improvement and enhancements to current systems and services

As has been previously mentioned, digital solutions represent a real opportunity for our people and our patients as we move forward and you can find out more about our digital ambitions in our Long Term Strategic Framework **here. (INSERT HYPERLINK)**

## Keeping Us Moving: Our Fleet

At the Welsh Ambulance Service, we have one of the most modern and well-equipped fleets in the country thanks to continued support from Welsh Government. A key action for us in 2018/19 was to ensure the first year plan of the Welsh Government endorsed 10 year Strategic Outline Plan (SOP) for the Trust's fleet delivered what had been agreed. Capital investment for the Trust's fleet provided by Welsh Government totalled some £10.293m, which was used to procure a range of replacement vehicles in line with our SOP. As at 31 March the Trust had 715 in its fleet.

Figure X: Trust Fleet Numbers 2018/19

VEHICLE ROLE	NUMBER
Emergency Ambulances (including UCS + neonatal)	261
Rapid Response Vehicles	130
Non-Emergency Patient Transport Service	268
Specialist V vehicles (all other vehicles)	56
<b>TOTAL</b>	<b>715</b>

The Fleet Strategic Outline Plan forms the framework for vehicle replacement for the next 9 years as well as mapping out how the Trust will continue to develop and implement a vehicle wash and make ready system throughout Wales. The first stages of a Make Ready Depot (MRD) were successfully implemented in Barry and Tredegar.

The Fleet Strategic Outline Plan, in conjunction with the Estates Strategic Outline Plan, also identifies the preferred options for fleet to deliver its services to our operational teams. From work previously undertaken, it is clear that carrying out vehicle servicing, maintenance and repair (SMR) in our own workshops by Welsh Ambulance Service staff is the most cost effective model. In 2018/19, work progressed on the first stages of reconfiguring our estates to build a new workshop in south east Wales with sufficient capacity to undertake all the servicing, maintenance and repair work currently being undertaken in two workshops, Blackwood and Blackweir.

The strategy is to develop fleet services so that the department is in a position to undertake the entirety of the servicing, maintenance and repair of our vehicles in-house.

The objective of reducing road risk for staff, patients, and the general public has continued with the fitting of both black box technology and forward facing camera systems to all the vehicles procured in 2018/19 and now there are only a few low risk vehicles in the fleet not equipped with this technology.

The computerised fleet management system that Fleet Services constructed and implemented in 2017/18 has been developed and refined through the last year, creating vastly improved efficiencies in the operation of the department.

## An Open Culture

One of our guiding principles here at the Welsh Ambulance Service is that of always listening to, and learning from, our staff, patients and the wider public about their experiences of our service. This is a valuable element of our quality and improvement processes and you can read elsewhere in this document about how we engage with patients and the public to listen to their feedback.

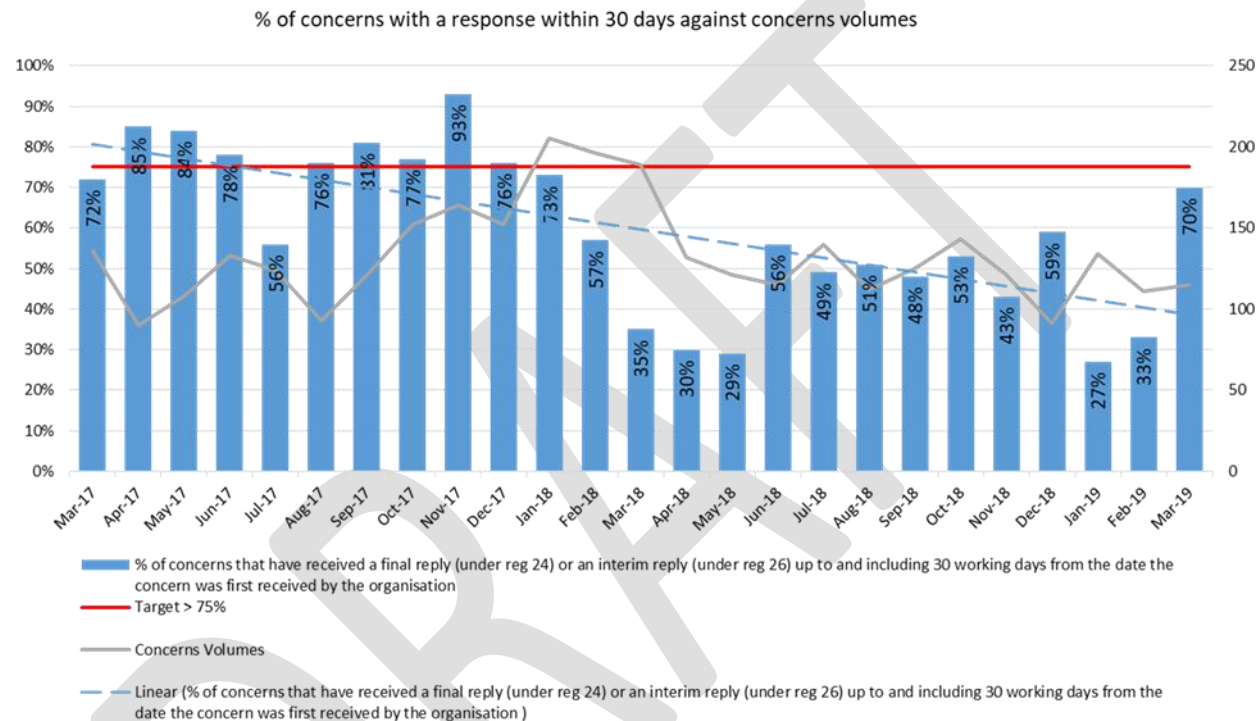
However, there are occasions when patients and their families or carers express concern about the service they have received from us. Working within the Welsh Government's *Putting Things Right* regulations, we aim to deal compassionately and promptly with all concerns.

The percentage of concerns which receive a response within 30 days is one of the key quality, safety and patient experience measures on which we as an ambulance service are measured.

There were 1,460 concerns in 2018/19 compared to 1,757 in 2017/18. Unfortunately, the 30 days concerns response performance declined as a result of the severe 2017/18 winter, which affected performance into 2018/19 and a recovery plan is in place to get us back on track.

The graph below shows our performance in terms of concerns management.

Figure X: Percentage of concerns with a response within 30 days against concerns volumes



### Quality Assurance Process

We have also made a commitment to improving and simplifying our complaints process. The focus of this is to ensure people who raise a concern have a timely and meaningful response.

We have reviewed our process for responding to complaints and created standardised leaflets, and paragraphs, which have contributed to the significant progress made to improve the complaints process, recognising that there is more work to do on timeliness.



Putting Things Right and Patient Safety teams attended a two day work-shop for letter writing and proof reading, delivered by the Plain English Campaign. This will ensure the quality and consistency of our responses continually meet the high standards our service users expect.

### **Freedom of Information (FOI)**

We dealt with 248 Freedom of Information requests in the 2018/19 year and responded to 221 of those within the 20 working day time limit as set out by the Act. This is an increase on the 2017/18 figure of 238 requests received and symptomatic of a generally growing trend.

If you would like to request information under the Freedom of Information Act, you can email us at [FOI.amb@wales.nhs.uk](mailto:FOI.amb@wales.nhs.uk) or write to our Board Secretary using these details:

Mr Keith Cox  
Board Secretary  
Welsh Ambulance Services NHS Trust  
Ty Elwy  
Unit 7  
Ffordd Richard Davies  
St Asaph Business Park  
St Asaph  
Denbighshire  
LL17 0LJ

## Better Together: Working in Partnership

### *The Well Being of Future Generations (Wales) Act 2015*

The *Well Being of Future Generations (Wales) Act 2015* places a statutory duty on Public Service Boards and certain named public bodies to improve the social, economic, environmental and cultural well-being of Wales in accordance with the sustainable development principles. Whilst the Trust is not a “named organisation” subject to these duties, the Trust has placed an emphasis on “planning for good performance” and has committed to working within the spirit of the Act. The Trust strongly supports the generational approach to planning required by the Act and the focus on seven well-being goals as well as the five sustainable development principles – long term, prevention, integration, collaboration and involvement.

The Trust Board approved the organisation’s long term strategy at its March 2019 meeting. The strategy has been framed around the key tenets of the *Well Being of Future Generations Act (WBFGA)* and *A Healthier Wales* (see below), including the sustainability principle, and seeks to redefine the role of the Welsh Ambulance Service as one which is agile, environmentally, economically and socially sustainable and empowers and supports communities to develop their resilience, while continuing to provide excellent out-of-hospital care for those in need of our services.

At the heart of this commitment are the principles of collaboration and innovation. In developing new, innovative services, such as the development of our Advanced Paramedic Practitioners and Cycle Response Units, and our investment in community engagement and education, as well as the development of our emergent public health plan, we are continuing to embed the sustainability principle and five ways of working into the development and practice of our organisation.

### *A Healthier Wales*

During 2018/19, Welsh Government published its response to the Parliamentary Review of Health and Social Care in Wales, which was published in January 2018 and described the increasing demands and new challenges that face the NHS and social care, including an ageing population, lifestyle changes, public expectations and new and emerging medical technologies.

*A Healthier Wales* sets out a long term future vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness. It is built on the philosophy of prudent healthcare and on making an impact on health and wellbeing throughout life. The emphasis of the plan is on preventing illness, on supporting people to manage their own health

and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.

The Welsh Ambulance Service has embraced the key tenets of *A Healthier Wales*, building its long term strategy around a central focus of more integrated, out-of-hospital care provision, working with partners across the wider NHS and beyond to deliver services which reflect the needs of our communities, now and in the future. Our 2019-22 Integrated Medium Term Plan reflects the first plank of delivery of this. Similarly, the ambulance service is working with a number of regional partnership boards across Wales to ensure that it is influencing the strategic discussion around delivery of a Healthier Wales and that its potential and actual contribution to that delivery is acknowledged and developed.

This area of our work is likely to develop in 2019/20 as our relationship with Regional Partnership Boards begin to develop and we are able to make connections across services and localities to identify opportunities for further collaboration across the health and social care interface.

### *Welsh Language*

The Welsh Language Statutory Standards (No.7) Regulations for the Health Sector were approved by the National Assembly of Wales on 20 March 2018. The Regulations are made under the Welsh Language (Wales) Measure 2011 and make the standards specifically applicable to Health Boards and National Health Service Trusts in Wales.

On 30 November 2018, the Trust received its Statutory Compliance Notice from the Welsh Language Commissioner under Section 44 of the Welsh Language (Wales) Measure 2011, along with all other health bodies in Wales. The 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.

The Trust is committed to ensuring the services patients receive, policies and initiatives are consistent with the Welsh Language Scheme and, to support this, the Equality Impact Assessment process includes a section to identify how service changes impact on Welsh speakers. The Trust is committed to the Welsh Government's *More Than Just Words* strategy and will put in place action plans to meet the requirements of the strategy and improve bilingual patient information, recruitment of Welsh speaking staff, and education, awareness and training.

### *Children's Commissioner and the Older People's Commissioner for Wales*

The Welsh Ambulance Service has continued to engage with the Children's Commissioner, ensuring a children's' rights approach across all our services by embedding our *Promises to Children and Young People*.

Our work with children this year has included:

- Helping children and young people learn live-saving CPR skills through our *Shocktober* and *Restart-a-Heart* initiatives, both held in October
- In partnership with Abertawe Bro-Morgannwg Health Board and the Children's Rights Unit, we invited children aged 8-12 who had been taken to hospital by ambulance during the last year to a workshop to share their experiences and learn from their feedback.
- Working collaboratively with our Blue Light partners, we have engaged with schools promoting our work to inform a community safety project.

We have engaged with the new Older People's Commissioner and continue to align our priorities for improvements in outcomes and experiences for older people to the strategic direction of the Commissioner.

Building on the Falls Framework that the Trust has developed and is now implementing, the priority for 2019/20 is to develop an Older People's Plan. Key to this Plan will be the Commissioner's three-year strategy to make Wales the best place in the world to grow older.

### *Blue Light Collaboration*

As an ambulance service, we have continued to expand our interaction and joint initiatives with our emergency services partners. The Trust continued to improve its partnership working with the other emergency services. We attend the Joint Emergency Services Group Executive Board and a tri-service demand and intelligence hub has been established, co-located at South Wales Police headquarters, with a senior analyst working as part of an integrated team. The hub will focus on identifying shared demand in an effort to avoid duplication and variation, whilst reducing inappropriate allocation of work to the wrong service.

### *Wider Unscheduled Care System/Primary Care*

2018/19 saw an opportunity for the Welsh Ambulance Service to engage meaningfully with the transformation of primary care in Wales. The Medical Directorate in particular has continued to work closely with primary care clusters and commissioners to understand and influence the opportunities for the Welsh Ambulance Service to make a wider contribution to out-of-hospital care. For example, an initiative that sees Advanced Paramedic Practitioners work in the GP out-of-hours service in the Hywel Dda University Health Board area has proved successful and provides a potential template for similar work in other parts of Wales.

### *Carter Review*

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.

As a result, we were keen to consider the findings and recommendations that resulted from the review to see if they could be translated into improvements for our own service. The broad areas included within the review are:

- improving ambulance service productivity
- workforce, leadership and human resource processes
- the ambulance fleet
- control centres and the digital ambulance service
- optimizing non-clinical resources and securing effective implementation

Following publication of the *Carter Review*, we undertook a self-assessment against each of the recommendations and it was clear that we were already undertaking, or were planning to undertake, related actions against many of these recommendations. These actions are articulated throughout our IMTP (2019/20 – 2021/22) and, more specifically, within our Local Delivery Plans. For the remaining gaps, an action plan has been developed, with a further plan to monitor implementation and progress throughout 2019/20.

We have scheduled a further self-assessment against the original *Carter Review* for later in 2019/20 to identify any remaining areas for consideration and development.

**EMRTS/WALES AIR AMBULANCE  
CONTENT AWAITED**

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You can read more about our progress in the full **Performance Report here (INSERT HYPERLINK).**

### **Working Sustainably: Our Sustainability Report**

HM Treasury's Government Financial Reporting Manual (FReM) requires that entities falling within the scope of reporting under the commitments of *Greening Government* and which are not exempted by de minimis limit or other exemption under *Greening Government* (or successor policy) shall produce a sustainability report to be included with the management commentary in accordance with HM Treasury issued *Sustainability Reporting in the Public Sector* guidance.

This requirement is not applicable to Wales as a devolved government. However, Wales is unique in the UK in having sustainable development as a central organising principle. Sustainable reporting is an essential part of organisational governance in the public sector in Wales and the Welsh Government's aim is to enable integrated reporting.

#### *Environmental, Social and Community Issues*

As an organisation, the Welsh Ambulance Services NHS Trust is acutely aware of the potential impact its operation has on the environment and it is committed to wherever possible:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered;
- preventing pollution and reducing potential environmental impact; and
- maintaining for the foreseeable future its ISO 14001 environmental management accreditation.

You can read more about the environmental, social and community issues facing the Trust in our sustainability report section of the **Performance Report here (INSERT HYPERLINK)**. It also details some of the steps being taken by the Trust to tackle sustainability, which include:

- integrating the principles of sustainable development into every day decision making;
- focusing on reducing the consumption of finite resources and minimising waste where possible; and
- adopting a carbon based management approach specifically aimed at reducing CO2 and meeting the Welsh Government target objective of a 3% year on year reduction in our carbon footprint

During 2018-19 the Trust was once again successful in its external assessment by BSI and remains the only ambulance service in the UK to hold the ISO14001:2015 accreditation, which is a tremendous achievement by our teams and one of which we are justly proud.



## Governing Ourselves Well

Making sure we manage the organisation in the right way is pivotal to the success of the Welsh Ambulance Service. We are committed to the principles of good governance and of taking a rigorous and ethical approach to the way we manage our organisation.

Every year we produce an Annual Governance Statement. This **Annual Governance Statement (AGS)** ([INSERT HYPERLINK](#)) is a key feature of our annual report and accounts. It demonstrates how we managed and controlled resources in 2018-19 and the extent to which we complied with our own governance requirements. In so doing, it brings together all disclosures relating to governance, risk and control.

This year, we continued to develop our Board Assurance Framework (BAF) in line with our new Integrated Medium Term Plan 2019/20 – 21/22, as well as our continuing improvements to the way we document and manage corporate risks. The BAF is designed to collate information relating to the Trust's strategic aims and details the associated principal risks from the Corporate Risk Register. It also describes the key internal and external controls and where and how management and the Board receive their assurances.

The Trust implemented a new policy process during 2017-18 to bring all our policies up-to-date and provide assurance to the Board that the Trust is complying with current legislation, is meeting mandatory requirements and is discharging its statutory duty. In addition, a central policy register has been developed to provide tighter governance processes around version control and to track policies through the system.

At the end of 2018-19, we were able to report that 50% of the corporate policies had gone through the policy process and were now in-date. The remainder of the policies are being prioritised and will go through the policy process in 2019-20. The Board also approved amendments to the policy process, which allows a lighter touch for those policies that have already been through the new policy process and for which only need relatively small amendments. As a result of the progress on this matter in 2018-19 the corporate risk to the Trust has been reduced.

The Board has also worked and engaged with numerous other organisations in Wales and from across the UK. The Board uses these opportunities to compare, contrast and benchmark itself, as well as to learn and, in some cases, challenge its own methods of working. In particular, Board members (Chair and Committee Chairs) again met with their peers from the South Western

Ambulance Service and have discussed and compared practices and processes. The Board members were able to compare governance processes, committee structures and portfolios, operating practices and performance management.

Based on learning from these discussions and sharing best practice, the Trust has reviewed its Committee structure and portfolio during the year and a revised Committee structure was implemented with effect from 1 April 2019.

This engagement will further develop through 2019-20 and will be extended to include other UK Ambulance Trusts. Additionally, the Chief Executive is a member of the UK Ambulance Chief Executives network.

Further information on the corporate health of the organisation, can be found in the Trust's **2018-19 Annual Quality Statement**. Looking forward, our targets and ambitions are explained in the Trust's **Integrated Medium Term Plan (INSERT HYPERLINKS)**.

You can read more about our governance arrangements in our **Accountability Report and Annual Governance Statement (INSERT HYPERLINK)**.

## **The Year Ahead: Challenges and Opportunities**

2019/20 will be another important year for us, as we work through the recommendations of the Amber Review, move forward with the first year of our new Integrated Medium Term Plan and make progress against our long term ambitions.

Increasingly, we will need to scrutinise what we do and how we do it, to make sure we continue to meet the expectations of the people we serve, our colleagues, commissioners and Welsh Government. This will doubtless mean making some changes, and our positive relationships with our trade union partners, staff and other partners will stand us in good stead as we continue on our transformational journey.

While historically we have highlighted the seasonal pressures associated with the winter period, increasingly these are year round pressures, which is why the 2019/20 demand and capacity review will be so critical in informing the way forward for us, and the wider system.

Indeed, our relationships with our health board partners will be even more critical over the coming year if we are to meet collaboratively the challenges we face of patients who are frailer and living with perhaps multiple health issues, but for whom a hospital stay isn't the right answer.

Similarly, working more closely with colleagues in primary and community services will be important in ensuring we are using the skills of our most highly trained staff in the right way, providing a better experience for patients and reducing the demand on our hospitals.

None of this can be achieved without the commitment of our people, the Board, our commissioners and the very many stakeholders we have across Wales, which is why we will bring forward a new strategic approach to engagement in 2019/20, that seeks to align our engagement activities with our strategic priorities as outlined in our Integrated Medium Term Plan.

We'll let you know how we've got on with all these issues, and more, in next year's Annual Report.

## Company Directorships

The following declarations of interest with regard to company directorships and other significant interests were submitted in 2018-19. Voting Members of the Trust are marked with an asterisk in the Table below.

Name	Position	Declaration
Martin Woodford *	Trust Chairman (Interim) and Non Executive Director	Secretary of Llandogo Memorial Green Committee. Secretary/Manager Tintern Sports Club.
Helen Birtwhistle *	Non-Executive Director (Left the Trust 31/10/18)	Director of Wales For Europe. Lay Member of the Governing Body of the Church of Wales. Vice Chair of Standing Committee. Member of the International Advisory Board, Cardiff Business School. Volunteer with Oasis, an organisation to support asylum seekers/refugees.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Army Reservist. Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, Halo Trust. Emeritus Professor, University of South Wales Independent Trustee St John Cymru Wales. Paton - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant across NHS Wales.
James Mycroft *	Non-Executive Director	Employee of Principality Building Society, Director of Nemo Personal Finance Ltd.
Martin Turner *	Non-Executive Director (Interim) (Joined the Trust 23/7/18)	Management Consultancy (Martin Turner Associates)
Patricia Roseblade *	Chief Executive (Interim) (1/4/18 to 23/9/18) Deputy Chief Executive/ Director of Finance & ICT (Supernumerary) (24/9/18 to 14/10/18) Left the Trust on secondment to Powys LHB (15/10/18)	None

Name	Position	Declaration
Jason Killens *	Chief Executive (Joined the Trust 24/9/18)	Honorary Professorship at Swansea University – College of Human and Health Science
Claire Bevan *	Executive Director Quality and Nursing	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Christopher Turley *	Executive Director Finance and ICT (Interim)	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Hannah Evans	Director of Planning and Performance (Left the Trust on secondment to ABMU LHB 6/8/18)	None
Estelle Hitchon	Director of Partnership and Engagement (Inc. responsibility for Planning and Performance for the period 6/8/18-2/12/18)	None
Richard Lee	Director of Operations (Left the Trust 7/11/18)	Examiner for Royal College of Surgeons Edinburgh. Funded by Health Foundation to attend SCIANA leadership programme.
Rachel Marsh	Director of Planning and Performance (Interim) (Joined the Trust on secondment from Cwm Taff LHB 3/12/18)	None
Louise Platt	Director of Operations (Interim) (From 1/11/18)	None
Keith Cox	Board Secretary	Treasurer of Thrive – Local Charity, Magistrate Cardiff and Vale.

Note: The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust can act as a corporate trustee of the charity. In addition, four Non-Executive Directors have roles on the Charitable Funds Committee.

## REPORT OF THE INTERIM DIRECTOR OF FINANCE AND ICT, CHRISTOPHER TURLEY

### FINANCIAL PERFORMANCE AGAINST STATUTORY FINANCIAL DUTIES FOR THE YEAR ENDED 31 MARCH 2019

In 2018/19, the Trust achieved all of its financial targets as follows:

#### Achievement of 2018/19 Financial Duties and Targets

Achievement of revenue financial balance	<b><i>Achieved</i></b>
Achievement of external financing limit	<b><i>Achieved</i></b>
Capital Spend = or less than the WG set Capital Resource Limit	<b><i>Achieved</i></b>
At least 95% of Non NHS Invoices by number are paid within 30 days	<b><i>Achieved</i></b>

- At the end of the 2018/19 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.057m in its audited final accounts.

Each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

The first assessment of performance against the three-year statutory duty in NHS Wales was at the end of 2016/17, being the first three-year period of assessment.

The Trust is, therefore, deemed to have met its financial duty to break even over the 3 years 2016/17 to 2018/19 as shown below:

Annual financial performance			2016-19
2016-17	2017-18	2018-19	Financial
£000	£000	£000	duty
			£000
44	70	57	171
0	0	0	0
44	70	57	171

- The Trust managed its cash resources and working capital to precisely achieve its External Financing Limit (EFL) target of £0.697m.
- The Trust expended Capital Investment funds of £19.8m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Resource Limit, without exceeding it. In addition a further £0.020m, being the netbook value of assets disposed of, was invested, resulting in the total investment of £19.824m.
- The Trust is required to pay at least 95% of the number of non-NHS invoices received within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 97% within the specified time.

## **REVIEW OF THE 2018/19 YEAR**

In respect of the Trust's total income, £187.8m was received in year (compared to £177.9m 2017/18), an increase of £9.9m.

Total revenue expenditure increased by £10m (5.62%) in absolute terms (2018/19 £188.0m, 2017/18 £178.0m).

During the year there was a 3% - 4.17% pay award, dependant on band, for all staff including Very Senior Managers in line with the new three year pay deal.

The Trust continues to prepare and submit its accounts in line with International Financial Reporting Standards (IFRS). The accounts on page xx are shown in this format in accordance with International Accounting Standards (IAS) 1.

## STATEMENT OF COMPREHENSIVE INCOME (SOCI) FOR THE YEAR ENDED 31 MARCH 2019

### Revenue from Patient Care Activities and Other Operating Income

- The Trust received £180.3m of revenue income from patient care activities during the year. This is an increase of £13.1m from the 2017/18 quoted figure.
- £7.5m was received in respect of other operating income, a reduction of £3.2m from 2017/18.
- Total funding was £187.8m, an increase of £9.9m (5.6%) from 2017/18.

The main changes in funding were as follows:

	£ million
Increase in funding from Emergency Ambulance Service Commissioner including inflation uplift £2.8m, funding for paramedic band 6 £3.5m and additional Capital Charges Strategic Support £2.1m. This was offset by a reduction in funding for Air Ambulance of £0.6m following a transfer of services.	7.8
Increase in funding from the Welsh Government predominantly relating to pay.	3.0
Additional health board income received in relation to the costs incurred for the '111' service of £1.0m, Non-Emergency Patient Transport Services Transfer of services £0.6m and SLA/ECR income £0.7m.	2.3
Reduction in funding from Welsh Government including reductions that include ring-fenced areas such as impairments £1.9m and PIBS (Permanent Injury Benefit Scheme) £0.2m, together with reductions in other minor services of £0.8m.	-2.9
Reduction in research and development income of £0.3m.	-0.3
<b>Total</b>	<b>£9.9m</b>



## Operating Expenses

Operating expenses during 2018/19 totalled £188.0m. This is a net increase of £10.0m from 2017/18. This is mainly a result of:

- An increase in staff costs of £6.7m compared to the previous year. Main changes include £3.9m in relation to the pay award, £1.5m in relation to the impact of overtime on the costs of holiday pay (includes impact for both 2017/18 and 2018/19 due to recent legal advice), £0.8m for developments within '111' and internal structural reviews, and £0.5m for winter pressures.
- An increase in depreciation/amortisation of £1.7m as a result of a higher base value of fixed assets.
- An increase in premises costs of £1.2m due to loss of rates relief, new office premises and an increase in software licences.
- An increase of £0.6m in 'Purchase of Healthcare from non-NHS bodies' relating to the costs of voluntary services in relation to the transfer of the Cardiff and Vale University Health Board Non-Emergency Patient Transport Services (NEPTS) discharge contract.
- An increase in the costs of maintenance and parts for defibrillators and general increase in medical and surgical supplies (£0.6m).
- An increase in general supplies and services due to purchases of new staff winter coats for all staff and additional uniform expenditure relating to additional operational staff employed (£0.5m).
- An increase in 'Other operating costs' of £1.1m relating to the Emergency Services Mobile Communications Project (ESMCP) Control room solution.
- An increase in fuel costs, as a result of price increases of £0.2m.

Offsetting the above increases are the following reductions in expenditure, demonstrating further delivery of planned savings and cost reductions, through increased efficiency and productivity:

- A decrease in impairments of Property, Plant and Equipment of £1.9m. The higher charge in 2017/18 was as a result of the District Valuer's Quinquennial 5 year review of all land and buildings owned by the Trust.

- A decrease in establishment costs of £0.7m due to a reduction in travel and subsistence costs.

### **Investment Revenue**

Investment revenue has increased slightly because of an increase in interest rates over the course of the year. Interest on deposits was £0.098m in 2018/19 compared to £0.036m in 2017/18.

### **Other Gains and Losses**

The Trust made no disposals of land or buildings during the year, with only vehicles and equipment being sold during 2018/19. These sales resulted in an overall profit on sale of £0.212m compared to £0.218m in 2017/18.

### **Finance Costs**

Finance costs have decreased during the year to £0.091m, a decrease of £0.064m compared to the previous year. Of these costs, £0.083m relates to interest on the Ambulance Radio Replacement Project (ARRP) treated as a finance lease under International Finance Reporting Standards.

**The result of all the above is that the Trust had a retained surplus of £0.057m for the financial year 2018/19. In 2017/18 the Trust reported a retained surplus of £0.070m.**

## **STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019**

### **Non-current Assets**

The net value of the Trust's non-current Assets increased by £1.518m from 2017/18 to 2018/19.

A total of £19.8m was invested in new and replacement assets. This was financed from the Trust's Welsh Government funded discretionary capital allocation and funding from the All-Wales Capital Programme.

This expenditure of £19.8m included a total of £11.4m\* spent on vehicles, £2.1m\* on information technology and intangibles and £1.0m on equipment with the balance being invested in the Trust's Estate.

\*The amounts quoted for spend on vehicles, ICT and intangibles represent the actual amount spent in-year, rather than the amount capitalised, as per the full accounts.

## **Current Assets**

At year end, the Trust had £13.3m invested with HM Treasury National Loans Fund. This mainly related to Welsh Government funding for committed and expended capital items, for which the actual cash payments are expected to be made early in the 2019/20 financial year.

Trade and other receivables have decreased by £6.1m compared to 2017/18. This largely relates to a decrease in the Welsh Risk Pool debtor which is reflective of a higher provisions balance at 2018/19.

Positive cash balances were maintained by the Trust throughout 2018/19. As part of the Trust's financial plans, cash flow for 2019/20 will continue to be carefully monitored.

## **Financed by Taxpayers' Equity**

The Trust's capital structure is funded from Public Dividend Capital (PDC) issued by the Welsh Government, a revaluation reserve and a cumulative Income and Expenditure Reserve. The Trust draws down Public Dividend Capital funding as agreed with Welsh Government as and when required to fund anticipated capital expenditure.

During the year, Public Dividend Capital held by the Trust has increased by £2.2m. This is reflected within the increased balance of £68.4m.

The revaluation reserve decreased by £0.344m during the year; this was the net result of a reduction due to in-year impairments of £0.510m and an increase due to the application of indexation to land and buildings of £0.166m.

## **Pension Costs**

Details of pension costs are provided in note 10 (page 28) of the Trust's financial accounts for 2018/19.

## **2019/20 and Beyond**

In common with other public sector bodies across Wales, the Trust is facing a further challenging year.

NHS funding identified via Welsh Government budget uplifts include:

- 2% uplift for core cost growth, which includes funding to meet the first 1% of 2019/20 pay award costs
- Funding to support the A4C 3 year pay award
- A further 1% funding to specifically be incurred on additional costs associated with delivering “*A Healthier Wales*”

To deliver a fully balanced financial plan has resulted in a requirement to deliver a minimum of a further £2m savings via cost reduction and cost avoidance schemes.

Full details of the Trust’s service, operational, workforce and financial plans are contained within the Integrated Medium Term Plan (IMTP) for the period 2019-20 to 2021-22, which was submitted in accordance with the NHS Wales Planning Framework to Welsh Government in January 2019 and received approval during April 2019.

## **2018/19 Accounts**

These accounts for the period ended 31 March 2019 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

The Trust’s external auditor is the Auditor General for Wales. The cost of the external audit fee was £0.153m.

The financial information contained within this financial review is a summary of that contained within the final accounts and might not contain sufficient information for a full understanding of the Trust’s financial position and performance. If you would like a copy of the Trust’s full accounts, they are available on request from the following address:

The Director of Finance  
Welsh Ambulance Services NHS Trust  
Vantage Point House  
Ty Coch Way  
CWMBRAN  
NP44 7HF  
Tel: 01633 626262

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## **Governance Statement 2018/19**

In accordance with Welsh Government requirements, the Trust's full accounts for the financial year include a Governance Statement which sets out responsibilities and mechanisms within the Trust for the management of risk. This includes a review of effectiveness and any significant internal control issues arising during the year.

### **Certificates of Chairman, Chief Executive and Director of Finance**

I certify, that the summary of the annual accounts set out on pages XX to XX are consistent with the Trust's full statements for the year ended 31st March 2019.

### **Related Party Disclosures**

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services. During the year none of the board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Welsh Government is regarded as a related party. During the year NHS Trust have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	456	13,990	59	1,796
WHSSC/EASC	0	147,684	426	11
Abertawe Bro Morgannwg University Health Board	180	4,146	16	76
Aneurin Bevan Health Board	183	6,378	58	278
Betsi Cadwaladr Health Board	405	4,993	169	65
Cardiff & Vale University Health Board	38	4,231	3	215
Cwm Taf University Health Board	79	1,309	19	4
Hywel Dda Local Health Board	178	3,093	40	12
Powys Local Health Board	53	1,150	43	185
Public Health Wales NHS Trust	17	44	0	5
Velindre University NHS Trust	1,656	1,386	276	93
Welsh Ambulance Services NHS Trust	0	0	0	0
Health Education and Improvement Wales (HEIW)	0	362	0	49
Welsh Local Authorities	2,014	112	8	6
Cardiff University	7	0	1	0
Swansea University	192	251	0	12
Cardiff Metropolitan University	3	0	0	0
University of South Wales	3	0	0	0
University of Wales	0	0	0	0
Bangor University	0	0	0	0
Glyndwr University	1	0	0	0
	<b>5,465</b>	<b>189,129</b>	<b>1,118</b>	<b>2,807</b>

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust (marked with an asterisk in the table below) can act as a corporate trustee of the charity. During the year receipts from the Charity

amounted to £0.010m (2017/18: £0.010m) with no other transactions being made. Net assets of the charity amount to just over £0.4m.

The Welsh Government income shown above includes £1.854m relating to impairment funding and £2.224m that relates to PDC capital received during 2018/19.

A number of the Trust's members have declared interests in related parties as follows:

Name	Position	Declaration
Martin Woodford *	Trust Chairman (Interim) and Non Executive Director	Secretary of Llandogo Memorial Green Committee. Secretary/Manager Tintern Sports Club.
Helen Birtwhistle *	Non-Executive Director (Left the Trust 31/10/18)	Director of Wales For Europe. Lay Member of the Governing Body of the Church of Wales. Vice Chair of Standing Committee. Member of the International Advisory Board, Cardiff Business School. Volunteer with Oasis, an organisation to support asylum seekers/refugees.
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd. Retired Member of Unite.
Kevin Davies *	Non-Executive Director	Army Reservist. Chair ABF The Soldiers Charity (Glamorgan) Member of the International Medical Panel, Halo Trust. Emeritus Professor, University of South Wales



		Independent Trustee St John Cymru Wales. Patron - The Motivation and Learning Trust. Deputy Lord Lieutenant South Glamorgan
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant across NHS Wales.
James Mycroft *	Non-Executive Director	Employee of Principality Building Society, Director of Nemo Personal Finance Ltd.
Martin Turner *	Non-Executive Director (Interim) (Joined the Trust 23/7/18)	Management Consultancy (Martin Turner Associates)
Patricia Roseblade *	Chief Executive (Interim) (1/4/18 to 23/9/18) Supernumerary (24/9/18 to 14/10/18) Left the Trust on secondment to Powys LHB (15/10/18)	None
Jason Killens *	Chief Executive (Joined the Trust 24/9/18)	Honorary Professorship at Swansea University – College of Human and Health Science
Claire Bevan *	Executive Director of Quality and Nursing	Honorary Contract Swansea University: Lecturing.
Brendan Lloyd *	Deputy Chief Executive (Interim) and Medical Director	None
Christopher Turley *	Executive Director of Finance and ICT (Interim)	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Hannah Evans	Director of Planning and Performance (Left the Trust on secondment to ABMU LHB 6/8/18)	None

Estelle Hitchon	Director of Partnership and Engagement (includes responsibility for Planning and Performance for the period 6/8/18-2/12/18)	None
Richard Lee	Director of Operations (Left the Trust 7/11/18)	Examiner for Royal College of Surgeons Edinburgh. Funded by Health Foundation to attend SCIANA leadership programme.
Rachel Marsh	Director of Planning and Performance (Interim) (Joined the Trust on secondment from Cwm Taff LHB 3/12/18)	None
Louise Platt	Director of Operations (Interim) (From 1/11/18)	None
Keith Cox	Board Secretary	Treasurer of Thrive – Local Charity, Magistrate Cardiff and Vale.

Voting Members of the Trust are marked with an asterisk \* in the Table above.

No other Trust members provided declarations of interest in related parties during the period.

Material transactions between the Trust and related parties disclosed on page 62 during 2018-19 were as follows (unless already reported on page 61) :

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
St John Ambulance	1,724	0	232	0
<b>TOTAL</b>	<b>1,724</b>	<b>0</b>	<b>232</b>	<b>0</b>

## Salary and Pension Entitlements of Senior Managers

### Remuneration Report

Name and Title	2018-19				2017-18			
	Salary	Benefits in Kind	Pension benefits	Total	Salary	Benefits in Kind	Pension benefits	Total
	(bands of £5000)	Rounded to the nearest £100	£'000 (to nearest £1000)	(bands of £5000)	(bands of £5000)	Rounded to the nearest £100	£'000 (to nearest £1000)	(bands of £5000)
Martin Woodford (Interim Chairman) (Note 1)	40-45			40-45	15-20			15-20
Michael Giannasi (Chairman) (Note 2)					50-55			50-55
Kevin Davies (Non Executive Director)	5-10			5-10	5-10			5-10
Pamela J Hall (Non Executive Director)	5-10			5-10	5-10			5-10
James Mycroft (Non Executive Director) (Note 3)	5-10			5-10	5-10			5-10
Emrys Davies (Non Executive Director)	5-10			5-10	5-10			5-10
Paul Hollard (Non Executive Director)	5-10			5-10	5-10			5-10
Helen Birtwhistle (Non Executive Director) (Note 4)	5-10			5-10	5-10			5-10
Martin Turner (Non Executive Director) (Note 5)	5-10			5-10				
Jason Killens (Chief Executive) (Note 6)	80-85	1,600	61	140-145				
Tracy Myhill (Chief Executive) (Note 7)					130-135	2,600	105	235-240
Patricia Roseblade (Former Interim Chief Executive) (Note 8)	70-75	4,100	27	100-105	110-115	6,200	48	165-170
Christopher Turley (Interim Executive Director of Finance & ICT)	95-100	4,600	95	195-200	15-20	600	5	20-25
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive)	145-150	3,300		150-155	135-140	2,500		140-145
Claire Vaughan (Executive Director of Workforce & OD)	90-95	-	5	95-100	90-95	-	22	110-115
Claire Bevan (Executive Director of Quality & Nursing) (Note 9)	100-105	3,500		105-110	110-115	2,800	197	310-315
Estelle Hitchon (Director of Partnership & Engagement) (Note 10)	85-90	-	25	115-120	85-90	-	21	105-110
Hannah Evans (Director of Planning & Performance) (Note 11)	30-35	-	16	45-50	90-95	-	36	125-130
Rachel Marsh (Interim Director of Planning & Performance) (Note 12)	30-35	-	2	30-35				
Richard Lee (Director of Operations) (Note 13)	65-70	-	10	75-80	100-105	-	27	125-130
Louise Platt (Interim Director of Operations) (Note 14)	35-40	-	24	60-65				
Keith Cox (Board Secretary)	85-90	-		85-90	80-85	-		80-85

## Remuneration Report (Notes)

Note 1 - Martin Woodford was appointed Interim Chairman on 1st April 2018

Note 2 - Michael Giannasi left the Trust on 31st March 2018

Note 3 - James Mycroft left the Trust 31st March 2019

Note 4 - Helen Birtwistle left the Trust on 31st October 2018

Note 5 - Martin Turner joined the Trust on 23rd July 2018

Note 6 - Jason Killens joined the Trust as Chief Executive on 24th September 2018

Note 7 - Tracy Myhill left the Trust on 31st January 2018

Note 8 - Patricia Roseblade was Interim Chief Executive until 23rd September. Patsy then returned to Deputy Chief Executive/Director of Finance & ICT (Supernumerary) until 15th October when she began an external secondment to Powys Teaching Health Board

Note 9 - Claire Bevan prior year salary included a back pay element hence the higher amount in 2017-18 and blank element in pension benefits for 2018-19. Pension benefits for 2017-18 has been amended from £198k to £197k to take account of a correction

Note 10 - Estelle Hitchon held additional responsibilities for Planning and Performance for the period 6th August 2018 to 2nd December 2018

Note 11 - Hannah Evans left the Trust on external secondment to Abertawe Bro Morgannwg University Health Board on 6th August 2018

Note 12 - Rachel Marsh joined the Trust as Interim Director of Planning & Performance on 3rd December 2018

Note 13 - Richard Lee left the Trust on 7th November 2018 however was paid until 3rd December 2018 due to accrued annual leave

Note 14 - Louise Platt was appointed Interim Director of Operations on 1st November 2018

## Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jason Killens (Chief Executive)	2.5-5	7.5-10	30-35	95-100	585	408	73	12
Patricia Roseblade (Former Interim Chief Executive)	0-2.5	2.5-5	25-30	85-90	643	506	56	11
Christopher Turley (Interim Executive Director of Finance & ICT)	2.5-5	7.5-10	35-40	90-95	683	513	142	14
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) *	0	0	0	0	-	-	-	-
Claire Vaughan (Executive Director of Workforce & OD)	0-2.5	-2.5-0	20-25	45-50	354	293	40	13
Estelle Hitchon (Director of Partnership & Engagement)	0-2.5	0-2.5	25-30	60-65	488	397	67	13
Claire Bevan (Executive Director of Quality & Nursing)	-5--2.5	-10--7.5	40-45	125-130	956	904	11	15
Hannah Evans (Director of Planning & Performance)	0-2.5	0-2.5	20-25	45-50	337	251	23	5
Rachel Marsh (Interim Director of Planning & Performance)	0-2.5	-2.5-0	35-40	50-55	551	462	20	4
Richard Lee (Director of Operations)	0-2.5	0-2.5	40-45	100-105	718	598	60	10
Louise Platt (Interim Director of Operations)	0-2.5	0-2.5	25-30	60-65	441	332	36	6
Keith Cox (Board Secretary) **	0	0	0	0	-	-	-	-

## Notes

\* Dr Brendan Lloyd chose not to be covered by the NHS pension arrangements during the reporting year

\*\* Keith Cox chose not to be covered by the NHS pension arrangements during the reporting year

## Hutton Report Information

	2018-2019	2017-2018
Band of Highest paid Director's Total Remuneration £000	155-160*	147.5
Median Total Remuneration £000	30	30
Ratio	5.32	4.99

\* Based on guidance the presentation of the 2018-19 highest paid director is now shown as a banded amount and not the mid-point of the band

### Remuneration Relationship

Reporting bodies are required to disclose the relationship between the midpoint of the banded remuneration of the highest-paid director/employee in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in post at 31st March 2019 in the Welsh Ambulance Services NHS Trust in the financial year 2018-19 was £155k to £160k (2017-18, £147,500). This was 5.32 times (2017-18, 4.99 times) the median remuneration of the workforce, which was £29,608 (2017-18, £29,536).

In 2018-19, 0 (2017-18, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £17,460 to £157,500 (2017-18 £16,523 to £147,500).

The reason for both the increase in remuneration together with the upturn in ratio compared to 2017-18 are the result of a change of Chief Executive.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.





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

<b>AGENDA ITEM No</b>	2.5
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

## ANNUAL PERFORMANCE REPORT 2018–19

<b>MEETING</b>	EMT
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Rachel Marsh – Interim Director of Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – AD Commissioning & Performance Kerri Hitchings – Commissioning and Performance Manager
<b>CONTACT DETAILS</b>	<a href="mailto:hugh.bennett2@wales.nhs.uk">hugh.bennett2@wales.nhs.uk</a> <a href="mailto:kerri.hitchings3@wales.nhs.uk">kerri.hitchings3@wales.nhs.uk</a>

<b>CORPORATE OBJECTIVE</b>	IMTP priority objective (ALL)
<b>CORPORATE RISK (Ref if appropriate)</b>	ALL Risks
<b>QUALITY THEME</b>	ALL
<b>HEALTH &amp; CARE STANDARD</b>	ALL

<b>REPORT PURPOSE</b>	To consider the draft of the Annual Performance Report.
<b>CLOSED MATTER REASON</b>	Not applicable.



REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
EMT	15/05/19	Consideration
TRUST BOARD	30/05/19	Consideration

## **SITUATION**

1. The Trust has to produce a Performance Report as an integrated part of the Annual Report. Whilst the final Annual Report does not have to be submitted until the 1<sup>st</sup> July 2019, a draft of the Performance Report is required to be submitted by the 31<sup>st</sup> May 2019.

## **BACKGROUND**

2. The NHS Wales 2018-19 Manual for Accounts pages 11 to 15 set out the statutory requirements of the Annual Performance Report. The requirements include:

- An Overview

The purpose of the “Overview” is to give the user a short (no more than 5 to 10 pages) summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. As a minimum, the Overview must include:

- A statement from the Chief Executive providing their perspective on the performance of the organisation over the period.
- A statement of the purpose and activities of the organisation
- The key issues and risks that could affect the entity in delivering its objectives
- A performance summary - key summary of the organisation’s achievements delivered against plan, and the areas where improvements are required.

- A Performance Analysis

The purpose of the “Performance analysis” is for the organisation to report/summarise on their delivery against performance measures a) each delivery framework domain, b) delivery against finance and workforce plans c) wider performance matters including partnership working, main achievement against service specific delivery plans and delivery against any specific local requirements. This should also include

- A Well Being statement (linked to the Well-Being of Future Generations Act);
- A Sustainability Report;
- The Annual Quality Statement;
- Financial Information.

3. The publication deadline is a month earlier this year and is tight. Officers from across directorates have been pro-active in completing the information requirements in the short time frame.

## **ASSESSMENT**

4. The attached draft follows the requirements of the Manual of Accounts. The Overview section is from Pages 3-13.
5. In previous years the Performance Report has been signed off by the Chief Executive Officer and Director of Planning & Performance, with a hyperlink in the Annual Report to the Performance Report. This year the Trust is required to send Welsh Government the Performance Report, so Board approval is required.
6. This is a draft Performance Report, and may be amended subject to discussions at Board and in the light of any changes required to the overarching Annual Report. There are some areas where additional issues need to be added to the report, which are highlighted throughout the report.

## **RECOMMENDATION**

Board is asked to:-

- i. Consider the information in the Performance Report;
- ii. Approve the draft Performance Report; and
- iii. Delegate final approval to the Chair, CEO and Director of Planning & Performance.



# **Welsh Ambulance Service NHS Trust**

## **The Performance Report**

**2018/19**

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## Contents

<b>1. Overview of our Performance in 2018/19</b>	<b>4</b>
1.1 Statement from the Chief Executive Officer	4
1.2 What the Welsh Ambulance Service provides	6
1.3 Our Behaviours, Purpose, Vision, Strategic Aims and Priorities	6
1.4 Key Risks and Challenges to Delivery	7
1.5 A Performance Summary	9
<b>2. Performance Analysis</b>	<b>15</b>
2.1 Measuring and Monitoring Progress on Performance and Delivery	15
2.2 Performance against NHS Delivery Framework	15
2.3 Performance against Commissioning Intentions	16
2.4 Strategic Priority 1 – Quality Improvement	16
2.5 Strategic Priority 2 - Performance	18
Sustaining and Improving Red Performance	18
Clinical Contact Centres	19
Amber Performance and the Amber Review	20
2.6 Strategic Priority 3 - NEPTS	24
Transfer of non- Welsh Ambulance Service Trust Non-Emergency Patient Transport Services work from Health Boards	24
Implementation of the Quality and Delivery Assurance Framework	24
Business Case Priorities	25
2.7 Strategic Priority 4 – Partnerships	25
Health Boards	26
Blue Light Partners	28
Third Sector	28
Patient Engagement and Community Involvement	29
Volunteer Strategy	29
Estate	30
Fleet	31
Joint Training Opportunities	32
111	33
2.8 Strategic Priority 5 – Our Staff	33
Develop our Workforce	33
The Shape of Our Workforce	34
Staff and Colleague Experience	35
Trade Union Engagement	36

	<b>Workforce Challenges .....</b>	<b>36</b>
	<b>Equality, Diversity and Human Rights.....</b>	<b>37</b>
<b>2.9</b>	<b>Delivering our Financial Plan to achieve Financial Balance .....</b>	<b>37</b>
<b>2.10</b>	<b>Resilience and Business Continuity .....</b>	<b>38</b>
<b>2.11</b>	<b>Information Communications Technology .....</b>	<b>39</b>
<b>2.12</b>	<b>Annual Quality Statement.....</b>	<b>40</b>
<b>2.13</b>	<b>Sustainability Report .....</b>	<b>40</b>
<b>2.14</b>	<b>Key Risks and Issues 2018/19.....</b>	<b>40</b>
<b>2.15</b>	<b>Further Information .....</b>	<b>46</b>

# 1. Overview of our Performance in 2018/19

## 1.1 Statement from the Chief Executive Officer

The Welsh Ambulance Service NHS Trust (the Trust) prides itself on being amongst the most transparent ambulance services in the World in terms of performance. Every month key statistics on performance are published by Welsh Government. The Emergency Ambulance Services Committee (EASC) publishes a comprehensive set of Ambulance Quality Indicators (AQIs) on a quarterly basis and at every Board meeting the Trust Board receives a range of reports considering quantitative and qualitative information on performance and progress. There is good news in this Performance Report, but the Trust is also clear that there were some significant challenges for the Trust in 2018/19, in particular, patient safety and performance through the winter.

2018/19 was another important year for the ambulance service in Wales and the third full year in which the Clinical Response Model (CRM) was in operation. RED 8 performance i.e. responses to immediately life threatening incidents, was maintained above the Welsh Government's target to respond to 65% of these incidents in 8 minutes. RED performance pan-Wales was above 70% for every month in 2018/19 (compared to 9 months in 2017/18), achieving 73.8% for the year (compared to 74.6% for 2017/18).

Whilst the Trust is pleased to be achieving this level of performance, RED incidents account for a small proportion of incident activity, with the vast majority of our incidents being AMBER i.e. serious, but not immediately life threatening. This performance report highlights how response times to the AMBER category of patients have an underlying upward trend. In November 2018 the independent Amber Review published its findings. The Trust welcomed the Review's finding that the "the clinical response model is a valid and safe way of delivering ambulance services" but we acknowledge we have more to do in improving patient experience for some patients in the Amber category, especially those whose wait for an ambulance to arrive is longer than we would like. The final quarter of 2018/19 involved the Trust working in partnership with the Chief Ambulance Services Commissioner and the wider unscheduled care system on delivering the recommendation from the Review, which are due to be completed by November 2019.

32 Serious Adverse Incidents were reported in 2018/19 compared to 38 in 2017/18. Whilst we can report six less year on year, this is too high. Delivering in partnership on the recommendations of the Amber Review is key to reducing the number of Serious Adverse Incidents.

Throughout 2018/19 we continued to roll out a number of key initiatives to support the reduction of conveyance of patients to major Emergency Departments, where it is clinically safe and appropriate to do so, for example increased hear & treat, the use of Advanced Paramedic Practitioners and the Band Six Paramedic Project. In 2018/19 we conveyed less than half (49.50%) of our patients to major Emergency Departments.

Engaging with staff and working in partnership with our trade unions remains central to delivering the right service to patients and staff well-being. In 2018 the Trust participated in the NHS Wales Staff Survey (the last one being in 2016). On the whole, the results of the 2018 survey showed positive movements across the board, with some significant improvements. 71% of staff completing the survey said that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 65% in 2016, a 6% improvement. Despite these improvements, the Trust is performing worse than the overall NHS Wales scores on many questions, including harassment, bullying and abuse. The Trust will maintain a strong focus on staff engagement and well-being going forward.

Alongside Emergency Medical Services we also provide Non-Emergency Patient Transport Services (NEPTS) and 111 services. In 2018/19 the Trust continued to roll out 111 services, working in

partnership with Health Boards to provide patients with a single phone number for access to health information, health advice and out of hour's urgent care. The Trust has also continued to work on transforming our Non-Emergency Patient Transport Services, working with all Health Boards across Wales to transfer all commissioned non-Welsh Ambulance Services Trust Non-Emergency Patient Transport Services to the Welsh Ambulance Service Trust. The delivery and transformation of Non-Emergency Patient Transport Service delivery is enhanced by a national team of volunteers.

Finally, quality is at the heart of what the Trust does. It is critical that quality, safety and patient experience underpin every aspect of the Trust's business. The Trust produces a separate Annual Quality Statement which provides a detailed plain English assessment of the Trust's quality in this year.

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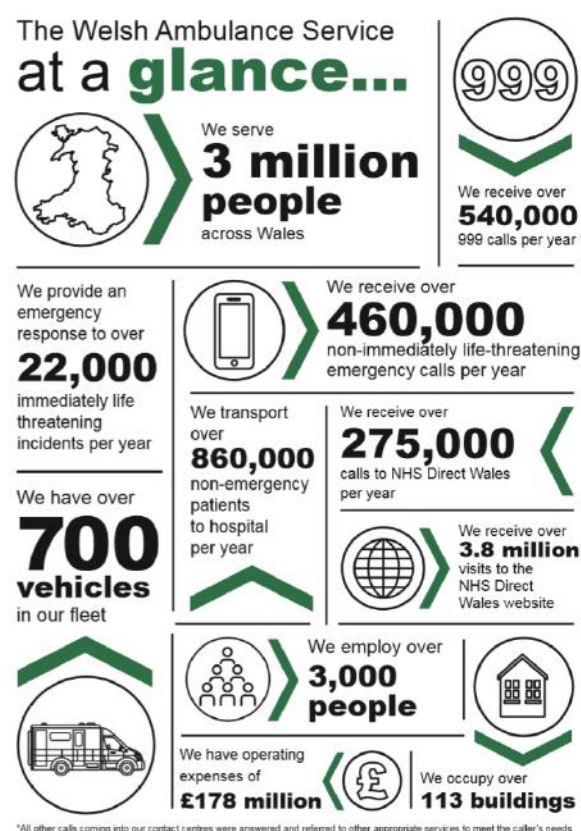
Jason Killens  
Welsh Ambulance Service Trust Chief Executive Officer



## 1.2 What the Welsh Ambulance Service provides

The Trust provides ambulance services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed. Services include:

- The blue light ambulance services: including call taking, hear and treat, see and treat and if necessary, conveyance to an appropriate hospital
- The Non-Emergency Patient Transport Service (NEPTS): taking patients to and from hospital appointments and transferring them between hospitals.
- The NHS Direct Wales service: a health advice and information service available 24 hours a day, every day, including an online and telephone offering.
- The 111 service: a free to call service which incorporates the NHS Direct Wales service and the call taking and first stage clinical triage for the out-of-hours service. This is now live in the Swansea, Neath, Bridgend, Carmarthenshire, Pembrokeshire, Ceredigion and Powys areas. The Trust continues to provide the NHS Direct Wales service in other parts of Wales.
- The Trust also supports Community First Responders, Co-Responders and Uniformed Responders to provide additional response resource.

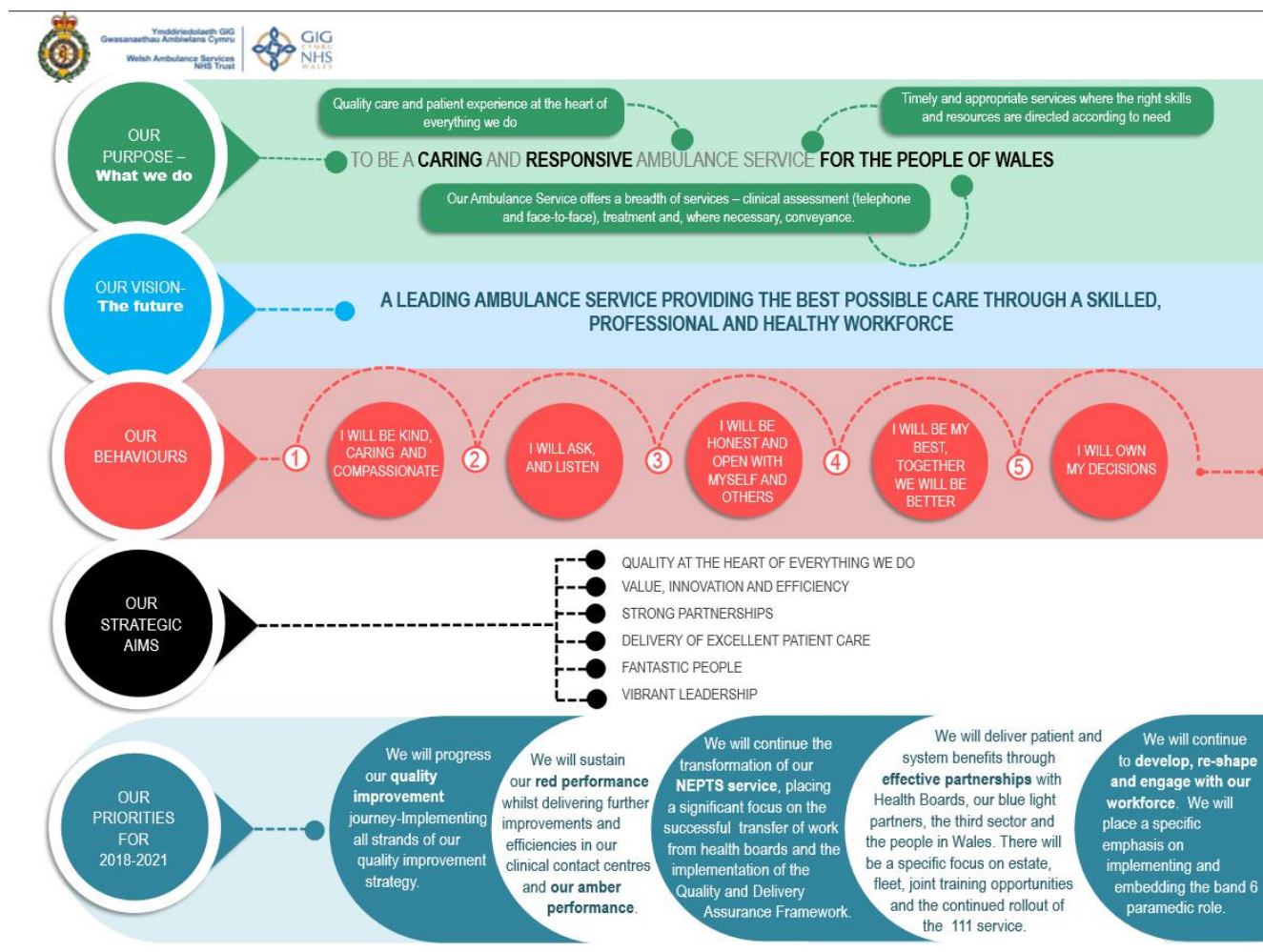


## 1.3 Our Behaviours, Purpose, Vision, Strategic Aims and Priorities

Our purpose is *to be a caring and responsive ambulance service for people in Wales.*

The Trust has previously engaged with staff at all levels and across Wales on developing an agreed set of behaviours, a clear organisational purpose and an agreed vision. The Trust's vision is underpinned by 5 strategic aims, with quality at the heart of what we do.

The aims are designed to give a long term focus, within which we prioritise actions that will have the biggest impact. For the 2018-2021 Integrated Medium Term Plan (IMTP), the Trust identified five priorities. These interdependent elements of purpose, vision, behaviours, strategic aims, and priorities been drawn into a single strategy map which is set out below.



The Took consideration of a wide range of national and local drivers for change including: **insert section here on key drivers**



WAST-IMTP FINAL  
MARCH 18.pdf

## 1.4. Key Risks and Challenges to Delivery

The 2018/21 IMTP considered the risks and challenges to delivery that would be encountered during the year. The Trust has put in place mitigating actions in each case, although the impact has not been eliminated

### **Risk identified in IMTP**

### **Mitigating Actions**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><i>Political landscape - The life of this plan will be against the backdrop of Brexit negotiations and both general and Welsh Assembly elections.</i></li> </ul> | <ul style="list-style-type: none"> <li>The Trust participated fully in all Brexit arrangements and processes. This did not impact on the Trust during the year</li> </ul> |
|---|---|

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <i>The wider unscheduled care system in NHS Wales - We are a vital partner in the unscheduled care system (USC) and must work closely with all other stakeholders to re-engineer the system. The system is under pressure and, at periodic points throughout the year, escalation levels are such that delivery of our plan will face some risks, as will delivery of LHB plans. This is both a challenge and an opportunity.</i></li> </ul> | <ul style="list-style-type: none"> <li>• The Trust is an active partner on the Unscheduled Care Board, the EASC committee and other planning for a to ensure collaboraton at the highest level.</li> <li>• Continued pressure on handover delays outside hospital has hwever impacted on performance</li> <li>• Lots of opportunities identified however tht we can assist with</li> </ul>                 |
| <ul style="list-style-type: none"> <li>• <i>Leadership challenge - Identifying, developing and encouraging a change in leadership style from the old "we know best" to a more collaborative, empowering, courageous and vibrant style of leadership for the future, is seen to be essential in delivering sustainable culture change across the organisation.</i></li> </ul>  | <ul style="list-style-type: none"> <li>• New permanceACEO, Jason Killens, was appointed and commenced in October 2018.</li> <li>• A number of Directors are in interim roles, and this will be addressed through 201/20</li> <li>• Leadership and Management strategy</li> </ul>   |
| <ul style="list-style-type: none"> <li>• <i>Ability to respond in a timely way given the shift and increase in demand. The Demand and Capacity Review that took place in 2016/17 identified a number of challenges:</i> <ul style="list-style-type: none"> <li>• Existing capacity</li> <li>• Demand projection</li> <li>• Performance reduction</li> <li>• The impact of system wide pressures</li> </ul> </li> </ul>  | <p>For 2018/19 we have</p> <ul style="list-style-type: none"> <li>Pilot the use of Optima Predict</li> <li>ook at opportunities to reduce the current relief gap</li> <li>eview the rosters across all Local Health Board (LHB) areas</li> <li>eliver the 30 second reduction in activation times via the new CAD</li> <li>velop the Clinical Response Model to identify "missed opportunities"</li> </ul> |
| <ul style="list-style-type: none"> <li>• <i>Amber performance remains an area of challenge. Amber calls account for approximately 65% of the Trust's 999 workload and are made up of a very large cross section of conditions, which range from suspected strokes and breathing difficulties through to suspected broken ankles and elderly patients who have fallen and are injured.</i></li> </ul>  | <p>We have a detailed Amber improvement plan which is focused around three core issues:</p> <ul style="list-style-type: none"> <li>• Resource production</li> <li>• Resource availability</li> <li>• The clinical model</li> </ul>   |

## 1.5. A Performance Summary

**Strategic Priority 1** - To progress our quality improvement journey - implementing all strands of our quality improvement strategy

The Trust produces a separate Annual Quality Statement, which demonstrates the huge amount of progress which has been made against this priority, and can be accessed using the following link:

**HYPERLINK HERE**

During 2018/19, the Trust developed and launched the Welsh Ambulance Service Trust Improvement and Innovation Network: WIIN. The aim of this Network is to ensure that the Trust has an improvement and innovation platform that connects the various parts of the organisation together to enable small and large scale improvements. The info-graphic below summarises its principles and functions.



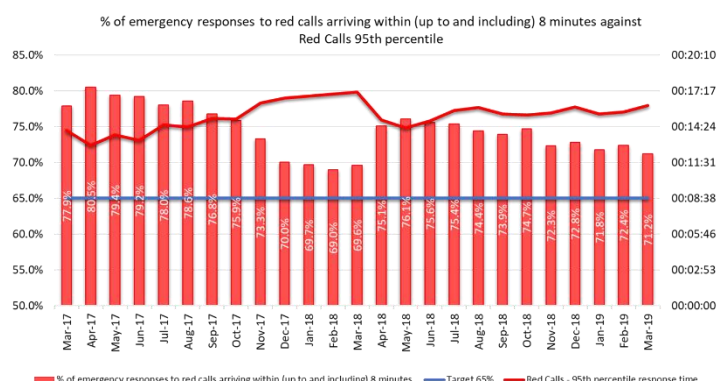
WIIN is supporting front-line staff to progress Silver IQT projects and aims to link with the Research functions of the Trust as well as the Project Management team where successful small scale improvements are intended for scale up.

As WIIN establishes and embeds itself into the Trust, it will also provide the vehicle for external partnerships and creative solutions to system challenges.

**Strategic Priority 2** - To sustain our red performance whilst delivering further improvements and efficiencies in our clinical contact centre and our amber performance.

### Sustaining Red Performance

The Trust's target is to respond to 65% of red incidents within 8 minutes on an All Wales basis, and to respond to at least 60% in each Health Board area. The All Wales target was achieved, with red performance above 70% for every month during 2018/19.



However, the graph shows that performance steadily declined during the year. A large increase in red demand was noted, which may have impacted on performance.

Neither Hywel Dda nor Powys Health Boards achieved the 60% target every month throughout 2018/19.

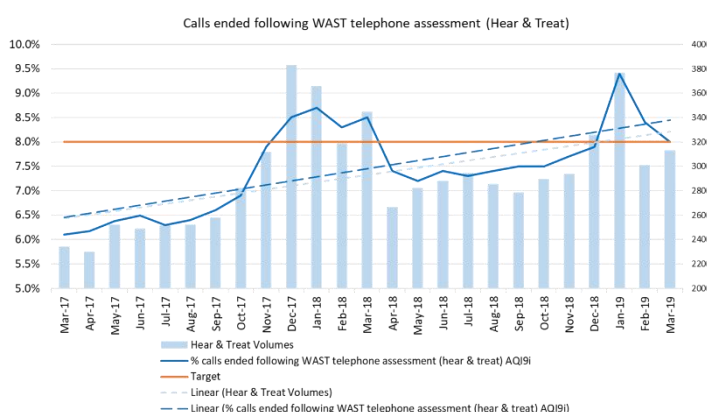
Improvement plans are in place for the whole of Wales and specific actions are targeting performance in Hywel Dda and Powys.

### *Improving Efficiency of Clinical Contact Centres*

Investment from the Welsh Assembly Government enabled us to commence recruitment of an additional 16 clinical staff within the Clinical Support Desk function. This will ensure that many more patients are provided with treatment, advice and support over the phone, negating the need for ambulances to be sent for face-to-face assessments.

The numbers and proportions of calls that are ended following telephone assessment (Hear and Treat) have increased (see graph). Performance has been over 8% (our internal target) for the last 4 months of the financial year.

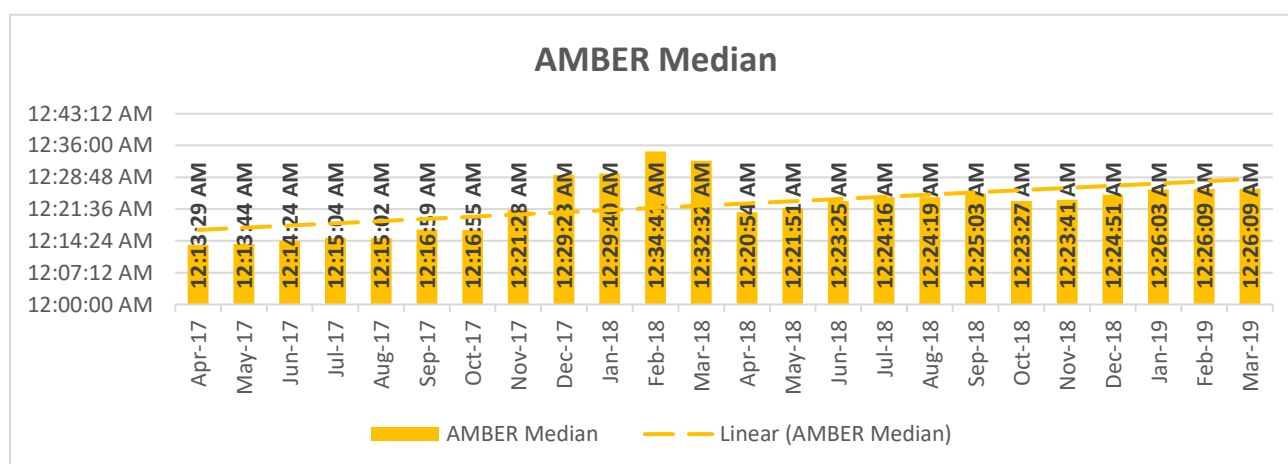
35,934 ambulances were not dispatched as a result of calls being closed by the Clinical Service Desk, compared to 34,965 in 2017/18.



The ambition is to achieve a 12% level of hear & treat in 2019/20.

### *Amber Performance*

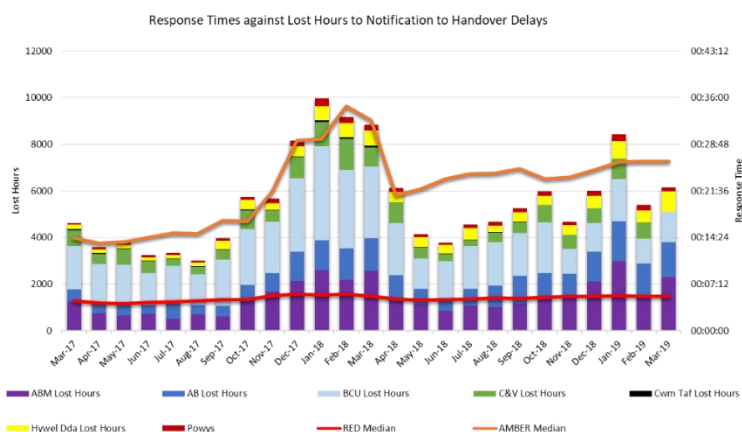
Whilst performance in the winter of 2018/19 was better than the previous winter, it is clear that the time that amber patients wait for a response is gradually increasing. The Trust achieved an Amber Median of 37 minutes, compared to 32.47 minutes in 2017/18. Similarly the Amber 65<sup>th</sup> percentile lengthened to 24 minutes and 11 seconds, compared to 21 minutes and 7 seconds in 2017/18 and the Amber 95<sup>th</sup> lengthened to two hours 38 minutes and 42 seconds, compared to two hours 34 minutes and 22 seconds in 2017/18.





Because of the concern regarding longer waits in the Amber category, an independent review (the Amber Review) was requested by the Chief Ambulance Service Commissioner. This reported in November 2018. The Amber Review concluded: “we have found that there are a number of patients in the amber category that are waiting too long to receive a response. The overriding factor in improving this is the availability of ambulance resources and not the categorisation of these patients as amber.”

The review considered the factors affecting availability of ambulance resources. Many are within the Trust’s ability to influence, and work has been on-going on actions to reduce sickness and abstraction levels, increase the level of responding response deployed within available resources and improve the efficiency and effectiveness of the resource deployed.



Outside the control of the Trust, considerable hours are lost with ambulances waiting to offload outside Emergency Departments. This has a negative impact both on our patients, but also on our staff. An escalation process has been introduced in 2019/20 whereby any delays over 6 hours are escalated to Health Board CEOs by the Trust CEO.

The Amber Review made nine recommendations, which the Trust, in collaboration with the National Collaborative Commissioning Unit will need to deliver by November 2019.

**Strategic Priority 3** - To continue the transformation of our **Non-Emergency Patient Transport Service**, placing a significant focus on the successful transfer of work from Health Boards and implementation of the Quality and Delivery Assurance Framework..

We are working with all Health Boards across Wales to transfer all commissioned non-Welsh Ambulance Service Trust Non-Emergency Patient Transport Services to the Trust. During 2018/19 the first successful transfers of work from Velindre and Cardiff and Vale Health Boards were completed. A robust programme plan is in place for the transfer of work from remaining Health Boards to Welsh Ambulance Service Trust.

By transferring all transport work to the Trust, we will realise a number of benefits to create better value for money for NHS Wales through better coordination of services and efficiency saving. This will allow savings to be re-invested to improve the service further. The transfer of work will also improve the quality of service by implementing a well governed ‘once for wales’ approach.

**Strategic Priority 4** - To deliver patient and system benefits through **effective partnership** with Health Boards, out blue light partners, the third sector and the people in Wales. There will be a specific focus on estate, fleet, joint training opportunities and the continued roll-out of the 111 service.

We have established many ways of working well in partnership with others. Examples include:

- Processes agreed with Health Boards to work together to deliver those commissioning intentions which require a joint approach;
- Full engagement in the strategic change agenda of Health Boards;
- CEO attendance at the Joint Emergency Service Group Executive (JSEG) Board;
- Issuing of 111 additional Automated External Defibrillators (AEDs) to communities across Wales.
- Community First Responders responding to over 18,000 incidents and being first on scene in 86.2% of the time when they were deployed.
- Engaging with 20,206 members of the public discussing their experiences and expectations of the Trust.
- Funding a number of priorities from the Estates Capital programme:
  - the refurbishment, improvement and fit out of Ty Elwy as the administrative headquarters serving North Wales, with an emphasis on well-being spaces.



- Refurbishment of Matrix House, Swansea for administrative functions serving the Central and West Wales, supporting partial emptying of Cef Coed Hospital.



- Relocation of the NEPTS function out of Lansdown Hospital premises enabling its closure as part of C&V Health Board plans.

- Capital funding of 10,293m provided by Welsh Government for procurement of 112 fleet vehicles. As at 31 March the Trust had 715 vehicles in its fleet.
- Continued roll out of the NHS Wales 111 service, working with Health Boards to provide patients with a single phone number for access to health information, advice and out of hour's urgent care. Through 2018/19 the service was expanded into Powys teaching Health Board and across the whole of Hywel Dda. Work has progressed in preparation for the roll out of 111 into Aneurin Bevan and Cwm Taf Health Board areas which is planned for 2019/20.

**Strategic Priority 5** - To continue to **develop, re-shape and engage** with our workforce. We will place a specific emphasis on the implementing and embedding of the Band 6 paramedic role..

**Band 6 roles:** 2018/19 was the first year of the three year Band 6 Paramedic training programme. Excellent progress was seen, with 89.7% of Band 6 staff having achieved all the year 1 required competencies by the end of March 2019. A full benefits realisation plan is being reviewed through the 3 years.

**Recruitment:** During 2018/19 the Trust converted overtime spending to permanent posts and created an additional 35 Emergency Medical Services posts as a result. Similarly, the Trust over recruited

(against establishment and budget) in order that future predicted vacancies could be filled in a timely manner.

**Workforce Re-design:** Having piloted an Advanced Paramedic Practitioner (APP) Rotational Model in 2017/18, the Trust expanded this model in 2018/19 using Welsh Government winter monies and commenced recruitment for an additional 20 APPs. The APPs can undertake more see & treat activity than paramedics, which should enable the Trust to treat more patients without conveying them to hospital. Conveyance rates and numbers to major EDs have not yet seen a major decline however.

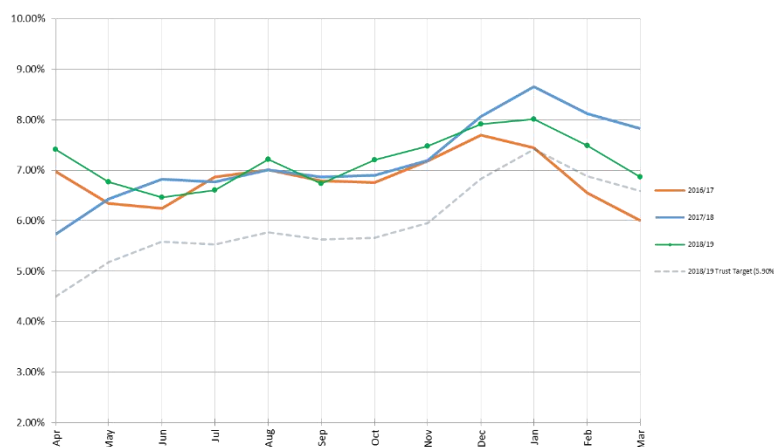
**Staff Survey:** Working closely with staff and Trade Union partners continues to be one of our highest priorities. In 2018, 42% of staff participated in the NHS Wales Staff Survey. The Trust was delighted to see positive improvements in many of the indicators: 71% of staff completing the survey said that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 65% in 2016, a 6% improvement. Improvements continue to be seen in the overall engagement index.

Engagement Index Table

	2018	2016	2013
Intrinsic psychological engagement	3.92	3.77	3.59
Ability to contribute towards improvements at work	3.33	2.85	2.45
Staff advocacy and recommendation	3.70	3.34	3.03
Overall engagement index	3.65	3.34	3.03

Despite these improvements, the Trust still performs worse than the overall NHS Wales scores on a number of questions, including harassment, bullying and abuse. A workshop in March 2019 identified 3 priorities for action to work on in 2019/20.

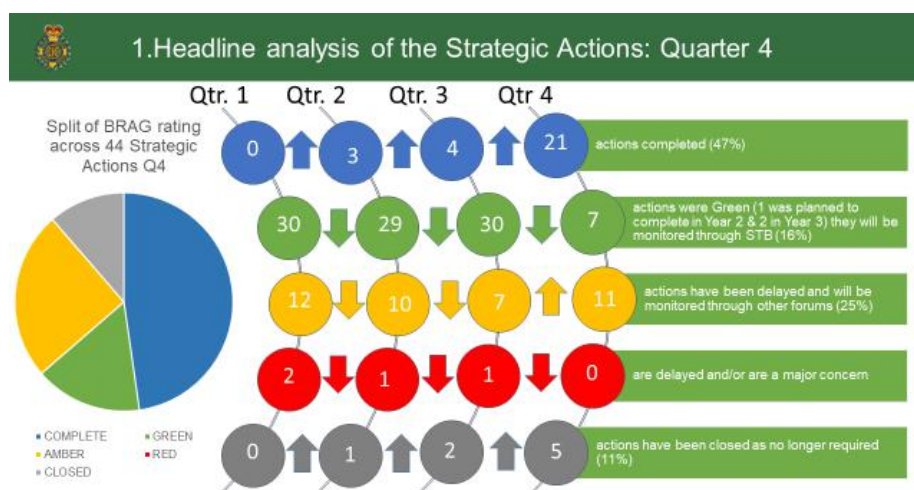
**Sickness Levels:** Sickness absence rates have continued to challenge the organisation. A 9 point action plan was introduced in 2018/19.



**Strategic Aims and Performance Ambitions –** In support of the delivery of the aims and priorities set out above, the Trust identified a total of 44 strategic actions that it would undertake within the life of the IMTP and 46 performance ambitions

The Trust Board has received reports on a quarterly basis on achievement of these strategic actions and performance ambitions. Excellent progress has been made, with 28 of the actions either completed or where expected at the end of March 2019, and 21 of the performance ambitions achieved. However, a number of actions and performance ambitions remain unachieved or off target.



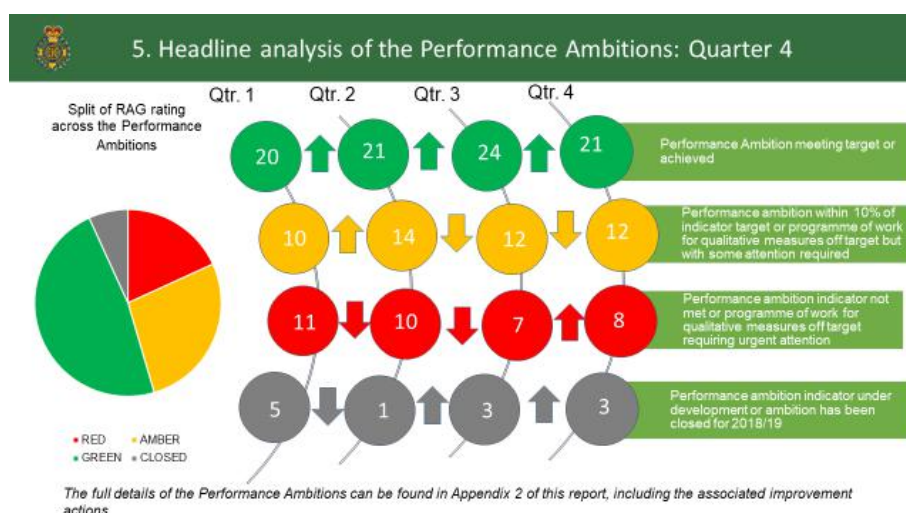


#### Key Achievements:

- Development and agreement of Long Term Strategy in March 2019
- Level 1 falls vehicles deployed over the winter period, delivered by St John Ambulance, significantly improving quality of service for non-injury fallers
- Development of a project and programme management framework

Actions which have slipped and where further work is required in 2019/2:

- Delivery of Phases 2 and 3 of the CAD system
- Development of a Public Health Plan
- Approval of an OBC for the new Make Ready Depot for Cardiff.



#### Key Ambitions achieved:

- Achievement of clinical indicator targets for insert..
- Reduction in impact of frequent callers
- Reduction in conveyance rates to major Emergency Departments
- Reduction in multiple vehicle arrivals on scene

The Trust achieved a small revenue surplus of £0.057m and delivered all of its financial targets.

The top three risks for the Trust, as per its corporate risk register, were: unable to attend to patients in the community who require see and treat services; patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident & Emergency) and the Safeguarding Referral Process.

## **2. Performance Analysis**

### **2.1 Measuring and Monitoring Progress on Performance and Delivery**

The Trust prides itself on being amongst the most transparent ambulance services in the world in terms of performance. Every month key statistics on performance are published by Welsh Government, and performance is recorded against the relevant indicators outlined in the NHS Delivery Framework for Wales. The Emergency Ambulance Services Committee (EASC) publishes a comprehensive set of Ambulance Quality Indicators (AQIs) on a quarterly basis and at every Board meeting the Trust Board receives a range of reports considering quantitative and qualitative information on progress against the IMTP and performance metrics.

Internally, the Trust closely monitored progress against the IMTP the key components of which were:

- 5 priorities;
- 44 strategic actions, each assigned to a Director lead;
- a suite of performance ambitions; and
- achievement of a balanced financial plan.

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

I-DAG was used as the forum through which progress against these actions was monitored. With predominately Director-level membership, it offered an opportunity to unblock issues as they arose and to limit the impact on delivery of actions. A number of factors meant that the group was not able to meet throughout the year, but a monthly highlight report was brought to Executive Management Team meetings instead. This offered the same opportunities as iDAG because of the membership.

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

### **2.2 Performance against NHS Delivery Framework**

The NHS Delivery Framework sets out 31 indicators against which the Trust is measured by Welsh Government. Performance against these indicators is discussed at the 6-monthly Joint Executive Team meetings between the Trust and Welsh Government officials. The table below summarises the year end performance, and shows that there are 12 measures where the target has been achieved, 1 where delivery has been within 5% of target and 18 where the target has not been delivered. More detailed information on the majority of these indicators is found in the following sections of this Performance Report.

WELSH AMBULANCE SERVICE NHS TRUST - PERFORMANCE AGAINST DELIVERY FRAMEWORK TARGET SNAPSHOT - 2018/19					
	Number of measures where the target has been delivered	Number of measures where delivery has been within 5% of the target	Number of measures where the target has not been delivered	Target Summary	Measures which have not achieved target or have seen a deteriorating trend over the latest 12 months
<b>STAYING HEALTHY</b> - I am well informed & supported to manage my own physical & mental health	0 measures	0 measures	1 measure		<ul style="list-style-type: none"> <li>% flu vaccination uptake in healthcare workers with direct patient contact was 39.0% in 2017/18 against the 50% target.</li> </ul>
<b>SAFE CARE</b> - I am protected from harm & protect myself from known harm	2 measures	0 measures	5 measures		<ul style="list-style-type: none"> <li>% serious incidents assessed within the agreed timescale was 0.0% in March 2019 against the 90% target.</li> <li>Amber call 95th percentile response times have seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> <li>Red call 95th percentile response times have seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> <li>There was 1 Patient Safety Solutions Wales Notice that was not assessed within the agreed timescale in Q4 2018-19.</li> <li>The number of administration, dispensing or prescribing measures has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> </ul>
<b>DIGNIFIED CARE</b> - I am treated with dignity & respect & treat others the same	0 measures	0 measures	2 measures		<ul style="list-style-type: none"> <li>% of employed NHS staff completing dementia training at an informed level was 77.9% in the Oct-18 to Mar-19 period against the 95% target.</li> <li>% of concerns that received a final/interim reply within 30 days of concern being received in the organisation was 69.3% in Q4 2018/19 against the 75% target.</li> </ul>
<b>EFFECTIVE CARE</b> - I receive the right care & support as locally as possible & I contribute to making that care successful	2 measures	0 measures	4 measures		<ul style="list-style-type: none"> <li>The number of Health &amp; Care Research Wales clinical research portfolio studies in Q1-Q3 2018/19 was 2 against the 2018/19 and year target of 9. The number of patients recruited into these studies was 16 in Q1-Q3 2018/19 against the 2018/19 and year target of 736.</li> <li>There were no open and recruiting commercially sponsored studies / patients recruited into these studies during Q1-Q3 2018/19.</li> </ul>
<b>TIMELY CARE</b> - I have timely access to services based on clinical need & am actively involved in decisions about my care	3 measures	1 measure	4 measures		<ul style="list-style-type: none"> <li>% patients with a fractured hip/femur who are documented as receiving analgesia was 94.3% in March 2019 against the 95% target.</li> <li>% Acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle was 66.7% in March 2019 against the 95% target.</li> <li>Amber call median response times have seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> <li>% of NHS DW calls answered within 90 seconds of the welcome message has seen a deteriorating trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month improvement trend.</li> <li>% of 111 calls answered within 60 seconds of the end of the message has seen a deteriorating trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month improvement trend.</li> </ul>
<b>OUR STAFF &amp; RESOURCES</b> - I can find information about how the NHS is open & transparent on use of resources & I can make careful use of them	5 measures	0 measures	2 measures		<ul style="list-style-type: none"> <li>% headcount who have had a PADI/medical appraisal in the last 12 months was 74.9% in February 2019 against the 85% target.</li> <li>% sickness absence has seen an increasing trend over the last 12 months (rolling 12 months ending March 2018 to rolling 12 months ending February 2019). The target for this measure is a 12 month reduction trend.</li> </ul>
<b>SUMMARY</b>	12 measures	1 measure	18 measures		

## 2.3 Performance against Commissioning Intentions

The table below summarises performance against 17 key commissioning intentions, with some overlap in indicators in the NHS Delivery Framework. Again, further detail is contained within following sections of this Performance Report.

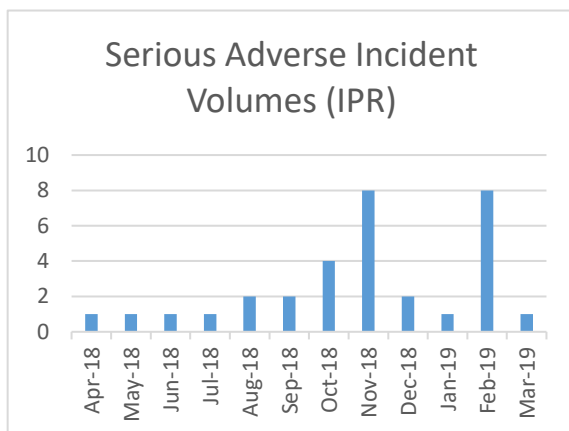
WELSH AMBULANCE SERVICE NHS TRUST - PERFORMANCE AGAINST 6 STEP AMBULANCE CARE PATHWAY SNAPSHOT - 2018/19					
	Number of measures where the target has been delivered	Number of measures where delivery has been within 5% of the target	Number of measures where the target has not been delivered	Target Summary	Measures which have not achieved target or have seen a deteriorating trend over the latest 12 months
<b>STEP 1 - Help Me Choose</b>	0 measures	0 measures	1 measure		<ul style="list-style-type: none"> <li>The number of hits to the NHS DW website has seen a deteriorating trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month improvement trend.</li> </ul>
<b>STEP 2 - Answer My Call</b>	1 measure	0 measures	1 measure		<ul style="list-style-type: none"> <li>Re-contact % within 24 hours of See &amp; Treat has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> </ul>
<b>STEP 3 - Come to See Me</b>	2 measures	0 measures	2 measures		<ul style="list-style-type: none"> <li>% of incidents where 2 or more vehicles arrived on scene has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> <li>Variation in Amber call 95th percentile response times between the longest and the shortest RD performance has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> </ul>
<b>STEP 4 - Give Me Treatment</b>	4 measures	0 measures	3 measures		<ul style="list-style-type: none"> <li>% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door has seen a deteriorating trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month improvement trend.</li> <li>% of older people with suspected hip fracture who are documented as receiving the appropriate care bundle (inc. analgesic) was 88.7% in March 2019 against the 95% target.</li> <li>% of hypoglycaemic patients who are documented as receiving the appropriate care bundle was 88.2% in March 2019 against the 95% target.</li> </ul>
<b>STEP 5 - Take Me to Hospital</b>	1 measure	0 measures	2 measures		<ul style="list-style-type: none"> <li>% of verified patient incidents that were conveyed to major A&amp;E departments has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> <li>The number of lost hours following handover to clear over 15 minutes has seen an increasing trend over the last 12 months (April 2018 to March 2019). The target for this measure is a 12 month reduction trend.</li> </ul>
<b>SUMMARY</b>	8 measures	0 measures	9 measures		

## 2.4 Strategic Priority 1 – Quality Improvement

**Strategic Priority 1** - To progress our quality improvement journey - implementing all strands of our quality improvement strategy

Quality is at the heart of what we do. The Trust has produced a detailed Annual Quality Statement which sets out in detail the progress we have made over the last year and our many achievements.

We measure and monitor a number of performance indicators which relate to the quality of the service that we provide, with links provided at the end of the document to the full range.

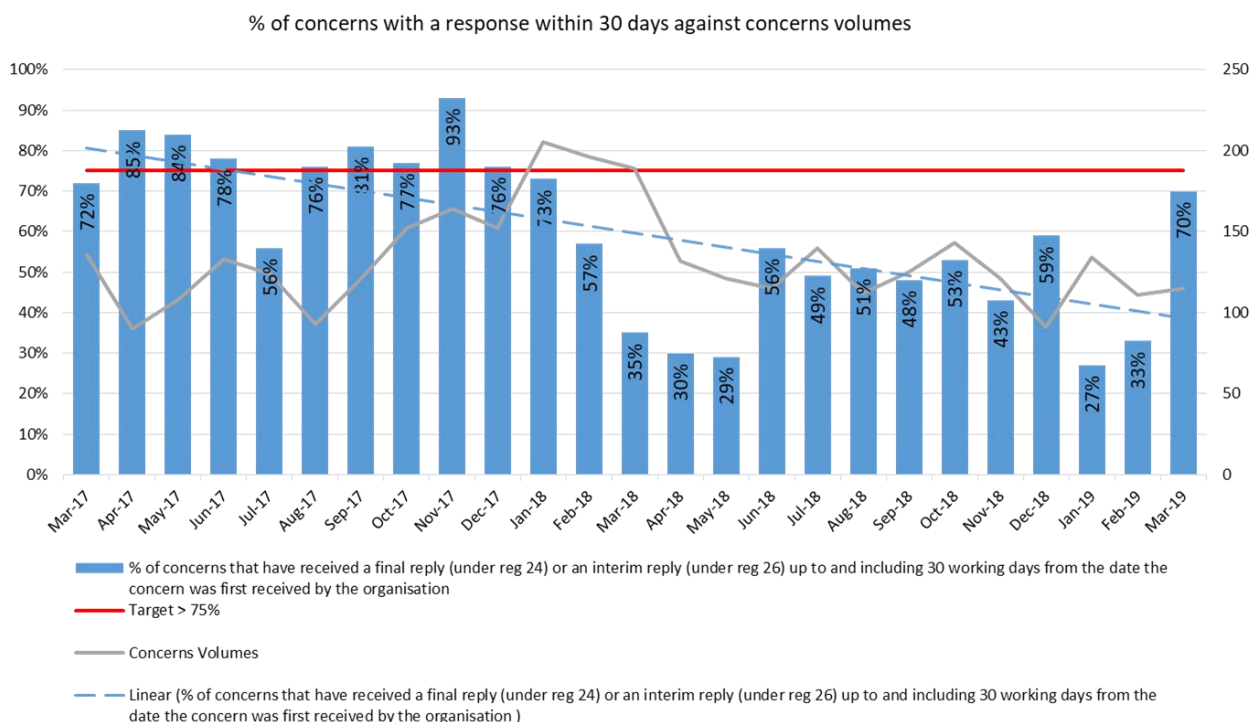


The key headline measure for quality, safety and patient experience, is the number of Serious Adverse Incidents (SAIs) that we receive. There were 32 Serious Adverse Incidents in 2018/19, compared to 38 in 2017/18.

This represents an improvement, but the number of SAIs remains concerning and a major area of focus for the Trust. The Trust will continue to work on a number of key initiatives aimed at reducing SAIs during 2019/20, in particular, the delivery of the Amber Review recommendations.

There were 1,748 patient safety, incidents, near misses and hazards in 2018/19, compared to 2,047 in 2017/18.

The other key quality, safety and patient experience measure that the Trust is measured on is the percentage of concerns with a response within 30 days. There were 1,460 concerns received in 2018/19 compared to 1,757 in 2017/18. The 30 days concerns response performance declined as a result of the severe 2017/18 Winter, which affected performance into 2018/19. However, performance is now recovering, and it is anticipated that this will continue into 2019/20, with a number of quality improvement projects in progress to streamline and shorten the overall process.



The clinical response model, which has been in place since 2015, brought a move away from time based targets (with the exception of red incidents) towards a focus on quality of care. There are a

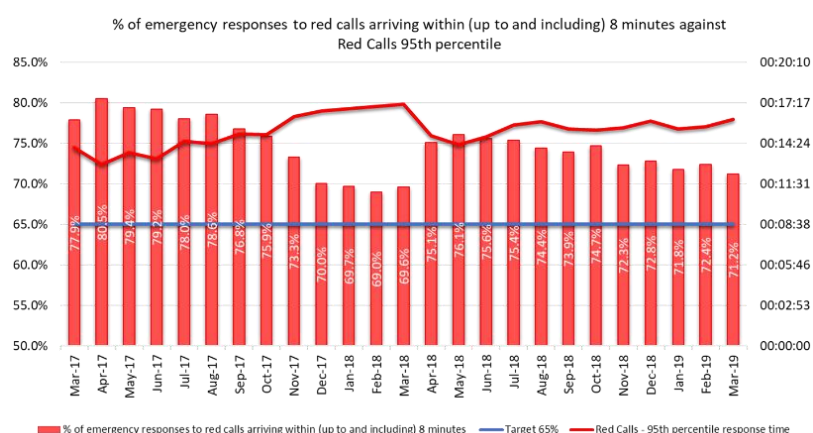
range of clinical indicators which are now in place and monitored regularly. **Clinical Indicator graphs to be added.**

## 2.5 Strategic Priority 2 - Performance

**Strategic Priority 2** - To sustain our red performance whilst delivering further improvements and efficiencies in our clinical contact centre and our amber performance.

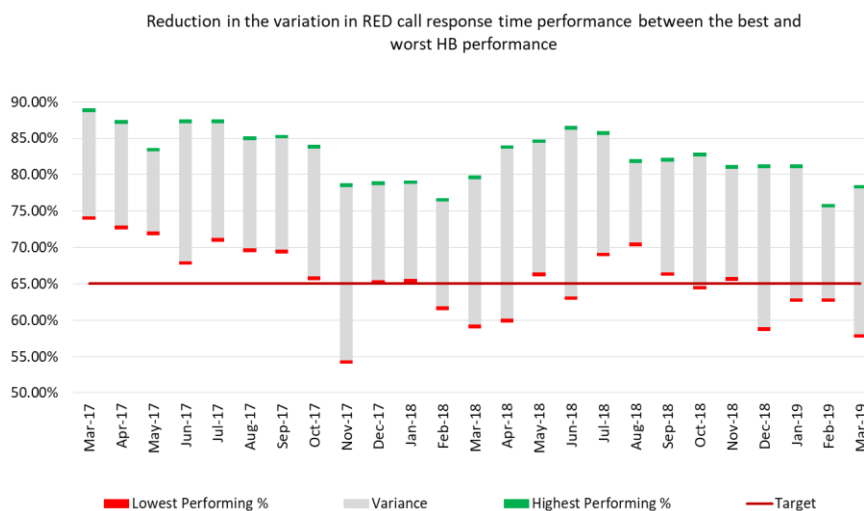
### Sustaining and Improving Red Performance

The Trust has a Welsh Government target to respond to 65% of Red incidents within 8 minutes (pan-Wales) and 65% per health board.

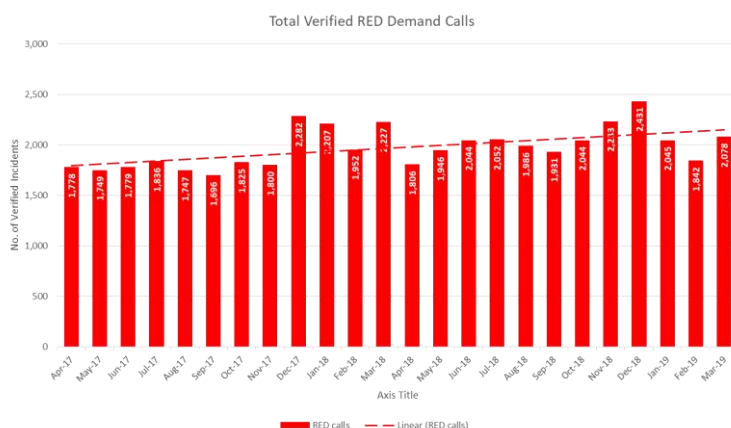


The 65% target across Wales was achieved, but this graph demonstrates that there has been a steady deterioration in performance across the year. In addition, the 95<sup>th</sup> centile time has also shown an increase, against a target of continued reduction.

There was a wide variation in performance across Health Board areas, with this graph showing the difference between the highest performing and lowest performing Health Boards each month. Hywel Dda and Powys Health Boards have missed the 65% target in a number of months.

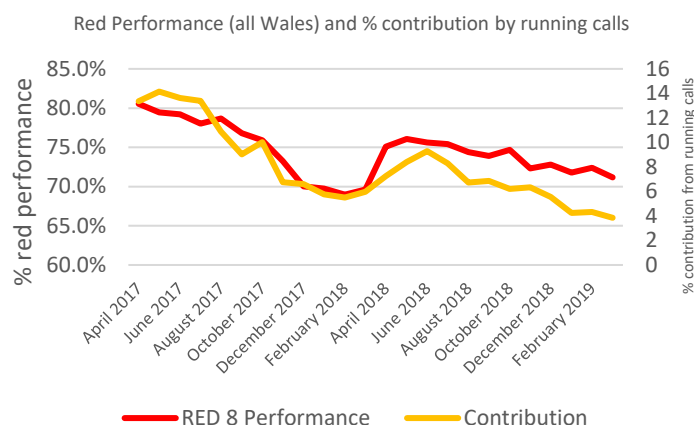






Analysis of this performance has shown that this is impacted on by a variety of issues, some of which are outside the Trust's control. Red demand in particular has increased significantly, along with Amber 1 demand. Whilst Amber 2 and Green demand has decreased, the overall acuity of demand has therefore increased.

In addition, during the year, work was done to increase the consistency in the application of the internal Running Call Standard Operating Procedure. A "running call" is when operational ambulance staff "encounter" an incident and then subsequently notify the Clinical Contact Centre. They are classified as red calls and by their very nature have a zero response time. The overall number of running calls coded has decreased, which has had an impact on red performance.



The Trust now has in place a pan-Wales Red Improvement Plan which includes a specific focus on performance in Hywel Dda and Powys. Areas within our gift to change and influence include ensuring that we maximise the right response resources, reducing abstraction rates and post-production lost hours, increasing capacity in some key areas of demand, and reviewing deployment points. This will remain a critical priority for the Trust also also for Welsh Government and the Commissioner going into 2019/20.

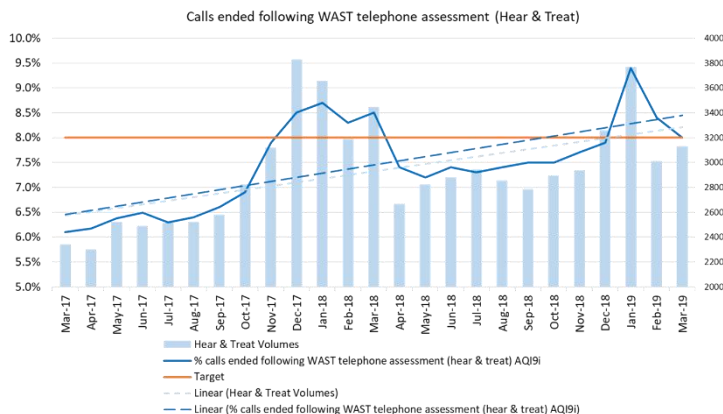
## Clinical Contact Centres

Following the successful implementation of the new CAD across the Trust's three Clinical Contact Centres (CCCs) in November 2017 the Trust has continued to further develop the Clinical Contact Centre's to ensure that patients are best served across Wales. The CAD has been further developed with new modules being developed and made operational. This work will continue as we head into 2019/20.

Investment from the Welsh Government has enabled us to start to expand the Clinical Support Desk function within the Trust ensuring that many more patients are provided treatment, advice and support over the phone, negating the need for ambulances to be sent for face-to-face assessments.

The Trust continued its upward trend in hear & treat during 2018/19, in line with Commissioning Intentions and internal targets.

35,934 ambulances were not dispatched as a result of calls being closed by the Clinical Service Desk, compared to 34,965 in 2017/18. When calls are stopped like this and ambulances not dispatched, it frees up capacity to respond to higher acuity calls.



The Trust should see further improvement to this indicator in Q1 and Q2 2019/20 when the additional clinicians, appointed through the Welsh Government winter monies, will be fully operational. Funding was provided for an additional 11 w.t.e. Band 6 and 5 w.t.e. Band 7 staff, increasing the establishment from 32 to 48 w.t.e.s.

Detailed analysis has identified a positive relationship between additional whole time equivalents who are fully operational on the Clinical Service Desk and the number of individual hear and treat incidents. Recently appointed clinicians, despite being fully operational, require additional support from senior clinicians which is reducing their delivery of hear and treat in the short term, therefore further improvements are likely to be realised through Q1 and Q2 2019/20.

The ambition is to achieve a 12% level of hear & treat in 2019/20 (this includes Clinical Service Desk and transfers to NHS Direct Wales/111). Looking forward to 2019/20, a group has been established to deliver a Strategic Hear & Treat Plan which will set out the journey to achieving this ambition.

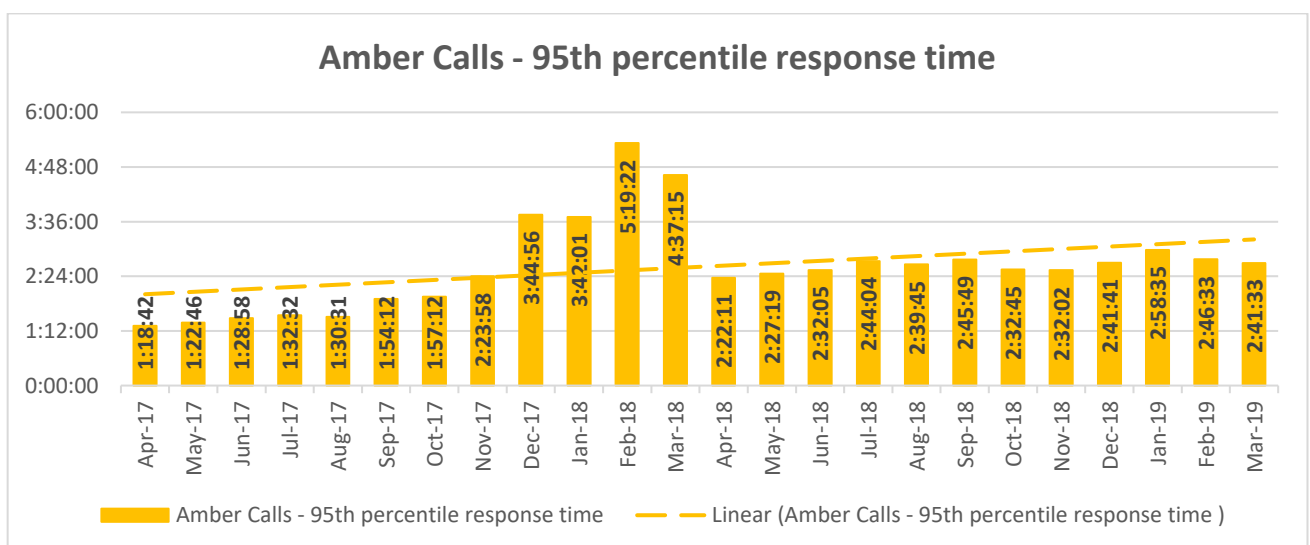
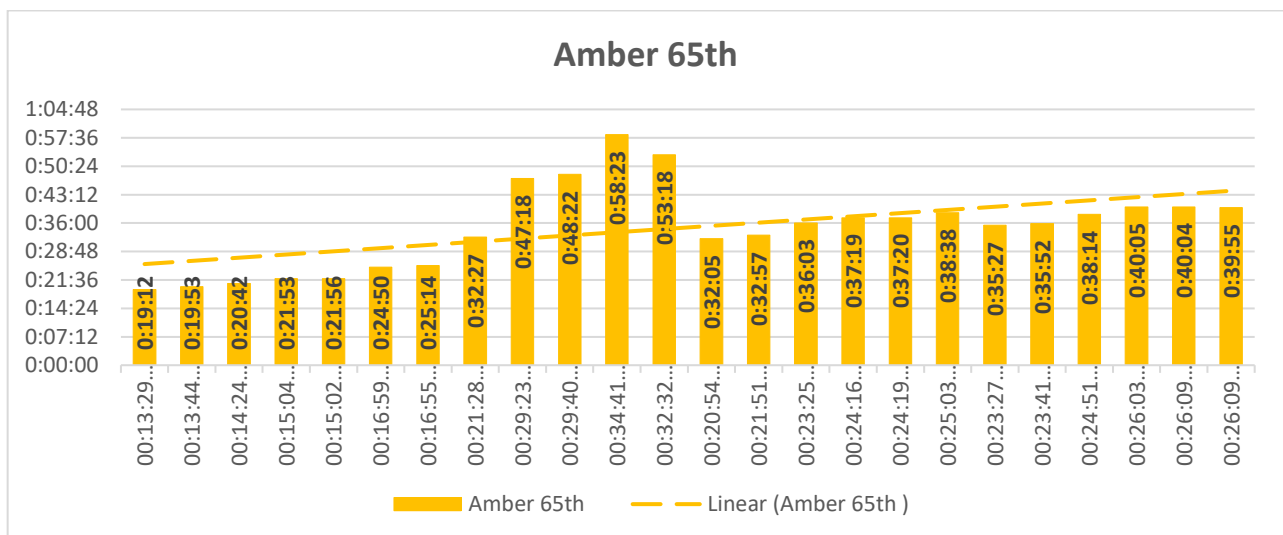
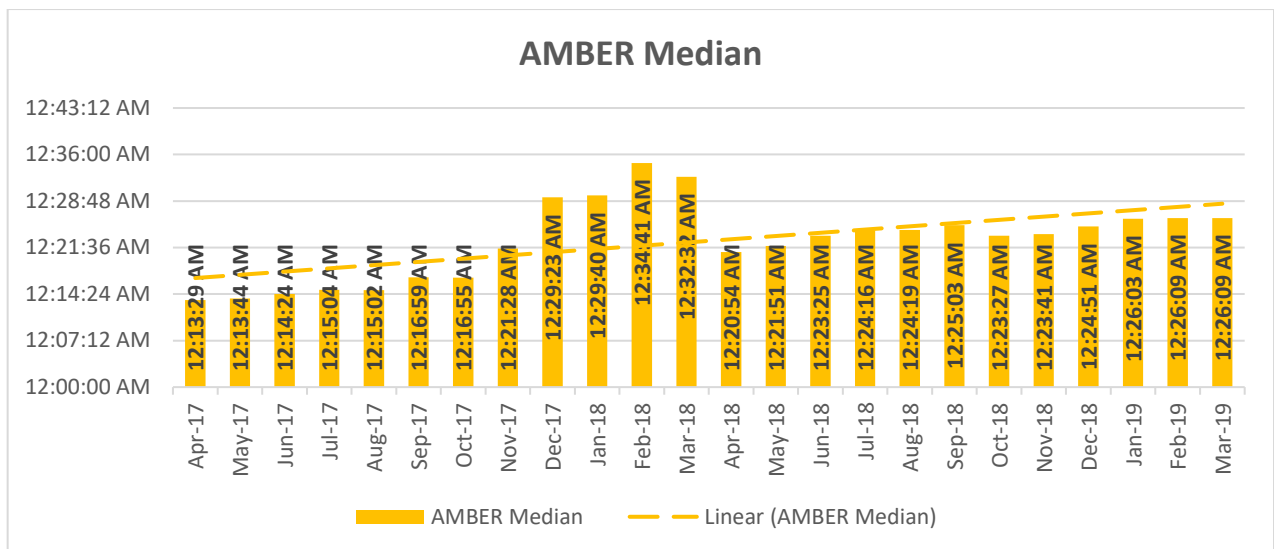
A structured review of activity flows between the Clinical Service Desk and NHS Direct has commenced in Quarter 4, with the purpose to ensure patients cohorts are being managed in the right place to maximise hear and treat rates, completion will be within 2019/20. Revised operating processes for the Clinical Service Desk will take place to focus clinician time on those patients groups that will deliver the best value from clinician input either to secure patient safety or additional hear and treat.

## Amber Performance and the Amber Review

The Amber Review was commissioned by Mr Stephen HARRY, the Chief Ambulance Services Commissioner following the very severe 2017/18 winter, which saw response times for amber patients deteriorate significantly. The Review was launched in May 2018.

On 01 October 2015 the Welsh Ambulance Service Trust switched to a new Clinical Response Model. With the exception of red incidents (immediately life threatening calls), there was a move away from time based targets towards a focus on quality of care. The Review was undertaken due to questions being raised about the impact of the change to this new Response Model, in particular, the response times for Amber (serious, but not immediately life threatening) incidents during winter 2017/18 and the impact of these times on the quality of care for our patients.

The Emergency Ambulance Services Committee and Welsh Ambulance Service Trust measure Amber response times on a distribution curve i.e. the frequency of the various response times, in particular, the median, the 65<sup>th</sup> percentile and the 95<sup>th</sup> percentile. The following graphs show Amber time performance over the last two years. It can be seen that, whilst performance in winter 2018/19 was better than 2017/18, nevertheless there is a worsening trend overall in response times.



The Amber Review focused on answering two key questions:



1. Is there a systematic problem with the Amber category that is resulting in worsening outcomes for patients?
2. Are patients in the Amber category waiting too long for an ambulance response and if so, what is the impact on their health and experience.

The overall conclusion of the Review was as follows:

“We have found that there are a number of patients in the amber category that are waiting too long to receive a response. The overriding factor in improving this is the availability of ambulance resources and not the categorisation of these patients as amber.”

The Review made nine recommendations:

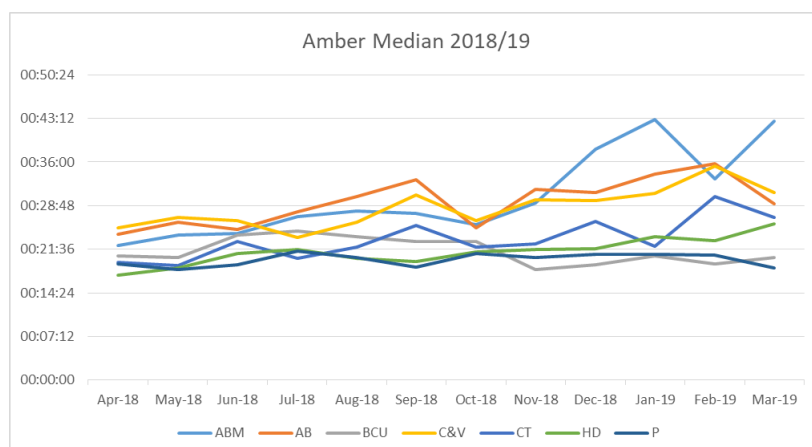
1. Measures of quality and response time should continue to be published although they need to reflect the patient's whole episode of care
2. Measures should be developed in collaboration with patients
3. There should be a programme of engagement to ensure clarity on the role of emergency ambulance services and how calls are prioritised and categorised
4. NHS services in Wales must improve and simplify their offering of alternative services
5. There must be sufficient numbers of clinicians in the contact centres to ensure patients receive the most appropriate level of care
6. The ambulance service must ensure that planned resources are sufficient to meet expected demand
7. The ambulance service must deliver against its planned resource
8. Health Boards must take appropriate actions to ensure that lost hours for ambulances outside hospitals reduce
9. The longest waits for patients in the community must be reduced

An Amber Review Implementation Programme was agreed in February 2019 with the Emergency Ambulance Service Committee. The Programme is a 12 month programme due to conclude in November 2019. Statements from the Minister for Health and Social Services is expected at the mid-point of the Programme and the end.

A full copy of the Amber Review can be accessed using the following link:

<http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF>

Extensive analysis of the Trust's data continues in order to understand the impact of certain factors on amber performance so that improvement actions can be identified and agreed.

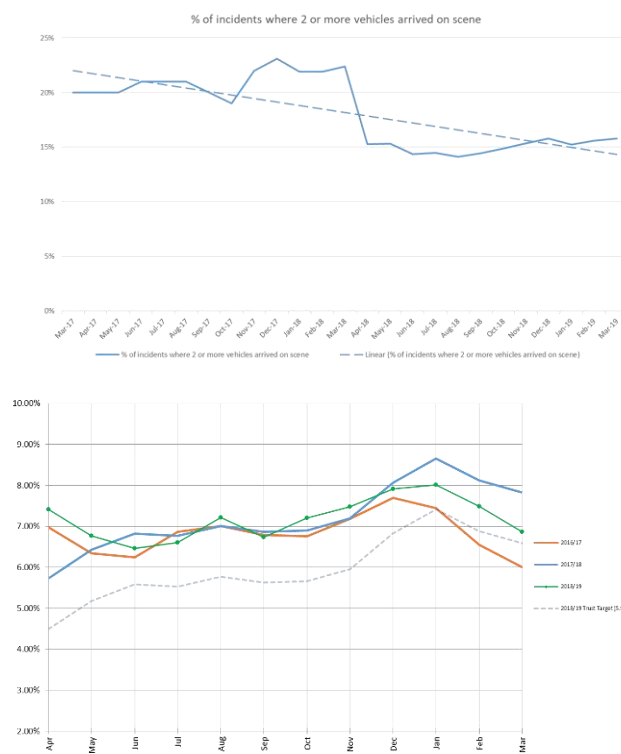
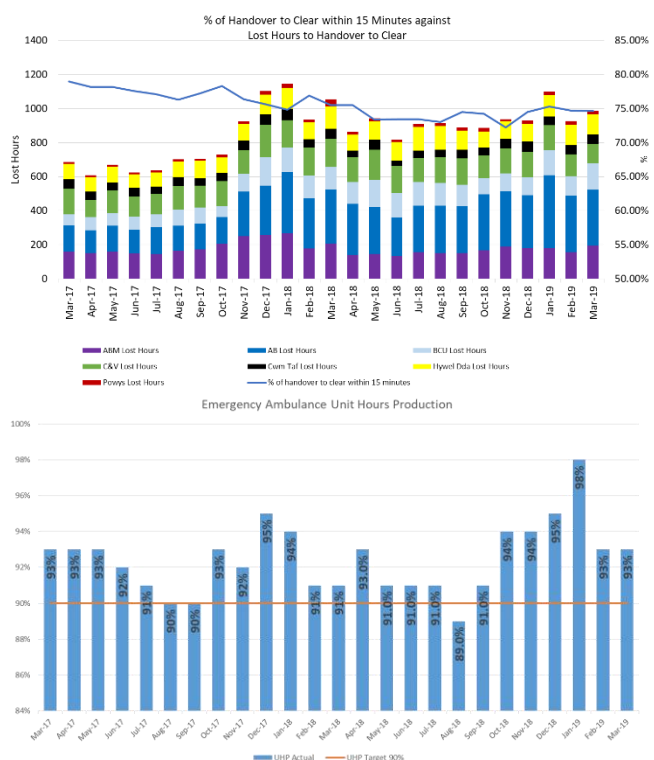


Amber performance at a health board level has been reviewed. For Red performance we have identified that Hywel Dda and Powys are the two health boards that are of most concern to the Trust. By contrast Amber performance for Hywel Dda and Powys is amongst the best.

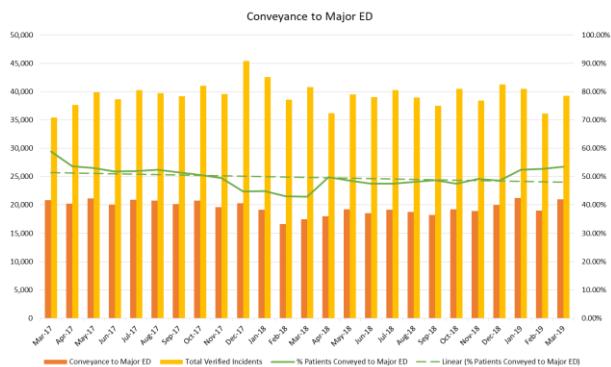
These graphs suggest that delivering an 8 minute target in a rural setting is more challenging, but that the underlying level of resource to

respond to all types of incident is higher than urban areas, which produces the lower Amber response times.

Amber performance is impacted on by resource availability, including overall resource available and the efficient and effective use of those resources. A number of factors are within the Trust's control to improve, and key indicators show that there remains work to be done to reduce sickness levels and reduce hours lost from handover to clear (increasing trend). However, progress has been made in reducing the number of incidents where 2 or more vehicles arrive on scene (measure of effectiveness of resource utilization) and the proportion of unit hours produced compared to planned. Further emphasis is placed on improvements in these areas through 2019/20 plans.



One of the key strategies in improving amber performance is the redesign of the unscheduled care system. The Trust has continued to see high numbers of hours lost outside hospital Emergency Departments (ED), which is a symptom of the pressures that the overall unscheduled system is under. The Commissioner continues to work with Health Boards to reduce these delays, and an escalation process has been implemented which ensures that Health Board CEOs are notified personally once delays reach 6 hours.



One of the Trust's strategies, supported by our Commissioning Intentions, is to continue to develop services that ensure a 'shift left' through the 5 step model.

One of our priorities is to continue with the the implementation of the APP model. Our pilots in North Wales demonstrated that Advanced Practitioner Paramedics could increase the number of patients treated at scene, and could reduce those needing conveyance to a major ED. Conveyance rates at present have not significantly shifted, but

funding was provided this year for an additional 20 APPs through winter monies. The impact of these additional staff should start to be seen in 2019/20, but further expansion is required to maximise these benefits.

The increase in clinical desk staff and the resultant increase in numbers of call closed through hear and treat will also produce a 'shift left' in activity, supporting the overall system.

## 2.6 Strategic Priority 3 - NEPTS

**Strategic Priority 3 -** To continue the transformation of our **Non-Emergency Patient Transport Service**, placing a significant focus on the successful transfer of work from Health Boards and implementation of the Quality and Delivery Assurance Framework..

### Transfer of non- Welsh Ambulance Service Trust Non-Emergency Patient Transport Services work from Health Boards

We are working with all Health Boards across Wales to transfer all commissioned non-Welsh Ambulance Service Trust Non-Emergency Patient Transport Services to the Welsh Ambulance Service Trust. This a complex and lengthy process, which was developed during 2017/18 and during 2018/19 the first successful transfers of work from Velindre HB and Cardiff and the Vale Health Board to the Welsh Ambulance Service Trust. We have worked in collaboration with Health Boards and the Chief Ambulance Services Commissioner to develop an approved transfer process and robust plan for future transfers in the coming year.

By transferring all transport work to Welsh Ambulance Service Trust, we will realise a number of benefits to create better value for money for NHS Wales through better coordination of services and efficiency saving. This will allow savings to be re-invested to improve the service further. The transfer of work will also improve the quality of service by implementing a well governed 'once for wales' approach.

A robust programme plan is in place for the transfer of work from remaining Health Boards to Welsh Ambulance Service Trust.

### Implementation of the Quality and Delivery Assurance Framework

A Quality and Delivery Framework has been developed in partnership with all Health Boards and the Chief Ambulance Services Commissioner.

A new 5 step model for NEPTS has been implemented supported by a suite of Ambulance Quality Indicators to monitor activity and performance against each of the 5 steps.

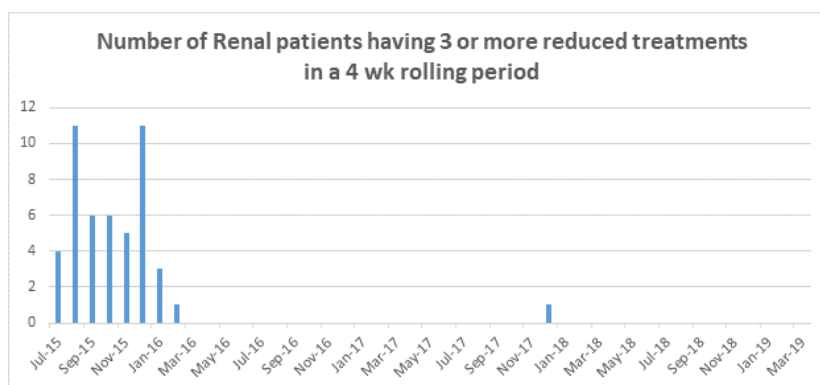
Figure 34 Non-Emergency Patient Transport Services 5 Step Model



## Business Case Priorities

### *Renal Dialysis*

In September 2016, we introduced the Non-Emergency Patient Transport Services Enhanced Service for renal dialysis patients and patients attending oncology treatment. The aim of the enhanced service was to ensure these vulnerable patients arrive and depart within 30 minutes of their treatment time starting and finishing. There are increased clinical risks if renal dialysis patients have reduced treatment times and it is important that all patients arrive in time for their appointment and are taken home promptly following the end of treatment. The significant improvements made during 2017/18 have been continued during 2018/19.



### *End of Life*

The Non-Emergency Patient Transport Services End of Life service was introduced in 2017/18, providing terminally ill patients with transport to their chosen final destination. The service provides a timely and coordinated response for patients using the service. Staff providing the service have completed specialist training in supporting end of life patients and their families. In 2018/19 Non-Emergency Patient Transport Services undertook 920 end of life journeys.

### *Discharge Services*

Non-Emergency Patient Transport Services has continued to support the Welsh NHS through the discharge of patients from hospitals across Wales.

During 2018/19, Non-Emergency Patient Transport Services undertook 28,786 discharges which demonstrates the importance of Non-Emergency Patient Transport Services in supporting patient flow within our hospitals.

## 2.7 Strategic Priority 4 – Partnerships

**Strategic Priority 4** - To deliver patient and system benefits through **effective partnership** with Health Boards, out blue light partners, the third sector and the people in Wales. There will be a specific focus on estate, fleet, joint training opportunities and the continued roll-out of the 111 service.

## Health Boards

We work with our Health Board partners in a number of ways. Firstly as a commissioned service we work within the governance arrangements and processes established by the Emergency Ambulance Services Commissioner (EASC). Part of these processes include working effectively with all health boards to agree how Welsh Ambulance Service Trust and the respective Health Board are going to work together to deliver those commissioning intentions which require a joint approach. As such for 2018/19 we submitted to Emergency Ambulance Services Commissioner seven templates which documented our agreed approach to delivering commissioning intentions within the local context of each Health Board area. Progress on these were then reported on at quarterly accountability meetings with the commissioner and Health Board partners.

In addition we ensure that the Ambulance service is fully engaged in the strategic change agenda of Health Boards (whether that be on a local Health Board footprint area or regional footprint) by being active partners in all appropriate project and programme boards which are responsible for driving service change that is equally going to have an implication on how the ambulance service most effectively conveys patients.

Significant progress has been made in the last twelve months in engaging in this work in a more systematic way and in creating an internal infrastructure to manage effectively the challenge that the impact of these changes on the organisation could otherwise be.

We established an internal Strategic Planning and Partnership Forum which acts as the focal point of intelligence related to external service changes and assessing what work we need to undertake in order to robustly respond to these changes.

Potential impacts on our services of these changes take a number of forms:

- Travel times (job cycle times) – when services move closer or further away from current status;
- Associated impact of job cycle times – impact of changes in fuel consumption and crews having to travel out of area;
- Secondary transfers – in models where patients are transferred to a fewer number specialist centres from local hospitals for short acute phases of care;
- Repatriation – patients who have had their acute care in a specialist hospital setting are then transferred back to their local hospital to continue their rehabilitation and ongoing care closer to home;
- Workforce implications – if our workforce conveys acutely ill patients over longer distances there may be additional training and/or equipment requirements;
- Redesigning scheduled/planned services may also impact on our non-emergency patient transport services.

Below is an illustration of where we are / have been a key stakeholder on regional level service changes.

Map South East Wales



#### South East Wales

- Centralisation of Paediatric, Obstetric & Neonatal Services – *impact on Emergency Medical Services and those associated with repatriation*
- Centralisation of Emergency Ear, Nose & Throat (ENT) Services - *impact on Emergency Medical Services and those associated with repatriation*
- Centralisation of Vascular Services - *impact on Emergency Medical Services and those associated with repatriation*
- Diagnostic Hub at the Royal Glamorgan- *Implication for the Non-Emergency Patient Transport Service*

Map South West Wales



#### Mid Wales Health Collaborative

- **Respiratory** - Develop an integrated community focused respiratory service across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.
- **Workforce** - Develop and extend new/enhanced workforce roles

Map Mid Wales Health Collaborative

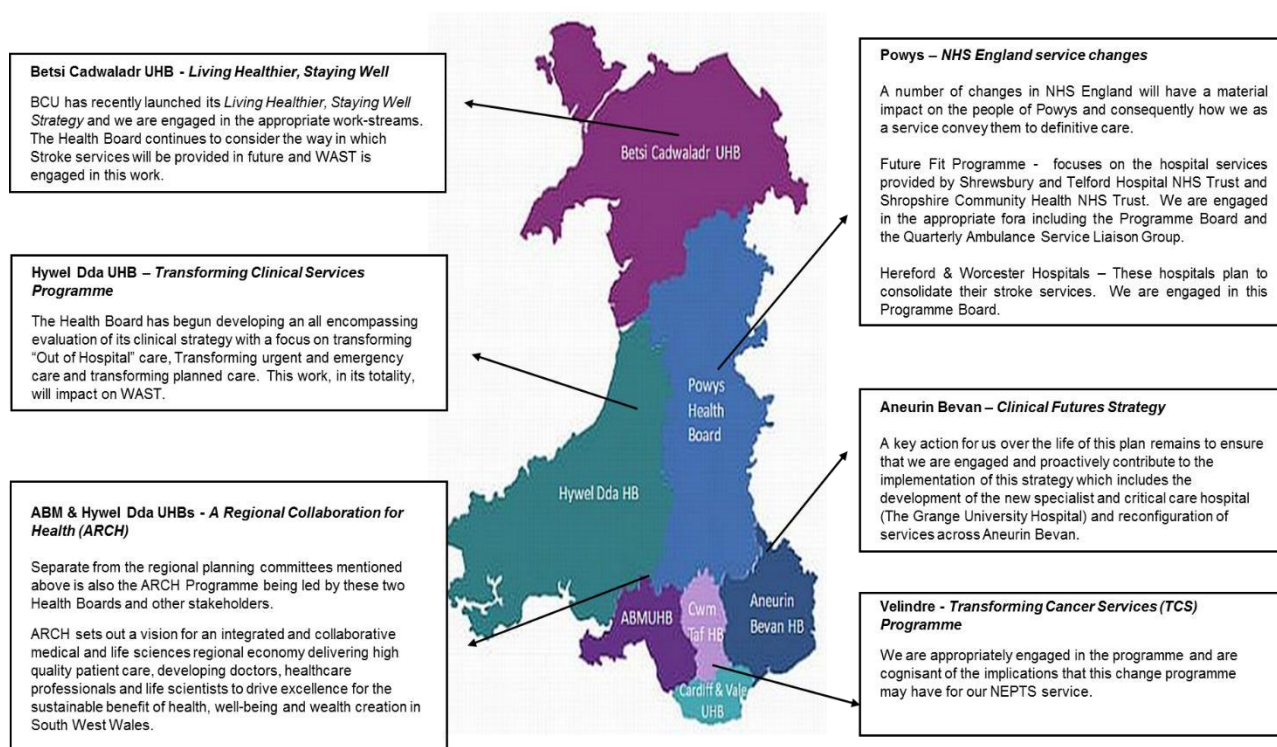


#### South West Wales

- A new regional Hyper-Acute Stroke Unit model (HASU) - *impact on Emergency Medical Services and those associated with repatriation*
- Regional Vascular Service model - *impact on Emergency Medical Services and those associated with repatriation*



The map below equally provides an overview of the major health board level strategic change programmes in which we are/have been engaged.



Finally there are then those programmes which have been or are being managed on a supra-regional or national footprint. The main example of this work with an impact for Welsh Ambulance Service Trust is the work that the NHS Wales Health Collaborative is leading on the development of a Major Trauma Network for South Wales and South Powys.

Throughout 2018/19 Welsh Ambulance Service Trust participated in the South Wales and South Powys Major Trauma Project Board.

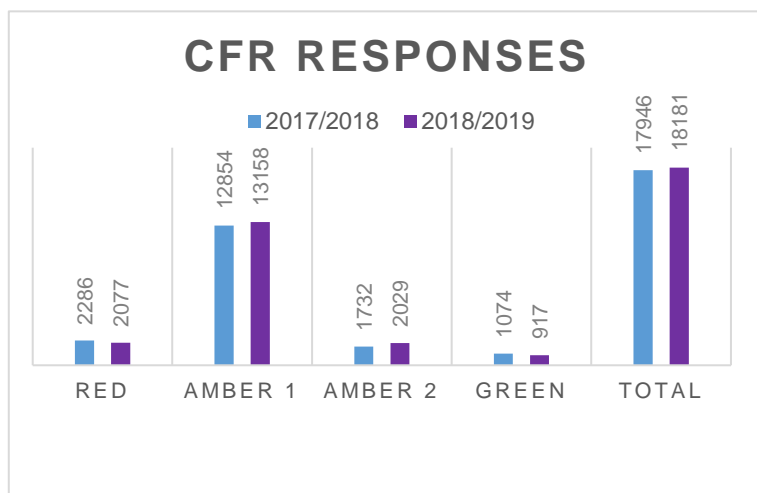
## Blue Light Partners

Jason Killens, Chief Executive Officer now attends the Joint Emergency Service Group Executive (JSEG) Board supported by Bob Tooby, Assistant Director of Operations (Resilience/Business Continuity and Operations) as part of the work being undertaken by the Tri-Service Demand & Intelligence Hub, co-located at South Wales Police Headquarters. Here they work with a Senior Analyst and have developed a partnership with South Wales Police/Gwent Police South Wales Fire and Rescue to create a Hub capable of identifying shared demand in an effort to avoid duplication and variation whilst reducing inappropriate allocation of work to the wrong service. We have piloted Christmas/Winter and the Six Nations in 2018/19 sharing opportunities with the Joint Emergency Services Group.

## Third Sector

### Community First Responders (CFR) and Public Access Defibrillators (PAD)

During 2018/19, The Trust issued 111 additional Automated External Defibrillators (AEDs) to communities across Wales. The majority of these devices are active Public Access Defibrillators sites in our communities and are registered on our internal control system; this means that we can direct members of the public to the nearest device when it is required.



Devices are also funded through different organisations, charities and communities and the Trust encourages the registration of these devices onto our CAD system through our 'Be a Defib Hero' campaign. There are currently 3,412 Public Access Defibrillators sites registered with Welsh Ambulance Service Trust.

Throughout 2018/19, the Trust continued to work with Community First Responders (CFRs) across Wales. Our Community First Responders attended more than 18,000 calls during 2018/19:

## Patient Engagement and Community Involvement

Throughout the year we engaged with 20,206 members of the public discussing their experiences and expectations of the Trust.

Some consistent positive feedback from people included: professional, kind, courtesy staff, provision of good care and appreciation for being engaged, and kept informed on developments.

Example of negative feedback included: long waits for an ambulance for those who had fallen, waits outside emergency departments, poor access to interpreters for people with sensory loss and not feeling that staff were able to support them when in mental health crisis.

Successful engagement this year has resulted in high use of the NHS Direct Wales website; creation of a desk top version of the Communication App; provided licences for staff to learn British Sign Language; hosted a sensory loss awareness month event; numerous BME engagement and learning disability session. The Trust delivered its first distraction techniques training for staff to support anxious children.

Our work to promote awareness around Dementia in particular has been well received with training for staff and coproducing plans with those people living with dementia who have visited one of our Clinical Contact Centres and assessed an ambulance as part of our Dementia friendly environment work.

## Volunteer Strategy

The Welsh Ambulance Service Trust recognises the important and valuable contribution of volunteering in enhancing the service provided by paid staff, with the aim of improving the experience for patients. Volunteering is integral to patient experience and clearly aligned to the People and Culture Strategy. The Volunteer Strategy will also make an important contribution to the Welsh Ambulance Service Trust implementation of the Wellbeing of Future Generations (Wales) Act 2015 and Welsh Governments 'A Healthier Wales' Vision.

The Trust understands and acknowledges that the impact of volunteering on volunteers is as important as the contribution that volunteers have on the people they interact with as part of their voluntary service. Research undertaken by the National Council for Voluntary Organisations (NCVO) published in March 2018 sets out its key findings which highlight:



- There is strong evidence on the link between volunteering and improved mental health and wellbeing;
- Volunteering can improve people's social connections and is positively associated with improved mental health and wellbeing;
- Volunteers who feel appreciated in their role is an important factor in making volunteering impactful;
- The quality of relationships formed while volunteering should also be considered when evaluating volunteering programmes;
- The motivational reasons for volunteering impacts on the volunteers; and
- A positive impact on mental health is more likely when people take part voluntarily, rather than when mandated to do so

Our Volunteer Car Service (VCS) is an important and highly valued part of our Non-Emergency Patient Transport Services team. The service provides a comfortable, reliable and caring way to travel long distances across the rural areas of Wales, especially for those patients travelling for life sustaining treatments like kidney dialysis or radiotherapy, for example.

Training for our Volunteer Car Service drivers includes first aid, safeguarding, health and safety and conflict resolution. Volunteer drivers must re-qualify annually and are provided with an Automated External Defibrillator (AED). Just like our community transport providers, our volunteer car service drivers have been provided with hand held devices allowing them to effectively communicate with the NEPTS Control Centre and record journey data. Volunteer cars are also checked on a regular basis to ensure they continue to maintain the high standards we expect.

During 2018/19, our volunteers undertook 162,419 journeys, which was a slight increase on 2017/18.

## Estate

The Estates capital programmes continues to be driven by the investment objectives previously highlighted in the Trust Integrated Medium Term Plan and the Estates Strategic Outline Programme of 2017.

These drivers will deliver a radical estates transformation over the next 10 years which is designed to support Operations with the maintenance of fleet vehicles and the roll out of "Make Ready" where front line operational vehicles will be cleaned, washed and stocked using a hub and spoke approach releasing clinicians for patient focused work.

During 2018/19, the Estates Capital programme funded the refurbishment, improvement and fit out of Unit 7, St Asaph Business Park (renamed Ty Elwy House) for the administrative headquarters serving North Wales to include Training & Development and a social deployment point for operations. All staff now work in an open plan office environment with access to numerous break out spaces and meeting rooms, as well as well-being room.



Ty Elwy House, St Asaph – The Atrium



Matrix House, Swansea was also refurbished and improved for administrative functions serving the Central and West Wales and now accommodates staff relocated from Cefn Coed, Conwy and Thanet Houses also designed to a modern open plan environment, including a well-being room.

Matrix One, St Asaph

Cardiff and Vale Local Health Board closed their Lansdowne Hospital premises where this Trust used the premises as a Non-Emergency Patient Transport base and for offices for 10 staff. The Non-Emergency Patient Transport function was relocated to Cardiff East ambulance station and the remaining administrative staff were relocated to Vantage Point House (VPH).

The following work has also been progressed by the Estates Department:

- Feasibility study and outline business case (OBC) for the development of a workshop solution in the South East Region to replace two facilities at Blackweir and Blackwood Ambulance Stations as well as provide further resilience in the Cwm Taff area.
- Preparation and submission of an OBC to WG for a make ready facility to serve the community of Cardiff and to replace the functionally obsolete Blackweir Ambulance Station
- Replacement of heating and ventilation systems at Bryn Tirion, clinical contact centre (CCC)
- Replacement of the heating system at Colwyn Bay Ambulance Station
- Replacement kitchens at Bangor and Caernarfon Ambulance Stations
- Commissioning of the new Make Ready facility at Barry with South Wales Fire and Rescue Service to support operational teams serving the Vale of Glamorgan
- Relocation of operational crews to new reporting stations with mid and West Wales Fire and Rescue Service at Builth Wells, Llanidloes and Whitland.
- Infrastructure upgrade and replacement of workstations at Vantage Point House Clinical Contact Centre.
- Refurbishment of the major incident room at Vantage Point House for Clinical Contact Centre resilience.
- Refurbishment of the welfare areas at Cowbridge ambulance station.

The main effect of investment in the Trust Estate is a reduction in the overall backlog maintenance and reduction of the risk profile associated with such improvements for the wellbeing of all staff.

Also of note during 2018/19 the Estates team continued to manage the Trusts emissions and environmental objectives arising from Welsh Governments mandate for all Trusts in Wales to operate an Environmental Governance System (EGS) and maintain accreditation of the international standard (ISO 14001) for Environmental Management.

The Trust now occupies 113 buildings comprising over 40,000m<sup>2</sup> floor area. The increase in capital funding is enabling existing buildings to be brought up to property condition B – particularly in North Wales.

## Fleet

A key action for the Trust in 2018/19 was to ensure the first year plan of the Welsh Government endorsed 10 year Strategic Outline Plan (SOP) for the Trust's fleet delivered what had been agreed. Welsh Government, who fund the capital investment for the Trust's fleet, provided £10,293M and the facilitated the successful procurement of 112 vehicles.

The Fleet Strategic Outline Plan forms the framework for vehicle replacement for the next 9 years as well as mapping out how the Trust will continue to develop and implement a vehicle wash and make ready system throughout Wales. The first stages of a Make Ready Depot (MRD) were successfully implemented in Barry and Tredegar in the South and East of the Country.

The Fleet Strategic Outline Plan in conjunction with the Estates Strategic Outline Plan also identifies the preferred options for Fleet to deliver its services to Operations. From work previously undertaken it is clear that carrying out vehicle Servicing Maintenance and Repair (SMR) in Trust workshops by Welsh Ambulance Service Trust staff is the most cost effective model. In 2018/19 work progressed on the first stages of reconfiguring the Trust's estates to build a new workshop in the South and East with sufficient capacity to undertake all the Servicing Maintenance and Repair currently being undertaken in 2 workshops, Blackwood and Blackweir.

The Strategy is to develop fleet services so that the department is in a position to undertake the entirety of the Servicing Maintenance and Repair in-house.

The objective of reducing road risk for staff, patients, and the general public has continued with the fitting of both black box technology and forward facing camera systems to all the vehicles procured in 2018/19 and now there are only a few low risk vehicles in the fleet not equipped with this technology.

The computerised fleet management system that Fleet Services constructed and implemented in 2017/18 has been developed and refined through the last year creating vastly improved efficiencies in the operation of the department.

The Trust currently has 715 vehicles within its fleet as follows:-

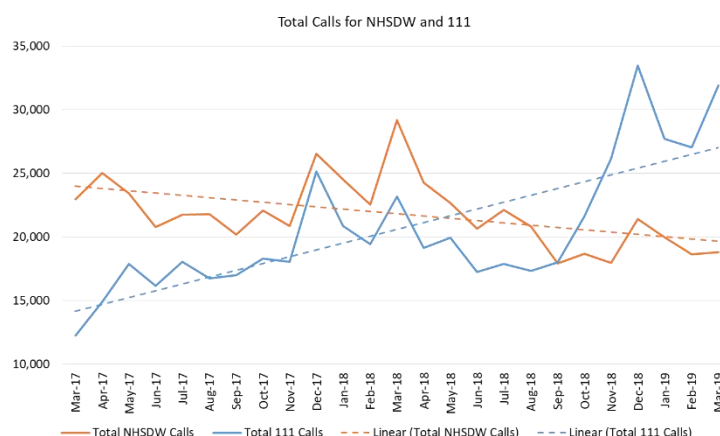
<b>VEHICLE ROLE</b>	<b>NUMBER</b>
Emergency ambulances (including UCS + neonatal)	261
Rapid Response Vehicles	130
Non Emergency Patient Transport service	268
Specialist vehicles (all other vehicles)	56
<b>TOTAL</b>	<b>715</b>

## **Joint Training Opportunities**

The Welsh Ambulance Service Trust continues to collaborate effectively with Swansea University with regard to delivery of the DipHE Paramedic Science programme and Placement Educator training. We continue to work with Swansea University to develop a degree programme for Paramedicine which will commence in September 2020.

We continue to work with mid and West Wales Fire and Rescue Service and have commenced a relationship with North Wales Fire and Rescue Service in relation to delivery of Road Traffic Accident management training. This includes rapid extrication, team working, prioritising patient needs and effective communication.

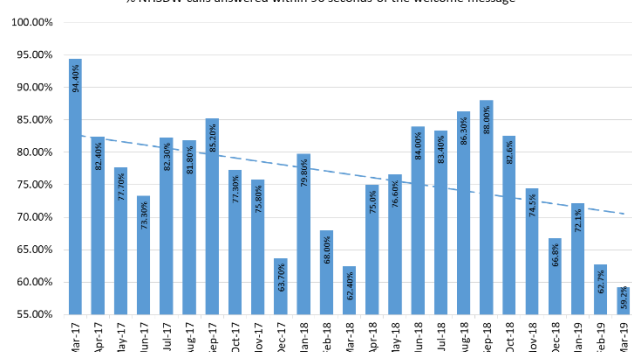
Through 2018/19 the Trust has continued to roll out the NHS Wales 111 service, working with Health Boards to provide patients with a single phone number for access to health information, advice and out of hour's urgent care. Through 2018/19 the service was expanded into Powys teaching Health Board and across the whole of Hywel Dda. Work has progressed in preparation for the roll out of 111 into Aneurin Bevan and Cwm Taf Health Board areas which is planned for 2019/20.



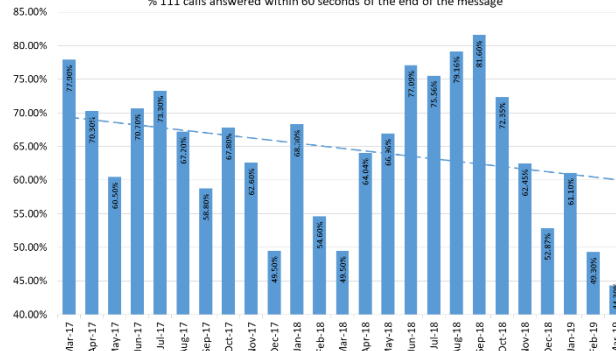
Alongside the roll out of the 111 service the Trust has been working alongside Health Boards on the replacement of the Clinical Assessment Service (CAS) and GP Out Of Hours systems and has been adopting new approaches to workforce modernisation with the development of rotational roles.

A range of quality indicators for the 111 service will be introduced in 2019/20. However, the Trust and partners have continued to review basic call handling indicators in 2018/19 which have shown a slight deterioration in performance (and for the NHS DW service), linked to a higher demand than anticipated.

% NHSDW calls answered within 90 seconds of the welcome message



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



## 2.8 Strategic Priority 5 – Our Staff

**Strategic Priority 5 -** To continue to **develop, re-shape and engage** with our workforce. We will place a specific emphasis on the implementing and embedding of the Band 6 paramedic role..

### Develop our Workforce

During 2018/19 we commenced facilitation of the three year Band 6 Paramedic education process, led by a team of Educational Support Managers. The process involves achievement of an additional

34 competencies aligned to the new Paramedic profile, with 12 of these to be achieved during year one. A portfolio was developed in order to support Paramedic colleagues through this process, which includes elements of research and reflective practice. This project is one of the first steps towards the transformation of Education and Training in Welsh Ambulance Service Trust, demonstrating a commitment to and requirement for self-ownership of education by our workforce.

The transition from Band 5 to Band 6 occurred in the second half of 2017/18 with 833 (out of 912) Paramedics transitioning to Band 6. 89.7% have achieved all the year 1 required competencies, 4.6% have partially achieved the year 1 required competencies and 5.7% have not achieved any of the year 1 required competencies (18 of these have agreed extensions). These figures exclude Newly Qualified Paramedics, Paramedics on maternity leave and Paramedics on long term sick. The Band 6 Paramedic competencies are designed around the top 10 presiding conditions and training Paramedics in an increased scope of practice around these competencies should increase our Paramedic's ability to see and treat patients.

## **The Shape of Our Workforce**

Due to changes in the type of demand on our services, there has been a need in 2018/19 to progress with key initiatives to change the shape of our workforce and provide an even greater service for our patients. Significant progress has been made in the following key areas:

**Future of Advanced Practice** - 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. For the Emergency Medical Service in particular, we have commenced the roll out the Trust's Advanced Paramedic Practitioner Expansion Plan and have adjusted our commissioning and recruitment plans accordingly, pending further investment. 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 Clinical Contact Centres** - We have increased the number of clinicians triaging calls within our Clinical Contact Centres (CCCs), in particular, over the Winter period where demand is at its highest, 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. We will continue to monitor the benefits of this investment to increasing hear and treat rates, conveyance over the coming months and also productivity rates.

**Further roll out of 111** - We are currently the host for the 111 pathway which has resulted in an increase in the numbers of call takers and nurses working for us within the NHS Direct Wales/111 service and a further increase is expected as we continue to roll out the service across Wales. Over this next few years, we will develop an OD plan designed to further integrate the NHS Direct Wales and 111 services and teams, and to improve attraction, recruitment and retention of staff required to sustain delivery of the NHS Direct Wales/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** - Although some work was progressed in 2018/19 to bridge the EMS relief gap identified by a demand and capacity review in 2017/18, 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, 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)** – The transfer of work between Health Boards and the Welsh Ambulance Service Trust continued to progress in 2018/19, resulting in a small change to NEPTs establishment. The role and contribution that volunteering plays within the provision of the service was also identified as a potential risk to sustainability and good progress has since been made developing a volunteering strategy for the organisation to address this.

**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.

### **Staff and Colleague Experience**

During 2018-19, we have continued to focus on developing the best possible colleague experience we can. This has included continuing to embed our Behaviours Framework, continuing to develop leadership expectations and capability, ensuring that colleagues are recognised for the work they do and focusing on a move from “we know best” to “you know best”. The evidence from the 2018 Staff Survey suggests a number of improvements.

During 2018/19 we have continued to develop our culture as we embed our behaviours through: the Trust’s Team Leader programme which is an in depth all-encompassing 18 month learning approach; developing leadership across the Trust through providing and promoting access to learning opportunities (e.g. Academi Wales programmes, bespoke internal approaches); and regularly measuring and reporting on our Engagement Index levels to help teams to reflect on their behaviours and what improvement actions they want to take.

Helping colleagues to participate, make decisions and feel greater ownership remains a core underpinning principle of our culture. To this end, we are pleased that the results of the 2018 Staff Survey show significant increases in many measures including our Engagement Index Score (from 3.03 in 2013, to 3.34 in 2016 to 3.65 in 2018). In addition, there were a number of areas where it was clear that the investment in Team Leaders had led to an improved experience for many colleagues with line manager scores increasing significantly for many.

Our approach “Being Our Best” deliberately shifts the balance from process to people in the workplace. It is based on making sure that every individual feels valued for being an individual and having an individual voice within the Trust. It is based on the philosophy that for really successful participation and engagement, colleagues need to make as many decisions as possible about what they do in their work, and how they do it. Our approach to leadership development, health and wellbeing and leadership development have provided much of the impetus for great engagement, as colleagues experience of being able to make more decisions is giving them more ownership. As our new Wellbeing Strategy is launched during 2019, we anticipate a clearer focus on how we help colleagues to have the best possible experience of work which will lead to much greater participation, engagement and ownership.

During 2018/19 we have continued to work with our trade union partners to ensure staff are recognised for the work that they do, in particular: during the year, we have continued to develop our

culture collaboratively, so that colleagues are better able to give and receive feedback, participate in making decisions and have a greater ownership of what they do and how they do it. Specifically, this has included: collaboratively developing our approach to 1:1s and Personal and Development Reviews with updated guidance and support; and further improving our “Being Our Best” Awards and Recognition programme.

Challenges remain for us with conflict still being evident. The increased score to 25% (from 21% in 2016) returned the Trust to the 2013 level. This has remained a priority for the Trust particularly as it remains unclear what is the root cause of the underlying issues (specifically whether it is a task or relationship conflict). The increase remains in line with both NHS Wales and UK Ambulances with both an organisational and system focus during 2019-20.

## **Trade Union Engagement**

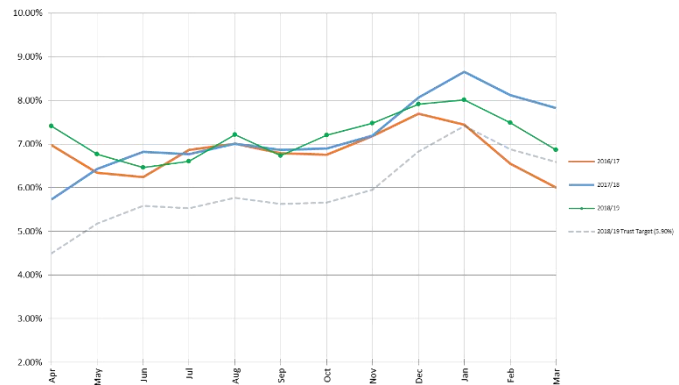
Much of our success to date has been based upon a strong message of ‘Go Together, Go Far’ and the encouragement and expectation of working together with our Trade Union Partners. This is a message we continue to promote and embed across the organisation. Moving forward we will refresh and reinforce our 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.

## **Workforce Challenges**

**Recruitment and Training** - Aligning our recruitment and training plans to meet the needs of the organisation has been a key challenge in previous years. Therefore in 2018/19 we introduced a Recruitment Manager and a Workforce Planning Business Partner post within the Workforce and Organisational Development Directorate to give specific focus to these activities. This has resulted in improvements starting to become evident for our EMS recruitment in particular, in relation to improvements in capacity to identify ideal education commissioning requirements for future scenarios (e.g. awareness of options to mitigate the fallow year due to the move to a degree requirement for Paramedics), widening access to careers from a more diverse range of candidates (e.g. signing up to the Armed Forces Covenant and Step into Health Pledge), improved candidate experience of our recruitment process (through reviewing recruitment timelines and introducing candidate experience surveys) and increasing the level of interest from candidates wishing to work for our organisation (by increased use of social media for advertising campaigns and improvements to recruitment materials/branding); however there is more to do to ensure our recruitment processes are targeting a diverse range of candidates. A number of initiatives are planned for 2019/20 to address this challenge.



**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.



**An Ageing Workforce** - We have 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 and is outlined in our People and Culture Strategy enabling plans.

## Equality, Diversity and Human Rights

Our Equality and Human Rights Strategy (2016-20) is called [Treating People Fairly](#). Whilst we have a duty to report on how we are progressing against our Strategic Equality Objectives, we are delighted to regularly update all stakeholders on our progress. We are passionate about creating an environment where regardless of background or circumstances, each patient is provided with a high quality service to meet their needs and every colleague achieves their full potential. Our aim, at the heart of all of our plans, is to shift from “treating people how we want to treat them” to “treating people how they want to be treated”. *Treating People Fairly* is significant as it links how we play our part in delivering the Equality, Welsh Language, Well-being of Future Generations and Social Services and Well-being Acts. The most important part of delivering *Treating People Fairly* is helping every colleague to recognise, understand, and value difference in everyone by ensuring that no-one is excluded. We are proud of the progress we have made during 2018-19.

## 2.9 Delivering our Financial Plan to achieve Financial Balance

In 2018/19, the Trust achieved all of its financial targets as follows:

- |  |                 |
|--|-----------------|
| • Achievement of revenue financial balance                           | <b>Achieved</b> |
| • Achievement of external financing limit                            | <b>Achieved</b> |
| • Capital Spend = or less than the WG set Capital Resource Limit     | <b>Achieved</b> |
| • At least 95% of Non NHS Invoices by number are paid within 30 days | <b>Achieved</b> |

At the end of the 2018/19 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.057m in its audited final accounts.

Each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

The first assessment of performance against the three-year statutory duty in NHS Wales was at the end of 2016/17, being the first three-year period of assessment.



The Trust is, therefore, deemed to have met its financial duty to break even over the 3 years 2016/17 to 2018/19 as shown below:

Annual financial performance			2016-19
2016-17	2017-18	2018-19	Financial
£000	£000	£000	duty
			£000
44	70	57	171
0	0	0	0
<u>44</u>	<u>70</u>	<u>57</u>	<u>171</u>

The Trust managed its cash resources and working capital to precisely achieve its External Financing Limit (EFL) target of £0.697m.

The Trust expended Capital Investment funds of £19.8m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Resource Limit, without exceeding it. In addition a further £0.020m, being the netbook value of assets disposed of, was invested, resulting in the total investment of £19.824m.

The Trust is required to pay at least 95% of the number of non-NHS invoices received within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 97% within the specified time.

In common with other public sector bodies across Wales, the Trust is facing a further challenging year in 2019/20. NHS funding identified via Welsh Government budget uplifts included a 2% uplift for core cost growth, which includes funding to meet the first 1% of 2019/20 pay award costs, funding to support the A4C 3 year pay award, and a further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales"

To deliver a fully balanced financial plan this has resulted in a requirement to deliver a minimum of a further £2m savings via cost reduction and cost avoidance schemes.

Full details of the Trust's service, operational, workforce and financial plans are contained within the Integrated Medium Term Plan (IMTP) for the period 2019-20 to 2021-22, which was submitted in accordance with the NHS Wales Planning Framework to WG in January 2019 and received approval during April 2019.

Further detail on the financial performance of the organisation is found in the Annual Accounts section of the Annual Report.

## 2.10 Resilience and Business Continuity

The Resilience and Specialist Operations department of the Operations Directorate sits with the Assistant Director of Operations (Support) and comprises a Head of Resilience, three regional Resilience Managers responsible for specific Health Board areas across Wales and Local Resilience Forums (LRFs), as well as the Hazardous Area Response Team (HART), the Special Operations Response Team (SORT), Business Continuity Officer and an Event Planning Manager.

The Resilience Managers work closely with key partners in delivering against statutory (Civil Contingencies Act 2004) and non-statutory guidance in relation to emergency preparedness, resilience and response (EPRR).

Resilience Managers engage through the Local Resilience Forums (LRF) which are coterminous with the four Welsh police forces. The department is also engaged in national (UK) fora to support the area of operations from Resilience / emergency preparedness, resilience and response (EPRR), Hazardous Area Response Team (HART) and the Special Operations Response Team (SORT), the Trusts Resilience Team also engages at a Welsh level with the relevant resilience fora and are also engaged in the UK Contest Board and the UK counter terrorism strategy.

Under the Civil Contingencies Act 2004 (CCA) Category One responders are subject to the following full set of legal civil protection duties:

- Risk assessment;
- Emergency planning;
- Business continuity planning;
- Warning and informing;
- Information sharing; and
- Co-operation.

In ensuring the Trust is fully discharging its legal obligations and ensuring that it is in a suitable state of readiness to react to any situation, the Trusts preparedness, resilience and business continuity processes are constantly reviewed and updated.

The Trust provides and supports a specialist service known as HART (Hazardous Area Response Team). The HART team forms the central core of what would be the Trust's response to any major incident, physical incident or weather-related event (including, in the current political climate, the Trust's response to any acts of terrorism) and employs 35 Paramedics and 7 HART Team leaders supported by 2.8 whole time equivalent (WTE) management and administration staff.

The HART team ensures the statutory obligations and duties of the Trust are met in relation to its role as a Category One Responder under the Civil Contingencies Act 2004 (CCA), the UK Government's Counter Terrorism Strategy (CONTEST), and the Security and Counterterrorism Act (2015). Other legislative and guidance documents relating to duty of care, security and emergency preparedness from both UK and Welsh Government are addressed as part of Trust core business, with the support of the HART team.

## **2.11 Information Communications Technology**

The Information Communications Technology (ICT) department provides all information systems and services for the Trust including day to day support and support in delivering the strategic aims of the Trust across all areas.

The ICT department plays a key role in supporting the Trust strategic transformation and modernisation programme through providing Trust staff with an electronic, patient-centred view of information in order to support high quality care that is aligned to the Welsh Government Digital Health and Care Strategy.

ICT is a key enabler for the Trust and during 2018/19 the department delivered the following:-

- Further improvement in the ICT Infrastructure to provide a secure, scalable and resilient platform to support digital delivery;

- ICT and telephony support to the National 111 Pathfinder while also supporting to the procurement of a new integrated 111 information system;
- Staff mobility pilot focused on the requirements of clinical and operational staff for secure access to appropriate information whilst away from their station; Rollout of 200 tablets to staff at trial stations across Central and West region and introduction of 30 Wi-Fi enabled ambulances across trial stations in the North region;
- Preparatory work in readiness for adoption of Ambulance Radio Programme (ARP) Control Room Solution (CRS) and the Emergency Services Mobile Communication Programme (ESMCP); and
- Worked extensively with all directorates across the Trust to deliver improvement and enhancements to current systems and services.

## **2.12 Annual Quality Statement**

The Trust's Annual Quality Statement will be published separately by 01 June 2019.

## **2.13 Sustainability Report**

The Trust's Annual Sustainability Report will be published separately by 31 August 2019.

## **2.14 Key Risks and Issues 2018/19**

The Trust's Audit Committee receives regular Risk Register Reports and risk registers are actively managed by the Trust. During 2018/19, the Trust has revised its Risk Management Strategy to reflect the progress that has been made over the last 2 years. The Trust is progressing with maturing Risk Management, aiming to be a "Risk enabled" Organisation by March 2020. A "risk enabled" Organisation is one where risk management and internal control is fully embedded Trust wide.

Two key forums have progressed this maturation during 2018/19. The Risk Register Advisory Group has scrutinised Directorate Risk Registers and quarterly Corporate Risk Register submissions, acting as a critical friend and embedding a consistent standard of Risk Registers. The Risk Management Development Group has worked with Directorate Risk Leads to build confidence, capability and capacity for risk management processes.

In addition, the Trust commenced its transition to an electronic Risk Register. The Risk Register module of Datix has been configured to meet the needs of the Welsh Ambulance Service Trust. This has been tested and designed in partnership with users across the Trust. The Quality, Safety, Nursing and Patient Experience Directorate has undertaken the role of the pilot Directorate and now has its Local, Directorate and any risks at a Corporate Risk Register level recorded and managed in this electronic format. During 2019/20, the rest of the Organisation will transfer to the E Risk Register with the aim for this to be Trust wide by the end of July 2019.

Simultaneously, the Trust has agreed a revised Risk Management process. This new process builds the Trust's maturity by ensuring that where risks are managed is not simply predicated by score. Our new process is supported by the E Risk tool and the aim is for this to be fully embedded by the end of Quarter 2 2019/20.

The Trust uses a risk matrix to score risks. Risks of 15 or more are managed at an Executive level and are set out in the table below.

Title	Score	Lead Directorate	Lead Committee
Unable to attend to patients in the community who require see and treat services	20	Operations	Quality, Patient Experience & Safety Committee
Patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident & Emergency)	20	Operations	Quality, Patient Experience & Safety Committee
Safeguarding Referral Process	20	Quality, Safety, Nursing, Patient Experience	Quality, Patient Experience & Safety Committee
Increase in sickness absence rate	16	Workforce and OD	People and Culture Committee
Station cleanliness across the Trust is not at a consistent level and could impact negatively on Infection, Prevention and Control	16	Operations	Quality, Patient Experience & Safety Committee
The Digital Pen contract will end 31 March 2021. There is a risk that another solution may not be in place by then and the Trust will not have a mechanism for recording Patient Care Record (PCR) information electronically.	16	Medical & Clinical	Finance Resource Committee
On call Civil Contingency Act ability to cover 24/7 command - due to changes in Strategic and Tactical levels the Operational level cover out of hours is not consistent	16	Operations	<i>Finance Resource Committee</i>
Inadequate resources to support the minimum requirements, professional and clinical practice for NHS Direct Wales/ 111 Staff	16	Quality, Safety, Nursing, Patient Experience	Quality, Patient Experience & Safety Committee
Tier 1 Compliance to formal concerns	16	Quality, Safety, Nursing, Patient Experience	Quality, Patient Experience & Safety Committee
Trust Reputation	15	Partnership and Engagement	Trust Board leads this Risk <i>Supporting Committees:</i> Quality, Patient Experience & Safety Committee & Finance Resource Committee
Vaccine Preventable Diseases`	15	Workforce and OD	<i>Lead Committee: Finance Resource Committee</i> <i>Supporting Committee:</i> Quality, Patient Experience & Safety Committee

Resources required to implement the Mental Health Improvement plan	15	Quality, Safety, Nursing, Patient Experience	Quality, Patient Experience & Safety Committee
Unable to achieve risk maturity	15	Quality, Safety, Nursing, Patient Experience	Quality, Patient Experience & Safety Committee
Out of date Policies and Procedures	10	Corporate Governance /Board Secretary	Trust Board leads this Risk Supporting Committees: Quality, Patient Experience & Safety Committee & Finance Resource Committee
That a significant number of Welsh Ambulance Service Trust Paramedics may not submit portfolios of evidence relating to their Band 6 competencies by 31/3/19 and the subsequent impact of this on service delivery, patient care and ultimate available numbers of Welsh Ambulance Service Trust Paramedics vs Welsh Ambulance Service Trust EMT3	6	Operations	Finance and Resource Committee/ People and Culture Committee

## Audit & Inspection

Like every public body, the Trust is subject to external audit and inspection. The Welsh Audit Office (WAO) undertake an annual Structured Assessment of the Trust and the Trust can also be subject to inspection by Health Inspection Wales. The Trust also has its own Internal Audit function. All of this information is considered through the Trust's *Audit Committee*. You can find out more about the work of the Trust's *Audit Committee* by clicking on the following hyperlink:-

<http://www.ambulance.wales.nhs.uk/Default.aspx?pagelid=215&lan=en>

The Welsh Audit Office published its 2017 Structured Assessment of the Trust in January 2018 which contained nine recommendations. Each recommendation is recorded, tracked and reported in the Audit Tracker which is submitted to each Audit Committee throughout the year.

The table below describes each of the nine recommendations and the progress made against each of these during 2018/19, as captured within the Welsh Audit Office 2018 Structured Assessment.

In addition, a brief note describing the progress to date is included.

Rec Ref.	2017 Recommendations	Progress in 2018/19
1	While there is good scrutiny of overall savings plan delivery, the Trust should strengthen its current arrangements to include:	Complete  Minutes of the Executive Finance Group show a clear focus by the Group on the reasons

	<p>a. greater focus by the Executive Finance Group (EFG) on the reasons behind the under delivery of specific saving schemes;</p> <p>b. improving attendance at the Executive Finance Group by Executive Directors; and</p> <p>c. strengthening scrutiny of savings schemes that are underperforming by Finance and Resources Committee</p>	<p>behind the under- delivery of specific saving schemes.</p> <p>Review of Executive Finance Group 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>
2	<p>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>Partially complete</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 Red, Amber, Green (RAG) rating is also provided in each of the individual theme highlight reports.</p> <p>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>As at October 2018 this recommendation has been completed. The 2018/19 highlight reports will include specific sections on risks to service quality and delivery</p>
3	<p>The Trust needs to address the further improvements to asset management controls identified in the Welsh Audit Office accounts report and Final Accounts Audit Memorandum for 2016-17.</p>	<p>Partially complete</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 Real Asset Management 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>As at October 2018 this was marked as complete.</p>
4	<p>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</p>	<p>Not complete</p> <p>A review of the website at October 2018 shows a similar position to the Welsh Audit Office review in 2017. However, the Trust is committed to implementing this action by March 2019. According to the audit recommendation tracker, a full review of the Trust's website was</p>

	complies with the requirements of Welsh Health Circular 033.	<p>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 Welsh Health Circular.</p> <p>The Trust's refreshed website went live in April 2019. The Welsh Health Circular has been reviewed and the Communications and Corporate Governance Teams have worked hard with the Web Team to ensure compliance with the Welsh Health Circular and therefore this has been marked as complete as at April 2019.</p>
5	<p>Assessment against our review of Board Assurance Frameworks in place across NHS bodies in Wales, shows that the Trust's Board Assurance Framework covers a range of information, but identified it could be strengthened in several areas. The Trust should:</p> <ul style="list-style-type: none"> <li>• provide greater detail in describing the threats to achieving strategic objectives and their outcomes;</li> <li>• identify and clearly state the specific controls and assurances for the Framework, for example, detailing what clinical audit will provide assurance as opposed to assigning assurance to 'clinical audit' in a general sense; and</li> <li>• assign oversight of each identified risk to corporate objectives and the associated controls to a designated committee for scrutiny.</li> </ul>	<p>Complete</p> <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. The Welsh Audit Office assessment of progress shows that:</p> <ul style="list-style-type: none"> <li>• the description of threats to achieving strategic objectives has improved;</li> <li>• the description of controls and assurances for the Framework has improved; and</li> <li>• The Trust has assigned oversight of each strategic aim and associated risks and controls, to a designated committee for scrutiny.</li> </ul>
6	Strengthening the audit recommendation tracker. Improve the audit recommendation tracker further by 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	<p>Complete</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 scrutinise progress more effectively in future.</p>
7	Reducing sickness absence. 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	<p>Not complete</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</p>

	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>has experienced since 2013, due to winter pressures. The Trust continues to have the worst sickness absence across Welsh health bodies.</p> <p>This was marked as complete in January 2019 as a detailed 9 Point Action Plan was agreed by Exec Team, work has commenced and updates will provided through the Finance and Resource Committee and Executive Management Team.</p>
8	Information Governance policies. The Trust's should improve the pace of updating their policies and make prompt progress against the wider General Data Protection Regulation (GDPR) requirements to ensure they comply with General Data Protection Regulation by May 2018.	<p>Partially complete</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 urgency. The Trust reports progress against this in response to Stratia through a Security Improvement Plan to the Executive Management Team.</p> <p>As at 9<sup>th</sup> May 2019, 5 out of the 7 Information Governance Policies have been approved. The remaining 2 are in the system for approval.</p>
9	<p>Improving the quality and timeliness of Board and Committee papers and making further improvements to their quality by:</p> <ul style="list-style-type: none"> <li>• being more assurance focussed, 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;</li> <li>• 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</li> <li>• ensuring the Board regularly receives the minutes of the Emergency</li> </ul>	<p>Partially complete</p> <p>According to the September 2018 audit recommendation tracker:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• the protocol for minutes was approved by the Chair's Working Group in March 2018; and</li> <li>• Since March 2018, the Board expected to routinely receive Emergency Ambulance Service Committee minutes. However, our review of Board papers shows the Board has not received any of the four sets of approved 2018 Emergency Ambulance Service Committee minutes during its meetings since March 2018.</li> </ul> <p>This recommendation was marked as complete in December 2018.</p>



	Ambulance Services Committee (EASC).	
Rec Ref.	2017 Recommendations	Progress in 2018/19

The 2018 Structured Assessment made eight recommendations, published in November 2018. A summary of the recommendations and progress made to date will be reported through the Audit Tracker which is submitted to each Audit Committee meeting.

A full report on progress on these ten recommendations will be made in next years Performance Report.

There were no specific Health Inspectorate Wales (HIW) inspections of the Welsh Ambulance Service Trust during 2018/19. The Trust collaborated with the Health Inspectorate Wales during 2018/19 on the emergency department inspection tool, which will go live and be used in 2019/20. When an emergency department is inspected using this tool, the Welsh Ambulance Service Trust will receive a specific report on its relationship/performance with that emergency department.

## 2.15 Further Information

For further information on the Trust's delivery of the Integrated Medium Term Plan 2018-21 please click on the following links:-

Board Date	Data Period	Board Agenda Item	Link to Board Papers
27 September 2018	Quarter 1	3.2	<a href="#">WAST Trust Board Papers 27 September 2018</a>
13 December 2018	Quarter 2	2.2	<a href="#">WAST Trust Board Papers 13 December 2018</a>
28 March 2019	Quarter 3	3.2	<a href="#">WAST Trust Board Papers 28 March 2018</a>
30 May 2019	Quarter 4	TBC	<a href="#">Welsh Ambulance Service NHS Trust - Trust Board 2019</a>

The Trust reports delivery against its Integrated Medium Term Plan each quarter to Board. The year-end report will be reported to May 2019 Board and made available on the Trust's website. The Integrated Medium Term Plan delivery report, reports progress against the Strategic Actions in the Integrated Medium Term Plan and the Trust's Performance Ambitions.

As part of monitoring progress on the Integrated Medium Term Plan (IMTP) the Trust also focusses on a set of quantifiable performance measures, which the delivery of integrated medium Term Plan strategy actions should influence. The 2018/19 performance outturn for the Integrated Medium Term Plan performance actions are set out in the following table:

### *Ambulance Quality Indicators*

Each Local Health Board receives a performance indicator dashboard to ensure consistent reporting in their annual reports. The Trust is not a Local Health Board and is a commissioned service by the Local Health Boards; consequently, Welsh Government do not issue a dashboard to the Trust. Whilst no dashboard exists, the Trust is amongst the most transparent ambulance services in the

World, with the publication of the quarterly Ambulance Quality Indicators by Emergency Ambulance Service Committee.

<http://www.wales.nhs.uk/easc/ambulance-quality-indicators>

Whilst no Welsh Government dashboard for the Trust exists, the Trust does report its performance to Welsh Government, against a range of measures. This information can be provided on request. Similarly, the Trust have developed its own dashboard, which is reported to each Board as part of the Quality & Performance Report. The 2018/19 end of year version of this report can be found on the Trust's website under the Trust Board Papers for 30 May 2019 (link below) or is available on request.

[Welsh Ambulance Service NHS Trust - Trust Board 2019 Papers](#)

#### *Performance Report Contact Details*

Should you require any further information on this Performance Report, please contact:-

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GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>3.1</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	

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

<b>MEETING</b>	Board
<b>DATE</b>	30/05/2019
<b>EXECUTIVE</b>	Director of Partnerships and Engagement
<b>AUTHOR</b>	Director of Partnerships and Engagement
<b>CONTACT DETAILS</b>	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

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

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

### REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Board Development Session	October 2018	Early engagement and discussion
Board Development Session	February 2019	Further discussion
Executive Management Team	May 2019	Initial draft circulated and comments received

## SITUATION

1. The Welsh Ambulance Service has been developing its relationships with stakeholders on a number of fronts in recent years; directly; through partnership, planning and commissioning arrangements, through its pro-active engagement with patients and the wider community. It continues to establish itself as an organisation of gravitas and impact within NHS Wales and works more closely with the regional and national media to improve visibility and raise the organisation's standing, as well as developing public confidence in the services it provides.
2. This work has not only been focused on the external environment. Much work has been done within the organisation to improve communication and engagement with colleagues and trade union partners, building on work to embed the behaviours we wish to see and to change the culture and feel of the Welsh Ambulance Service.
3. While much has been achieved, we are now entering a phase where this work needs to be accelerated, in order that the Welsh Ambulance Service is able to consolidate the gains it has made and retain the confidence of government and the wider NHS system, consolidating our reputation as a reliable and innovative public service partner that is focused on delivery.
4. Indeed, ensuring that all stakeholders, including our people, understand and support our long term ambitions is critical to this next phase in the development of our organisation.
5. It is for this reason that the organisation has reflected its commitment to engagement and collaboration through its Long Term Strategic Framework and Integrated Medium Term Plan (IMTP), identifying the need for whole system partnership and engagement with our patients, staff, and public, private and third sector partners as one of our core enablers.
6. The reasons for this are manifold, including:
  - To secure understanding and support for our longer term ambitions from our stakeholders
  - To maintain credibility and confidence with our partners and stakeholders
  - To ensure there is a shared understanding of our current and potential contribution across the out-of-hospital system
  - To ensure we listen and, where appropriate, act on the views of our stakeholders in developing and improving our services
  - That we are visible in the collaborative arena, and are a credible voice within NHS and the wider public service in Wales
  - That we identify and explore opportunities for collaboration with partners, and that our relationships are sufficiently well developed to allow us to deliver on these intentions
  - That our relationship with our employees, patients, stakeholders (including government, politicians and the media) and the people of Wales is predicated

on trust and understanding, helping to build our reputation as a “brand” in which there is confidence and for which there is support

- To engender a sense of collective ownership in the Welsh Ambulance Service, as an organisation in which employees and stakeholders have a mutual and supportive interest

## **BACKGROUND**

7. The Trust’s first Board-level engagement framework was approved in 2016 and, since that time, the organisation has made considerable progress in reframing its relationships with a range of stakeholders, contributing to a shift in our organisational narrative and releasing a number of opportunities for further strategic and operational developments. The framework was also recognised as an example of good practice in NHS Wales by our internal auditors.
8. 2018/19 has seen the development of both a new Long Term Strategic Framework for the Welsh Ambulance Service, which sets the vision and aspiration for the organisation to 2030, as well as a new Integrated Medium Term Plan, which identifies the steps we will take to begin to operationalise that vision over the coming three years from April 2019.
9. Similarly, the outcome of the 2018 NHS Wales staff survey demonstrates not only significant improvement in engagement levels, but also signals the need for a greater focus on communication and connectivity with colleagues.
10. Given these factors, coupled with the growing maturity of the organisation as a key player within NHS Wales and the ambulance service’s role as a commissioned provider, now marks an appropriate opportunity to redefine our approach to engagement as we seek to deliver excellence.
11. In addition, it is important that, as an organisation, we retain the confidence of our many stakeholders and maintain our credibility as a forward-thinking and reliable provider of out-of-hospital care, especially as we enter a new period of change and evolution of our services, with the attendant challenges this brings.

## **ASSESSMENT**

12. Since the development of the Trust’s original engagement framework at the end of 2016, there have been a number of strategic and political developments which will now need to influence the next iteration of the Trust’s organisational approach to engagement.
13. The publication in 2018 of the Welsh Government’s long term strategy for health and care in Wales, *A Healthier Wales*, marked a clear expectation that health, social care, third sector and other partners should work far more collaboratively to deliver the resilient communities and effective, personalised care that the people of Wales need now, and increasingly, in the future.

14. The collision of demographic, workforce, social, economic and other pressures means that traditional models of care and of public expectation of how, when and where healthcare is delivered, which have evolved over the more than 70 years of the NHS' existence, will need to alter radically if we are able to provide the level of care which is required to keep the people of Wales healthy and well over the longer term. Our public education work and engagement with patients will be critical in helping the people of Wales understand how to manage their own health, be more resilient in their approach to healthcare and understand how best to use our services as they evolve and become more focused on appropriate clinical care rather than transportation.
15. Similarly, the Wellbeing of Future Generations Act 2015 and the expectations of our health board commissioners, as reflected in their annual commissioning intentions, commit us to thinking more strategically about the importance of collaboration as part of our commitment to delivering sustainable services. These aspirations reflect the healthy, prosperous and resilient Wales outlined in the Welsh Government's strategy for the nation, *Prosperity for All*.
16. Securing recognition and support for our current and potential contribution to the wider NHS Wales system from our partners will be critical in ensuring that our ambitions are supported and realised. The time we invest in, and the quality of our engagement with our stakeholders will make a significant contribution to our future success.
17. This draft engagement framework seeks to provide the organisation with some clarity around how our many strands of engagement contribute to the delivery of our IMTP and long term strategy, as well as addressing more prescient issues of reputation, credibility and confidence.
18. The supporting delivery plan, initially drafted for year one, attempts to demonstrate a clear link between engagement activities and our priorities, coupled with indicative outcomes.
19. The delivery of the Engagement Strategy forms a key tenet of the Trust's Integrated Medium Term Plan and, as such, progress against the supporting delivery plan will be reported to Board on a quarterly basis.
20. The Strategic Planning and Partnership Forum will be the main internal assurance group monitoring delivery, reporting through the Strategic Transformation Board.
21. Additionally, colleague engagement activity will reported via the People Committee and patient and community engagement through the Quality, Experience and Safety Committee (QUEST).

## **RECOMMENDED:**

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

## EQUALITY IMPACT ASSESSMENT

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

## REPORT CHECKLIST

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

## **Welsh Ambulance Services NHS Trust**

### **Draft Strategic Framework for Engagement: 2019-22**

#### **Introduction**

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

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

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

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

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

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

#### **Strategic Context**

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



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

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

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

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

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

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

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

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

Our delivery vehicle for our long term strategic framework is our three year Integrated Medium Term Plan, the most recent of which was approved by Welsh Government in March 2019 for the 2019-22 period. This engagement plan is, therefore, mapped to those core areas of IMTP delivery which have a significant engagement component, as well as reflecting the strategic engagement activities required to ensure our stakeholders, including our people, understand and support our long term ambitions and the steps we will need to take to realise them.

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

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

It is intended the Bill will be formally introduced in year three of the Assembly term (i.e. before July 2019) and it must go through a number of stages before it becomes an Act. Once passed into legislation, the Act will clearly have an impact on our engagement activities, for which we need to prepare now.

### **Reputational Risks and Issues**

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

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

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

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

### **Purpose and Outcomes**

While the principle of continuous engagement is one to which we as an ambulance service subscribe, in line with our statutory duties, the National Service User Frameworks and the National Principles for Public Engagement in Wales which we have formally adopted, it is important to be clear that all aspects of engagement must be able to demonstrate purpose and outcome.

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

These outcomes might be summarised as:

- The workforce and trade union partners are engaged and understand and support the organisation's long term ambition and direction of travel. They recognise the need to be "change ready", adapting and developing roles, working patterns and practices to facilitate this.
- Commissioners (and commissioning infrastructure) support and understand the organisation's long term ambition and direction of travel, evidenced by the necessary redirection of resources to realise
- Political and civil service stakeholders support and understand the organisation's long term ambition and direction of travel, evidenced through support for business cases, investment decisions and developments in models of care
- Patients feel confident in giving feedback on our services, both positive and otherwise, and trust that this will be considered and, where appropriate, acted upon as part of a process of continuous improvement and that there is evidence to support this
- The people of Wales understand the role of the ambulance service as a clinical service that provides care in a number of ways, including via digital, telephone, face-to-face and deploys an ambulance or a Non-Emergency Patient Transport Service (NEPTS) vehicle only in cases of appropriate clinical need
- People increasingly know and understand the difference between services (e.g. 111/999) and when and how it is appropriate to contact them. The expectation of automatic dispatch of an ambulance and/or conveyance to a hospital or other facility will be reduced
- The media and political environment is supportive. When scrutiny is required, challenges are constructive rather than damaging and relationships are sufficiently strong to manage difficult issues
- Partners across the NHS, blue light emergency services and the wider public and, where appropriate, private sector, regard the Welsh Ambulance Service as a reliable and committed partner and are confident in collaborating on a range of initiatives where there is tangible and mutual benefit, organisationally and/or for citizens
- The Welsh Ambulance Service is able to progress some of its key enablers increasingly via collaboration, e.g. estates, including through formal partnership structures such as Regional Partnership and Public Service Boards, where its contribution is welcomed and recognised
- NHS partners involve the Welsh Ambulance Service in issues of service change at an early stage and reflect the aggregate impact of such changes across Wales in their commissioning intentions for emergency and non-emergency ambulance services
- Regulators and inspection bodies understand the organisation's ambition and direction of travel, are constructive in their scrutiny and receive an open and positive experience from the Board, senior leaders and staff during visits etc. They feel assured that challenges are being dealt with appropriately and that the governance of the organisation is strong, robust and forward-thinking
- The organisation has credibility and its reputation in the wider landscape of NHS Wales and ambulance services nationally and internally continues to grow

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

### **Stakeholder Identification and Analysis**

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

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

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

The following table identifies an indicative rather than comprehensive analysis of stakeholders. It provides an indicative assessment of the current engagement level as against the ideal engagement level with each stakeholder group, their relative priority and the level of focus which it is suggested is now needed to optimise relationships and support the delivery of the outcomes noted above. It should be noted that priorities are rarely static and will require regular review. This analysis is therefore proposed for discussion.

Stakeholder		Interest Level	Influence/Impact	Current Engagement Level	Ideal Engagement Level	Priority Level	Focus
<i>Internal</i>	Colleagues, volunteers, TU partners	High	High	Medium	High	High	<b>Increase</b>
<i>Patients, public, communities</i>	Patients	High	High	High	High	High	<b>Maintain</b>
	Public	Medium	High	Medium	High	High	<b>Increase</b>
	Patient/interest groups	High	Medium	Medium	Medium	Medium	<b>Maintain</b>
<i>System and Government</i>	Local Health Boards (including primary care) and NHS Trusts (Wales)	High	High	Medium	High	High	<b>Increase</b>
	Health Education and Improvement Wales (HEIW)	Medium	High	Medium	High	Medium	<b>Increase</b>
	Chief Ambulance Services Commissioner (CASC)	High	High	High	High	High	<b>Maintain</b>
	National Collaborative Commissioning Unit Team	High	High	High	High	High	<b>Maintain</b>
	Politicians (MPs/AMs/)	High	High	Low	Medium	Medium	<b>Increase</b>
	Welsh Government (Ministers and civil servants)	High	High	Medium	High	High	<b>Increase</b>
<i>External Stakeholders</i>	Media (print, broadcast, digital)	High	High	Medium	High	High	<b>Maintain</b>
	Local Authorities (members and officers)	Low	Medium	Low	Medium	Medium	<b>Increase</b>
	Blue light partners (police/fire services)	Medium	Medium	Medium	Medium	Medium	<b>Review</b>
	Community Health Councils/successor orgs	Medium	Medium	Low	Medium	Medium	<b>Review</b>
	Regulators/inspection (internal/external)	Medium	High	Low	Medium	Medium	<b>Maintain</b>

	audit/HIW/PSOW/Coroners etc.)						
	Commissioners e.g. Welsh Language, Older People's, Children's	Medium	Medium	Medium	Medium	Medium	Review
	Higher education providers	Medium	High	Medium	High	High	Increase
	Third sector (e.g. St John Ambulance/TASC/BHF)	High	Medium	Low	Medium	Medium	Review
	Representative Bodies/Ambulance System e.g. AACE, CoP	High	Medium	Medium	Medium	Medium	Maintain
	Private sector organisations e.g. technology field	Low	Medium	Low	Medium	Medium	Increase

#### Key

**Increase** Requires additional or sustained high focus. Stakeholder critical or relationship underdeveloped. May require redirection of focus

**Maintain** Engagement level currently appropriate. Positive relationships exist and/or current engagement level is proportionate to influence/interest

**Review engagement** Engagement levels require review. Criteria for review may include strategic significance, current priorities, and existing levels of

As evidenced from this simple analysis, many of our stakeholders are high influence/high impact, and require an investment of time and energy to continue to foster productive and collaborative relationships. This is against a backdrop of finite and disparate engagement resources and competing priorities. While all our stakeholders remain important, the levels of time and energy invested in any one group will need to be reviewed at regular intervals. This will include the need to review engagement within discrete stakeholder groups to ensure geographic challenges can be addressed.

In a small number of notable cases, impact and/or importance in delivering organisational objectives is high, but interest and/or our relationships are not well developed, e.g. local authorities and the private sector. This is an area for development if the Trust is to secure support for a range of objectives, including those linked to estates, resilient communities, education and technology.

Given the need to align the resources available with the requirements of the IMTP, it is likely that some work programmes will need to be modified to address organisational priorities and work is underway to address this. Indicative deliverables are outlined in the delivery plan appended to this document which, in the first instance, is focused on the first 12 months of this strategy's timeframe.

### **Core Messages**

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

Indicatively, our core messages will include:

- The service is evolving at pace, driven by a commitment to high quality clinical care
- The Welsh Ambulance Service is not a transport service - its role in the out of hospital arena is about maintaining people in the community as far as possible, with conveyance being a last, rather than first, resort
- We are part of the wider out-of-hospital NHS team – we deliver care in a range of settings with a variety of other clinical professionals and this element of our work is growing
- Our role as an all-Wales provider gives us a “helicopter view” of services like no other organisation – this helps us support others in “joining up” services for patients
- We are increasingly a provider of, and signpost to, other services which are more appropriate to patient need e.g. 111
- We provide individualised, patient care – this results in different responses to different patients, dependent on need, including in our non-emergency service
- We are on a journey of professionalism, upskilling our people to be able to provide better quality and more appropriate care for our patients
- We lead the way in innovative workforce approaches and develop our people to be their best, including our volunteers
- We work as an equal partner in NHS Wales and contribute to all elements of the out-of-hospital care system

- We are a forward-thinking and agile partner, which actively seeks collaborative opportunities as a way of delivering our organisational ambitions and delivers on our commitments
- We embrace opportunities and recognise the value that technology can add to our service
- We will advocate on behalf of our patients and our people to continue to improve the wider NHS system to ensure we can deliver a service that we can all be proud of
- We are open to challenge and scrutiny and learn from the experiences of our people and patients, taking concrete action to address issues raised or explain why we cannot change things
- We embrace diversity and work hard to reflect the communities we serve
- We do what we say we will do or justify early why we cannot.

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

### **Roles and Responsibilities**

Engagement is very much a team sport and requires colleagues from Board to the frontline to play their part in delivering messages, listening to feedback, adjusting and modifying messages and approaches as a result.

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

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

Indicative roles are as follows:

#### *Non-Executive Directors*

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

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



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

#### *Directors*

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

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

#### *Senior Leaders*

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

- Encouraging contributions and feedback from staff through appropriate structures, for example team meetings, internal focus groups or local/national staff surveys, with a commitment to acting on the outcomes

#### *Staff*

- Advocates for the organisation with patients, their families and carers and the wider public
- Involvement in appropriate activities which support the development of key stakeholder relationships e.g. education, recruitment and public events etc.
- Sharing intelligence, information and patient feedback regularly through the team and line management process
- Completing local or national staff surveys to share information

#### **Evaluation and Agility**

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

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

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

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

**Ends/EVH/May19**

<b>Engagement Domain: Internal (Colleagues and Volunteers)</b>					
<b>IMTP Priority Theme</b>	<b>How</b>	<b>Who</b>	<b>When</b>	<b>Progress</b>	<b>Anticipated Outcome</b>
<b>Improved, sustained and high quality performance</b>	<p>Further colleague engagement and support in a range of condition specific work including:</p> <ul style="list-style-type: none"> <li>Developing taskforce of dementia champions across Wales</li> <li>Supporting revision of call handling scripts to reflect the needs of those with discrete needs e.g. LD, dementia, mental ill health</li> </ul>	Claire Bevan (PECI Team)	March 31 2020		Staff have the skills and understanding to provide appropriate services and care to patients with specific needs, thus improving patient experience, reducing concerns and demonstrating commitment to co-production
	<ul style="list-style-type: none"> <li>Implement the Leadership and Management strategy, engaging closely with colleagues to support cultural and mind-set shifts</li> </ul>	Claire Vaughan (OD Team)	March 31 2020		The organisation's leadership is forward thinking, understands and supports direction of travel and is committed to engaging effectively with teams
	<ul style="list-style-type: none"> <li>Work closely with CASC and NCCU colleagues to engage staff in the progress of the actions emanating from the Amber Review</li> </ul>	Rachel Marsh (Planning and Performance Team supported by Estelle Hitchon & Comms Team)	March 31 2020		Teams understand the implications of the Amber Review and recognise and support the need for the changes required

N.B.: This 2019/20 delivery plan is indicative rather than comprehensive and will be updated on a quarterly basis. Priority themes outlined in the IMTP have been used to provide organisational focus to this engagement delivery plan, recognising that additional and/or "business as usual" activity will be undertaken in all domains, which may not necessarily be documented here.

Engagement Domain: Internal (Colleagues and Volunteers)					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
Improved, sustained and high quality performance	<ul style="list-style-type: none"> <li>Ensure that the fundamentals of the long term strategy and IMTP are repeated and promoted regularly, through briefings, stories, bite size etc.</li> </ul>	Jon Watts (supported by Comms Team)	March 31 2020		Colleagues understand and feel engaged in the future direction of the organisation. They are able to link changes and developments to the strategy
	Refresh Trust intranet site to ensure staff can navigate the site easily and that the content is easy to find, appropriate and current	Rachel Watling James Moore (HI)	March 31 2020		Colleagues have the information they need to do their jobs effectively.
	Launch a “closed” Facebook page for colleagues to allow secure two-way communication for staff in a way that is easily accessible	Rachel Watling	June 2019		The organisation is able to engage effectively and securely with colleagues in real time, sharing information and receiving and acting promptly on feedback as appropriate
Digitally transform our organisation	Explore opportunities to digitally connect with employees through individual devices once outcome of 2018/19 tablet trial is available	Estelle Hitchon Chris Turley	December 2019		As above

<b>Engagement Domain: Internal (Colleagues and Volunteers)</b>					
<b>IMTP Priority Theme</b>	<b>How</b>	<b>Who</b>	<b>When</b>	<b>Progress</b>	<b>Anticipated Outcome</b>
<b>Enhance our role in Unscheduled Care System</b>	Develop an employee communication plan in support of the Trust's Public Health Plan and its aspiration to Make Every Contact Count (MECC)	Communications Team/Wendy Herbert	September 2019		Staff understand their role in making every contact count. They feel positive and comfortable to do so
<b>Make WAST an exemplar employer</b>	Secure colleague engagement in the development of our Wellbeing Strategy to inform, ensure support and appropriateness.	OD Team	June 2019		Colleagues feel that the organisation takes seriously the wellbeing of its workforce and that strategies accurately address need
	Develop a WIIN approach to improving colleague engagement and communication through an organisation-wide conversation, including CFRs and other volunteer groups	OD Team Comms Team	December 2019		Colleagues feel heard and able to influence. The organisation responds effectively to the communication and engagement needs of its workforce
	Develop a specific package of work to support the development of the TU/manager relationships and approaches particularly with local leaders	WOD Team	March 2020		Partnership working is at the heart of the organisation's way of working, at all levels of the organisation with a commensurately positive impact on employee relations matters

Engagement Domain: Internal (Colleagues and Volunteers)					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Further NEPTS Transformation</b>	Support the Interim Deputy Director of NEPTS with internal communication/engagement in relation to potential changes to services/criteria etc.	Estelle Hitchon	March 2020		Colleagues understand and support the reasons for change. They are able to act as informed advocates to patients
	Support improved communication with VCS volunteers, including in relation to recruitment	Mark Harris supported by Comms Team	March 2020		Volunteers feel valued. Volunteers support the recruitment of others and are advocates for the organisation. Patient care is improved through better knowledge and understanding
<b>Deliver value based healthcare</b>	Ensure regular communication in relation to new developments, finances, savings schemes etc. which relate to the delivery of value based healthcare	Chris Turley Executive Team supported by Comms Team	March 2020		Colleagues understand the concept of value based healthcare and recognise the need to use resources prudently

Engagement Domain: Internal (Colleagues and Volunteers)					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Enhanced innovation and research role</b>	Provide communications support to the WAST Improvement and Innovation Network (WIIN), actively seeking opportunities to promote	Communications Team	March 2020		Colleagues understand the purpose and objectives of WIIN and feel able to be involved. Improvement activities within the organisation increase
<b>Working across organisational and sector boundaries</b>	Identify and support colleagues working in the partnership realm, particularly those who are, or should represent WAST in collaborative/partnership fora, including RPBs	Estelle Hitchon	March 2020		The organisation knows and supports colleagues with the skills, interest and experience to work effectively in formal partnership structures

Engagement Domain: Patients, Public and Communities					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
Improved, sustained and high quality performance	Further develop engagement and involvement of users with sensory loss and dementia (separate PECI work programme)	PECI Team	March 31 2020		Services understand and respond to the needs of their users. Users feel heard and able to influence service delivery. Improved patient experience
	Continue to develop the WAST website to provide improved architecture and content, improving experience and information in line with a “digital first” approach to providing public information.	Rachel Watling	March 31, 2020		Information is easily available, accurate and current. Reduced demand on FOIs as a result of easier access to information.
	Develop a Trust Instagram account as a further way of digitally engaging with the public, focusing on educating young people about the service, usage, employment opportunities etc.	Rachel Watling	September 30, 2019		Greater reach to specific audiences, including younger people, potential recruits etc.
Digitally transform our organisation	Further develop NHSDW website in line with a more “digital first” approach to the provision of health information, including considering branding in line with 111 subject to further discussion and agreement	PECI Team (in conjunction with 111 Executive Lead and Prog Director)	March 31 2020		People use website and symptom checkers as first port of call for health information, potentially reducing volume of 0845/111 calls and increasing digital usage



Engagement Domain: Patients, Public and Communities					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Enhance our role in Unscheduled Care System</b>	Develop and deliver a programme of public engagement that focuses on call prioritisation and resource utilisation in line with the recommendations of the Amber Review	PECI Team in conjunction with CASC Team	March 31 2020		People understand the way in which calls are prioritised and the resources available. They are able to make better choices when selecting services appropriate to their need
	Continue to support communications and engagement around the further roll-out of the 111 programme.	Communications Team WAST/relevant HB Comms Teams	March 31 2020		Relevant communities understand when and how to access the 111 service and what it provides
	Identify and action opportunities to promote the work and development of the APP model and other alternative models of care	Communications Team	March 31 2020		The benefits of the APP model are understood by the population, commissioners and other stakeholders. Support for further development is secured
	Develop and deliver a programme of public and patient engagement to inform the development of an Older Person's Plan	PECI Team	March 31 2020		Older people feel heard and able to influence service development and delivery. The organisation coproduces service plans with the people it serves

Engagement Domain: Patients, Public and Communities					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Make WAST an exemplar employer</b>	Continue to promote positive staff stories highlighting awards, innovation, career development, benefits and support	Executive Team supported by Comms Team	March 31 2020		The organisation is able to recruit high calibre people across the full range of its disciplines.
<b>Further NEPTS Transformation</b>	Develop, implement and evaluate a communication plan to support any future changes to service criteria	Estelle Hitchon Mark Harris	March 31 2020		Any proposed changes to services are well articulated and understood. Complaints and concerns are minimised
	Support the recruitment of additional volunteer car drivers through a programme of regular publicity	Comms Team Mark Harris	March 31 2020		Resilience of volunteer car driver service is increased. Increased levels of interest in volunteering
<b>Deliver value-based healthcare</b>	Communicate a range of initiatives where WAST is demonstrating value is being delivered e.g. APPs, electric vehicles, efficiencies created through estates rationalisation/collaboration etc.	Comms Team	March 31 2020		Organisation is seen as efficient and effective.
<b>Enhanced innovation &amp; research role</b>	Work collaboratively with research funders and partners to publicise the role of research and innovation in driving excellence	Comms Team	March 31 2020		WAST is seen as a leader in its field. Research partners seek out opportunities. Research profile contributes to enhanced reputation

Engagement Domain: Patients, Public and Communities					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Enhanced innovation &amp; research role</b>	Identify appropriate publicity opportunities from the WIIN programme and optimise accordingly	Comms Team	March 31 2020		WAST is seen as innovative and dynamic. Focus on improved patient care and experience is understood.
<b>Working across organisational and sector boundaries</b>	Develop a programme of community engagement that supports the development of resilient communities	PECI Team	March 31 2020		Communities understand how to help themselves, find information, self-care, develop lifesaving skills. CFR recruitment /schemes increase
	Map current schools engagement activities and develop a standards framework as a baseline for further development and systemisation in years 2 & 3	PECI Team	March 31 2020		Organisation has clear roadmap for schools engagement, with appropriate governance and standards framework. Consistency of messaging.

Engagement Domain: System and Government					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Improved, sustained and high quality performance</b>	Provide system leadership in the development, implementation and evaluation of a system wide communication and engagement plan for winter 2019/20, working closely with health boards, Welsh Govt and CASC	Estelle Hitchon	March 31 2020		Demand is reduced, particularly at key pinch points, e.g. festive season, periods of adverse weather. WAST messages are basis for system messaging.
	Work closely with the CASC to finalise revisions to Ambulance Quality Indicators and ensure their communication to stakeholders	Rachel Marsh	September 30 2020		AQIs are agreed and supported as appropriate measures of quality and performance
	Ensure clear and timely engagement with WG colleagues in relation to issues of assurance, performance and service developments in order to secure appropriate support and engender confidence	Jason Killens/ Executive Team	March 31 2020		Confidence in ability to deliver is maintained and improved. Information is shared in a timely manner. Issues are identified and flagged early, with appropriate remedial action identified. Proposed service developments are understood and supported

Engagement Domain: System and Government					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Digitally transform our organisation</b>	Support the incoming Director of Digital with orientation in order to develop influential relationships	Jason Killens Estelle Hitchon	March 31 2020		Director of Digital is established and known in role. Stakeholders clear on key point of contact.
	Continue to influence digital direction of travel through various peer groups and engagement with NWIS to ensure visibility and relevance of national digital developments to organisational priorities	Executive Team	March 31 2020		Organisation's digital ambitions are known and supported. Impact of national initiatives is understood and reflected in local plans as appropriate
<b>Enhance our role in Unscheduled Care System</b>	Develop bi-monthly briefing for EASC members on WAST developments, performance etc.	Rachel Marsh	From September 2019		Commissioners have accurate and timely information. Relationships are strengthened
	Identify and implement regular programme of engagement with HEIW /HE providers to ensure early involvement in workforce planning and support for new roles	Claire Vaughan Brendan Lloyd	March 31 2020		Support is secured for WAST requirements in education commissioning process. Curricula are influenced. HEIW and HEIs respond positively to innovation, creation of new roles etc
	Continue engagement with primary care clusters and LMCs to secure understanding of ambulance call prioritisation system and out of hospital opportunities	Dr Brendan Lloyd	March 31 2020		Primary care colleagues understand call prioritisation and dispatch system. Rotational model continues to develop

<b>Engagement Domain: System and Government</b>					
<b>IMTP Priority Theme</b>	<b>How</b>	<b>Who</b>	<b>When</b>	<b>Progress</b>	<b>Anticipated Outcome</b>
<b>Further NEPTS Transformation</b>	Ensure clear engagement with WG and commissioners to secure support for any changes to application of service criteria	Mark Harris	September 30 2019		Service changes are understood and supported
<b>Deliver value-based healthcare</b>	Ensure programme of communication to CASC, EASC, WG in relation to return on investments/evaluation of new models	Executive Team as appropriate	March 31 2020		Confidence in, and credibility of, organisation is maintained and improved. Support secured for further developments based on outcomes and evidence
<b>Enhanced innovation &amp; research role</b>	Identify and exploit opportunities to promote research and innovation as key to WAST role in wider NHS Wales	Dr Brendan Lloyd	March 31 2020		Reputation of organisation as leader in its field continues to grow
<b>Working across organisational and sector boundaries</b>	Collaborate with health boards to deliver a range of referral pathways – ensure engagement is consistent and that benefits of pathways are mutually agreed and understood	Rachel Marsh Louise Platt	March 31 2020		More referral pathways are developed and/or existing pathways accept referrals from ambulance staff. Conveyance rates to EDs reduce. Health board colleagues understand clinical model, profile of patients and recognise need to improve pathway availability. Relationships improved

Engagement Domain: System and Government					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Working across organisational and sector boundaries</b>	Review and agree lead Exec roles in relation to health board areas, with anticipated outcomes clearly identified	Jason Killens (Estelle Hitchon)	September 30 2020		Clarity of role and expectation. Relationships with health board colleagues improved.
	Review and agree lead NED roles in relation to health board areas, with anticipated outcomes clearly identified	Martin Woodford	September 30 2020		Clarity of role and expectation. Relationships with health board NEDs improved. Opportunities for further collaboration identified.

Engagement Domain: External Stakeholder					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
Improved, sustained and high quality performance	Further work with partner organisations on issues including dementia and mental health to support demand management and improved patient experience, e.g.: <ul style="list-style-type: none"> <li>Partnerships with other emergency services (joint dementia training in control)</li> <li>Mental health practitioners in North Wales Police Control (North Wales RPB bid funded via Transformation Fund)</li> </ul>	Alison Johnstone  Steve Clark	March 31 2020		Reduced response demand on services Improved patient experience and care Improved working relationships Further opportunities for collaboration identified
	Continue to develop the WAST website to provide improved architecture and content, improving experience and information in line with a “digital first” approach to providing public information.	Rachel Watling	March 31, 2020		Users are able to find accurate, relevant and current information easily. Reduction in FOIs as a result of improved access to information
Digitally transform our organisation	Develop a Trust Instagram account as a further way of digitally engaging with the public, focusing on educating young people about the service, usage, employment opportunities etc.	Rachel Watling	September 30, 2019		“Digital first” approach is further developed by extension of digital opportunities to engage with a variety of demographics. Opportunities to communication and receive feedback improved



Engagement Domain: External Stakeholder					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Digitally transform our organisation</b>	Support the development of an organisational digital transformation strategy by ensuring stakeholders understand and support the proposed direction of travel, benefits etc.	Director of Digital	March 31 2020		Digital strategy is understood and supported. Stakeholders feel heard and able to influence
	Scope potential partnering with private sector organisations to work collaboratively on digital solutions in the context of improved colleague, patient and public experience	Director of Digital/Chris Turley	March 31 2020		Organisation is visible to potential private sector partners. Partners are aware of direction of travel and are responsive
<b>Enhance our role in unscheduled care system</b>	Identify and action opportunities to promote the work and development of the APP model and other alternative models of care	Communications Team	March 31 2020		The model of delivery and potential of the APP role is understood and supported
<b>Make WAST an exemplar employer</b>	Scope, with partners, opportunities for shared roles, appointments, rotations, developing a “one public service ethos”	Claire Vaughan	March 31 2020		Organisation is seen as dynamic and innovative. Patient care is improved. Career opportunities are more diverse. Opportunities for shared learning are improved
<b>Further NEPTS Transformation</b>	Ensure any changes to application of service criteria and/or provision are widely communicated using a range of traditional and digital media, including engagement with CHCs if/where appropriate	Mark Harris (Comms Team)	September 30 2019		Change is well articulated, understood and accepted. Adverse reaction is minimised. Positive relationships are maintained

Engagement Domain: External Stakeholder					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Deliver value-based healthcare</b>	Identify and promote via a range of traditional and digital media examples of WAST activity which demonstrate a value based approach	Chris Turley (Comms Team)	March 31 2020		Organisation is seen as efficient, effective and innovative
<b>Enhanced innovation &amp; research role</b>	Identify opportunities to promote with partners key research and innovation successes as part of an organisational wide commitment to developing and using clinical evidence for the benefit of patients	Dr Brendan Lloyd (Comms Team)	March 31 2020		Organisation is seen as leader in its field. Research partners seek to work with us. Research work enhances employer of choice ambition.
<b>Working across organisational and sector boundaries</b>	Develop collaborative opportunities with a range of stakeholders to provide estates opportunities that meet organisational ambition	Rachel Marsh	March 2020		New and alternative estates opportunities are available. Improved environments for staff. Relationships with partners improved.
	Ensure representation on a minimum of three regional partnership boards, ensuring WAST is visible at strategic level and identifying strategic collaboration opportunities with a range of stakeholders that reflect organisational strategy, ambition and deliver improved services for patients	Estelle Hitchon	December 2019		WAST is visible at RPB level. Strategic significance of the organisation is identified & welcomed. Opportunities for further collaboration identified, improving patient care and meeting organisational ambition. Alternative funding for developments identified

Engagement Domain: External Stakeholder					
IMTP Priority Theme	How	Who	When	Progress	Anticipated Outcome
<b>Working across organisational and sector boundaries</b>	Undertake a “voice of the stakeholder” exercise to gauge and understand stakeholder views and perceptions of the Welsh Ambulance Service and from which a year 2 and 3 engagement delivery plan can be built	Estelle Hitchon	December 2019		<p>Organisation understands how it is perceived by stakeholders.</p> <p>Engagement plan 2020-21/21-22 better reflects need and addresses any issues. Stakeholders feel heard and able to influence</p>

General Engagement					
Issue	How	Who	When	Progress	Anticipated Outcome
<b>Visibility and transparency</b>	Reinstate Board engagement events on a twice yearly basis, focused on hard to reach communities/geographies first	Director of Partnerships and Engagement/ Board Secretary	From July 2019		Board is able to connect with local communities and stakeholders across Wales, understanding the challenges of delivering in different localities. Organisation is accessible and transparent. Seen as responsive to community need and action orientated
	Roadshow approach to senior leadership engagement is evaluated and refreshed as appropriate	Assistant Corporate Secretary/Head of Communications	September 30 2019		Effectiveness of approach is understood. Colleagues feel listened to and that feedback is acted upon. Senior leaders are seen as visible and pro-active
	Senior leaders and NEDs continue programme of ride-outs, visits to premises etc. as appropriate	Executive Team Board Secretary (key liaison for NEDs)	March 31 2020		Senior leaders and NEDs are visible to staff. Understanding of key operational issues enhanced. Leaders are seen as “in touch” and interested. Connection between information presented at Board/Committee and EMT can be identified and tested.

General Engagement					
Issue	How	Who	When	Progress	Anticipated Outcome
Policy and political interface	Continue programme of political meeting as appropriate, including briefing in advance of winter 2019/20 to group leaders	Jason Killens Estelle Hitchon	March 31 2020		Organisation is viewed as receptive and transparent. Politicians have access to current and accurate information
	Continue to identify opportunities to submit evidence to assembly inquiries/reviews	Estelle Hitchon	March 31 2020		Organisation is seen as having constructive views and ideas to offer. Policy-makers view WAST contribution as important and valued.
	Ensure engagement activities and collateral are in line with the organisation's Welsh Language Standards compliance notice	PECI Team Comms Team Welsh Language Officer	March 31 2020		Welsh speakers are able to engage in their preferred language Organisation meets its language obligations
Messaging	Suite of core messages to be developed and refreshed at quarterly intervals (or sooner if required) and distributed to Board members, senior leaders and managers	Estelle Hitchon	From June 2019		Consistency of messages to support engagement activities Staff, stakeholders remain connected to the key tenets of organisational strategy and operational priorities



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

<b>AGENDA ITEM No</b>	<b>4.1</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

## 111 Programme update

<b>MEETING</b>	<b>Trust Board</b>
<b>DATE</b>	<b>30<sup>th</sup> May 2019</b>
<b>EXECUTIVE</b>	<b>Interim Director of Finance and ICT</b>
<b>AUTHOR</b>	<b>Chris Turley</b>
<b>CONTACT DETAILS</b>	<b>Chris.turley2@wales.nhs.uk</b>

<b>REPORT PURPOSE</b>	<b>To provide Board with an update on the implementation of the 111 service in Wales</b>
<b>CLOSED MATTER REASON</b>	<b>N/A</b>

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Trust Board	30 May 2019	To note

# **WELSH AMBULANCE SERVICES NHS TRUST**

## **TRUST BOARD**

### **111 PROGRAMME UPDATE**

#### **SITUATION**

1. The purpose of this paper is to provide Board members with an update on the current implementation of the 111 service in Wales. It will cover the current service rollout, the latest staffing and recruitment position including, a “deep dive” into current retention issues, an upcoming “peer review” of the 111 call handling, triage and clinical support hub and a brief update on the current ongoing procurement process for an new national integrated NHSDW / 111 / GP OoHs system, including the outcomes of a recent Gateway review on this.

#### **BACKGROUND**

2. Board members will be aware that the 111 service is currently operational in the (former ABM UHB, including Bridgend), HDUHB and Powys tHB areas. The next Health Board area where the service is planned to go live is ABUHB, with Cwm Taf planned for later in the year.
3. ABUHB had initially been planned for April 2019. As with the implementation of 111 in any area, part of the preparation for roll out includes an agreed process where a series of factors are assessed within a readiness checklist to ensure we have a safe and sustainable service prior to “Go Live.” This checklist is discussed in detail with the Senior Responsible Officers (SROs) from the respective Health Board, WAST and the 111 National Programme. Unfortunately, at the time the Trust was not in a position to assure the (net) increased numbers of, specifically, clinical staff for an April launch. Despite a positive recruitment campaign for this launch, where the required additional number of clinicians were successfully recruited, we unfortunately also saw an increase in clinical staff leaving the service during the same period, resulting in a net reduction overall. Given this, there was collective agreement from all parties that in the interests of patient safety we would postpone the ‘Go Live’ date until we can be assured that we can operate the service with a safe and sustainable level of staffing.
4. Since this time actions have progressed at pace to look to ensure we can implement the 111 service in ABUHB as soon as possible, and also seek to not allow this delay to have any substantial knock on impact for the implementation to the Cwm Taf HB area, currently planned for late autumn 2019.

## ASSESSMENT

### ***Service roll out and staffing***

5. In order to address the vacancy factor and respond to further predicted attrition rates a recruitment and training plan has been further developed and updated, to include the Cwm Taf roll out. The plan addresses the recruitment and training of both clinicians and call takers and has been developed around the training capacity across each of the existing sites and availability of the training team.
6. In order to enhance recruitment opportunities a new operating base is also being established within Ty Elwy in St Asaph and recruitment has commenced to operationalise this site which will be available by the end of July.
7. The first round of clinician recruitment has concluded and this is looking positive with a total of 16 wte clinicians having been recently appointed across Wales. The current increase in clinicians required for AB and Cwm Taf roll outs (at the time of writing) is 18.5 wte thereby leaving a remaining gap of 2.5 wte, which it is expected will be appointed to through a second round of clinician recruitment, which is underway for both Wthybush and North Wales.
8. To ensure adequate numbers of call handlers remain in place to support the launch of 111 within ABUHB and Cwm Taf a call handler recruitment and training programme has also been further developed for both Swansea and VPH sites. The recruitment process is due to be completed in the next few weeks with training completing in Swansea in July and in VPH in August. There has been an overwhelming response to the recent call handler recruitment which specifically targeted university students in the Swansea area and confidence is high that sufficient numbers can be recruited.
9. To provide assurance that adequate staffing levels can be maintained and to confirm a revised launch date for 111 within ABUHB and also for Cwm Taf, an establishment projection has been formulated based on known and anticipated recruitment and also taking into account expected levels of attrition. The projection identifies the operational staffing levels that will be available and uses 95% as its target in line with the requirements set out within the service readiness checklist; this document remains live and is regularly updated as the recruitment programme progresses and is shared and discussed in detail at the 111 Implementation Project Board meeting. However, recognising the risk to recruitment and retention, and whilst some of the recent learning from the above attrition in the service is fully understood, a range of actions have been progressed to seek to ensure any revised timeline to further roll outs can be delivered. These include:-
  - The recent finalisation of a new band 6 clinical role to support triage in NHSDW / 111, widening this to allow this to be undertaken by paramedics as well as nurses. The latest round of recruitment now used this new role



and some of those now appointed into these have been paramedics, including some from outside Wales;

- The continuation of the feasibility study and proof of concept for clinicians providing hear and treat from home via a Hone Clinical Triage Pilot. Particularly useful during known times of surges in demand this allows for clinicians to work short more focus shifts from home. Whilst still being evaluated the early results of this are very positive;
- Linked to the need to potentially make some of these clinical roles more attractive, the development of rotational roles for clinicians into GP OoHs and see and treat services underpinned by educational models, and
- As noted above, the establishment of a NHSDW / 111 “spoke” in Ty Elwy in St Asaph, widening the catchment area for potential clinician appointments.

### ***“Deep dive” into NHSDW and 111 staff retention***

10. Linked to the above, one of the actions agreed as part of the decision to delay the roll out of 111 into ABUHB was to better understand the reasons why clinical staff were leaving the NHSDW / 111 service. To do this, the Trust committed to undertake an in-depth analysis of levels of attrition within 111/NHSD over a 6 month period, between September 2018 and February 2019.
11. Whilst the recent focus has rightly been on the recruitment of the required staff to roll out the service as planned, this work is also ongoing and commenced with the extraction of information from ESR relating to staffing establishment, turnover, stability, sickness, PADRs and statutory and mandatory training across 111/NHSDW for Nurses and Call Handlers. A quantitative analysis of available information from this data source has enabled the organisation to achieve some understanding and early indication of the reasons for increased attrition levels during this period, and has in part influenced the progression of some of the measures highlighted above.
12. A qualitative exercise on this data will now be undertaken, in order to validate and enhance early findings, including using information available through the most recent staff survey, and exit questionnaires will also be reviewed.
13. A focus group, consisting of a number of stakeholders to include; Trade Union Partners, Operational staff, professional nursing and the 111 Programme team will be tasked with conducting a more in-depth analysis of the information available. Similar services within 111 NHS England and NHS 24 Scotland will also be considered as comparators for benchmarking rates of attrition to determine whether 111/NHSDW attrition is above, in line with or below other similar services.
14. The result of all this then being how we can look to further inform and improve our approach to recruitment, training and retention of staff in this area, and is it expected that this work will be concluded by the end of July.

### ***“Peer review”***

15. During August - December 2018 a clinically led, data driven process to peer review each health board's OOH service was undertaken. The purpose of the peer review was to act as 'critical friend' in offering advice and support as part of the Winter Planning process. Importantly, this exercise was supported by the Clinical Directors of Service and by the All Wales OOH Forum and followed the same principles followed for similar reviews into cancer, audiology and palliative care services.
16. As part of the peer review all Wales report, a peer review to assess the operational and clinical infrastructure for call handling, nurse triage and the clinical support hub functions within NHSDW /111 was recommended. This was supported at a recent Public Accounts Committee session on OoHs services across Wales, where the recent peer review process was referenced.
17. Whilst inevitably taking a slightly different form and approach to that undertaken for Health Board OoHs services, and in part undertaken by a different review panel, to include independent experts in Telehealth, the process is intended to be robust, evidence based and clinically led and is not designed to be performance driven. It is also designed to not be too onerous on the organisation being reviewed, key during this period of further 111 implementation, with the main review being done in a single half day session.
18. The expected outcomes of the peer review is to:
  - recognise good practice;
  - provide positive support for improvement;
  - provide clarity and consistency of direction and,
  - assist in the further development of a solution focused, sustainable model for Wales.
19. Whilst the final details of how this process will be adopted for the WAST run NHSDW / 111 service is being finalised, it is expected that the main review will be undertaken sometime during June or July. The outcome of the review is expected to be a detailed report on findings, and an action plan for any agreed recommendations and follows similar exercises undertaken for each of the LHB urgent primary care (out of hours) services in 2018 /19.

### ***New system procurement & Gateway Review***

20. Trust Board members will be aware of the ongoing process to procure an integrated information solution to support the 111 Service, replacing the existing NHS Direct Wales CAS and the multiple GP Out of Hours Adastra systems across each of the Health Boards. The procurement of a new system is a key enabler for ensuring the long term success of the 111 programme and

will support NHS Wales in making changes to the wider urgent care and unscheduled care system.

21. Procurement activities are overseen by the 111 Wales Executive Procurement Board on behalf of the 111 Implementation Board, which provides scrutiny and assurance that the procurement is being carried out in accordance with the relevant legislation. The Executive Procurement Board is supported by legal and commercial advisors throughout the process and is made up of key stakeholders from across NHS Wales. This has been progressed via competitive dialogue with the process now having reached the Invitation to Submit Final Tender (ISFT) stage, with the remaining suppliers submitting their final bids on 29<sup>th</sup> March 2019. An update on the outcome of the evaluation of these will be provided in due course.
22. A Gateway 3: Investment Decision review on the procurement process was held on w/c 18<sup>th</sup> March 2019; this review focused on the procurement activities to date and assessed the future likelihood of the success of the project. The report issued to the SRO gave a Delivery Confidence Assessment of Amber/Green reflecting that successful delivery of the project is probable. The Gateway Review Team made four recommendations. Whilst three of these were more process and Full Business Case drafting focussed, the final one is *"Recommendation 4: Decisions on organisational roles and responsibilities for Contracting Authority and Provider roles need to be finalised."* A further detailed update on this will therefore be provided once the outcome of the current phase of the procurement process is known, and which will no doubt then require further Board dialogue and consideration.

## RECOMMENDATION

23. That the Trust Board **notes** this update on the implementation of the 111 service in Wales



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

<b>AGENDA ITEM No</b>	4.2
<b>OPEN or CLOSED</b>	OPEN
<b>No of APPENDIXES ATTACHED</b>	2

## Integrated Medium Term Plan – 2018/19 Quarter 4 Delivery Report

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 <sup>th</sup> May 2019
<b>EXECUTIVE</b>	Rachel Marsh, Director of Planning & Performance (Interim)
<b>AUTHOR</b>	Jonathan Watts, Assistant Director of Strategy & Planning Hugh Bennett, Assistant Director, Commissioning & Performance Kerri Hitchings, Commissioning & Performance Manager Olivia Barnes, Commissioning & Performance Officer
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<b>CORPORATE OBJECTIVE</b>	All IMTP Strategic Aims.
<b>CORPORATE RISK (Ref if appropriate)</b>	ALL Risks
<b>QUALITY THEME</b>	All
<b>HEALTH &amp; CARE STANDARD</b>	All

REPORT PURPOSE	To report the Quarter 4 position of the Trust's 2018/19 IMTP commitments	
CLOSED MATTER REASON	Not applicable	
REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
EMT	15/05/19	Approval
Trust Board	30/05/2019	Consider the Trust's progress and end of year position

## SITUATION

1. The purpose of this report is to outline the Quarter 4 2018/19 position against the 2018/19 – 2020/21 WAST Integrated Medium Term Plan (IMTP) commitments.
2. This report gives the end of year position for the 44 strategic actions that the organisation committed to for 2018/19- 2020/21.
3. EMT are asked to:
  - **Note** the end of year position at Quarter 4;
  - **Agree** the actions that have not completed and the suggested ongoing monitoring mechanism

## BACKGROUND

4. As part of the NHS Wales Planning Framework and its administrative duties, the Trust is required to:
  - a) break even over a rolling three year period; and
  - b) have a three-year integrated plan that is submitted to and approved by Welsh Ministers
5. The Trust has received approval of its 2018/19 IMTP from the Cabinet Secretary for Health that was framed around our Purpose, Vision and Behaviours and also our set of strategic aims.

6. The key components of the 2018/19 IMTP which required assessment on progress are:
  - 44 strategic actions (SAs);
  - a suite of performance ambitions; and
  - a balanced financial plan.
7. Building on the established approach to monitoring the IMTP in 2017/18 (and incorporating recommendations from internal audits and the Structured Assessment), the approach for 17/18 was modified slightly and continued as such into 18/19.
8. In 2018/19 we committed to 44 actions, of which 30 should be delivered by March 2019, 11 by March 2020 and 3 by March 2021.
9. Each of our 44 actions is assigned an Executive Lead so that there is top level ownership.
10. *Plans on a Page* were developed for the strategic actions. They offered a greater level of detail and assurance regarding key aspects listed below:
  - Key milestones and associated timelines;
  - Expected outcomes;
  - Resource requirements;
  - Measures of success;
  - Risks to delivery; and
  - Management / delivery arrangements.
11. I-DAG was traditionally the forum through which progress against these actions was monitored, including progress against the six aspects listed above. With predominately EMT membership, it offered an opportunity to unblock issues as they arose and to limit the impact on delivery of actions.
12. A number of factors, including attendance, has meant that the group has not been able to meet since June 2018.
13. It has been agreed that for the remainder for 2018/19 a monthly SBAR highlight report is brought to a monthly Executive Management Team meeting instead. This offers the same opportunities as iDAG because of the membership.
14. Recognising that the Trust has received substantial assurance on its approach to managing delivery of IMTP commitments there is a desire to ensure we do not let the robustness of internal processes slip. As such a new approach to IMTP delivery has been agreed as part of finalising our 2019/20 plan.
15. 2019/20 delivery will be managed as part of the new Strategic Transformation Board (STB) which has been established. This forum will retain sight of both IMTP delivery and local delivery of Directorate Local Delivery Plans (LDPs).

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

## **ASSESSMENT**

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

- Quarter 4 status report of the 44 strategic actions;
- Quarter 4 status report of the performance ambitions; and
- Quarter 4 financial performance.

### IMTP Strategic Actions

18. Whilst in total 30 of the 2018/19 actions were due to complete this year, specifically 14 of these were due by Quarter 4. Of these 14; 9 were completed, 2 remained Amber, 2 remained Green and 1 was closed. Totally 21 actions complete.

19. **Appendix 1** gives an analysis of Quarter 4 delivery of the 44 actions, detailing the forums that will continue to monitor the actions that remain Amber and Green.

### Performance Dashboard/ Performance Ambitions

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

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

22. Reflecting the developing maturity of this approach, it should be noted that:

- Not all aims are numerically quantifiable; some measures are qualitative;
- Some can only be reported annually; and
- Some are developmental for which measures are being developed.

23. **Appendix 2** provides the Quarter 4 position of the Performance Ambitions, including the associated improvement actions, which should also be considered in the context of recent IQPRs.

## Summary of Strategic Actions

24. The following table provides a summary of all the actions that have completed during 2018/19.

Strategic Action
<b>SA1:</b> We will finalise our long term strategic framework for ambulance services in Wales.
<b>SA3:</b> We will work with Health Boards and the Chief Ambulance service commissioner to agree business cases which detail required commissioning allocations for the following service changes which we expect to see happen in 2018/19; Paediatric, Neonatal, Obstetric services / ENT / Vascular (all SE Wales), Stroke services across BCU and the provision of Thrombectomy services to Welsh patients
<b>SA4:</b> We will ensure the successful implementation of the Quality and Delivery Assurance Framework for NEPTS.
<b>SA5:</b> We will progress with our plan to develop and implement a Joint Emergency Service Demand & Intelligence Hub (Phase 1 - WAST, South Wales Police, Gwent Police & South Wales Fire & Rescue)
<b>SA7:</b> We will review and align our Patient Experience and Community Involvement programme of work with the Trust IMTP priorities and Commissioning Quality Core Requirements
<b>SA9:</b> We will continue to evolve and implement our falls improvement plan
<b>SA10:</b> We will implement our Infection Prevention and Control (IPC) improvement plan
<b>SA11:</b> We will lead the improvements identified following the Clinical Risk Assurance review
<b>SA12:</b> We will develop our electronic information systems to support our organisational risk maturity
<b>SA18:</b> We will develop a strategy for demonstrating value in an ambulance/pre hospital/emergency unscheduled care setting
<b>SA19:</b> We will create opportunities to continually improve and report on the clinical effectiveness of the care we provide



<b>SA28:</b> We will develop a project and programme management framework for the organisation and subsequently develop bespoke training for staff on the principles of the framework
<b>SA29:</b> We will deliver the LHB and WAST joint priorities as identified in the commissioning templates
<b>SA32:</b> We will significantly progress the move away from HM Stanley into Unit 7, St Asaph Business Park
<b>SA33:</b> We will implement the Estates Strategic Outline Programme, starting with the areas in greatest need of attention
<b>SA35:</b> We will implement the recommendations outlined in the Fleet Strategic Outline Programme
<b>SA36:</b> We will develop and implement over the life of this plan an Innovation & Continuous Improvement Framework
<b>SA37:</b> We will expand our robust information framework with the appropriate governance, to allow our stakeholders to get the information they require, in a timely manner and to make the most effective decisions
<b>SA40:</b> We will ensure that everyone with an interest in our work, including staff, stakeholders, patients and the wider public, understands what we do and our ambitions for the future, through a proactive programme of two-way engagement and communication that delivers tangible outcomes, supports delivery of our organisational priorities and informs future development
<b>SA42:</b> We will develop our Corporate Governance function to make us an even more effective organisation
<b>SA43:</b> We will rationalise the Swansea administrative accommodation

25. The following table provides a summary of twelve Strategic Actions that were categorised as Amber at the end of Quarter 4 and states where they will be monitored going forward.

Strategic Action	Position	Where action will be monitored going forward
<b>SA8:</b> We will deliver on the agreed priorities identified in WAST's Mental Health Improvement Plan	<i>Working with WG &amp; the Commissioner to secure recurrent funding</i>	Mental Health Steering Group
<b>SA15:</b> We will establish a CAD phase 2 project board and look to make significant progress in realising the benefits of the new CAD	<i>Delayed due to ICT issues with supplier and recruitment. All now in place.</i>	CAD Project Board / Strategic Transformation Board
<b>SA16:</b> We will implement the next phases of the 111 Pathfinder in line with 111 Strategic Plan for 2018/19 - 2019/20	<i>Delay with roll out in ABHB. Recruitment process now underway. Systems fully checked and technical readiness undertaken for further roll out.</i>	Strategic Transformation Board
<b>SA22:</b> We will benchmark and review our corporate and support service structure and operating model for the future	<i>Report received from consultant but benchmarking data was not available at that time. Expect comparative data to be made available later in the summer 2019 for review.</i>	People and Culture Committee
<b>SA25:</b> We will continue to develop and engage on our vision for 3 equitable Ambulance Academies and develop a clear business plan in early 2018 for consultation and implementation, subject to identified funding	<i>Progress on identifying appropriate estate made in the North, with development at Ty Elwy. Discussions ongoing regards an interim solution at Matrix House. Overall development of the future model to be aligned with development of the Strategy – see SA30 below.</i>	NATC Project Team, WOD Directorate Business Meeting
<b>SA30:</b> We will develop an overarching Education Strategy by the end of 2018/19	<i>Delay submitting draft strategy for Board approval to enable further stakeholder engagement. Seeking to finalise in Qtr. 2 2019.</i>	Strategic Education Steering Group / Strategic Transformation Board
<b>SA31:</b> We will enhance and strengthen our Occupational Health and Wellbeing Services; with a focus on further improving access to mental health and musculo-skeletal services for staff	<i>Progress made on enhancing access for staff to physiotherapy and mental health support, and improving access to assessments. Further work needed to review ongoing challenges with resources within team and set appropriate internal KPIs.</i>	Workforce & OD Directorate Business Meeting

<b>SA34:</b> We will deliver an OBC for the Cardiff ARC (subject to suitable site identification)	<i>OBC was approved in April following scrutiny process.</i>	Estates Programme Board
<b>SA38:</b> We will work with NWIS and other partner organisations on the development of clinical information sharing arrangements	<i>Not due to complete until 2020. Some delays out of our control. Work continues with NWIS.</i>	ICT Steering Group
<b>SA39:</b> We will continue to pursue the agile working model through the use of staff mobile devices	<i>Not due until 2021. Delays with the development of the business case. Current recommendation to extend the pilot on vehicle based devices.</i>	ICT Steering Group
<b>SA44:</b> We will develop our public health plan (Choose Well and Make Every Contact Count)	<i>Delays in developing and circulating the plan. A final draft to go to EMT and QUEST in May 2019.</i>	Public Health Steering Group

26. The following table provides a summary of Strategic Actions that were categorised as Green at the end of Quarter 4 and states where they will be monitored going forward.

Strategic Action	Position	Where action will be monitored going forward
<b>SA13:</b> We will develop a business case for investment in an electronic patient clinical record solution	<i>Awaiting endorsement of SOC from WG before commencing OBC.</i>	LDP / Strategic Transformation Board
<b>SA14:</b> We will progress the transfer of existing non-WAST delivered NEPTS work from health boards into WAST, in line with the commitment of the Business Case	<i>Due Oct 2019. Transfer of activity to BCU on hold and working to resolve.</i>	LDP / Strategic Transformation Board
<b>SA17:</b> We will support the development of an effective, and sustainable, rotational model to maximise the contribution of paramedics within Primary Care.	<i>Awaiting WG approval for competencies and education curriculum.</i>	Strategic Transformation Board
<b>SA20:</b> We will deliver actions that ensure NEPTS delivers a safe, high quality and efficient service to our patients	<i>Due 2021. No delays to report. Discussions and recruitment underway.</i>	LDP / Strategic Transformation Board
<b>SA21:</b> We will transform NEPTS by introducing new systems of working, embedding technology and exploring opportunities to innovate through	<i>Due 2021. No delays to report. Awaiting funding for</i>	LDP / Strategic Transformation Board

working closely with our workforce and other partners	<i>apprenticeships and recruitment in place.</i>	
<b>SA26:</b> We will develop a Volunteering Strategy that will ensure we understand, value and maximise the important contribution that volunteers can and will make to our services in future	Engagement phase complete. Strategy in draft and scheduled for Board in July for approval.	People and Culture Committee
<b>SA27:</b> We will develop and embed a clinical leadership culture to create sustainable clinical effectiveness across the Trust from the Trust Board to the operational frontline staff	No delays. Funding source agreed, pathways established and collaborative work underway.	LDP / Strategic Transformation Board

27. The following table provides a summary of the Strategic Actions that were closed throughout the year and the reasons.

Strategic Action	Reason for Closure
<b>SA3:</b> We will work with Health Boards and the Chief Ambulance service commissioner to agree business cases which detail required commissioning allocations for the following service changes which we expect to see happen in 2018/19; Paediatric, Neonatal, Obstetric services / ENT / Vascular (all SE Wales), Stroke services across BCU and the provision of Thrombectomy services to Welsh patients.	Closed in March 2019 following agreement with the CASC that service change implications prior to the D&C review should form part of the actual review. Therefore no need for business cases to be developed.
<b>SA6:</b> Further develop the Response Logic for the Clinical Response Model	Closed in July 2018 pending the Amber Review and to avoid duplication of work.
<b>SA23:</b> We will agree with our Commissioners a clear and measurable benefits realisation plan for the Band 6 paramedic role and investment, linked to the Ambulance Care Pathway and AQIs.	Closed in March 2019 following agreement with the Commissioner to scope as a 19/20 action. This has been embedded into the 19/20 IMTP.
<b>SA24:</b> Deliver WRES Action Plan	Closed in March 2019. Milestones and outcomes that had not already complete will be ongoing as Business as Usual.
<b>SA41:</b> We will agree (and implement) our approach to embedding the principles of the Wellbeing of Future Generations (Wales) Act 2015.	While the Trust remains committed to working within the spirit of the Act and has built its Long Term Strategy (approved by the Board in March 2019) on the principles of the WBFGA, this planned action, which focused on the Trust's engagement with Public Service Boards, was

	closed in November 2018 as a result of capacity constraints. This does not diminish the Trust's work in this realm as the Long Term Strategy demonstrates. The Trust will review its engagement with PSBs following the outcome of the current review by Welsh Government of the partnership architecture in Wales being made known.
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28. The following table provides a summary of Performance Ambitions that were 10% or more off target i.e. Red, at the end of Quarter four, with correction actions and/or further information:-

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

Measurable Ambition	Baseline	2018/19 Ambition	Apr-18	May-18	Jun-18	Jul-18	Aug-17	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG	Improvement Actions
We will be an organisation that prioritises the mental health and well-being of people (patients/service users and staff)	Measure 2: Staff Resilience: percentage of staff completing Headsted E learning 0%	Measure 2: 10% of frontline staff completing Headsted E Learning	2% (41 staff)			2% (51 staff)			4% (75 staff)			4% (75 staff)			R	Remains at 4% with no new sign-ups. Consideration needs to be given to opening up access across the whole Trust workforce (supported with marketing), and potentially making the other online programmes available too.
Embedding Improving Quality Together (IQT) - Team Leaders to have completed their Silver IQT Project	0%	20%	0%			0%			0%			0%			R	A project submission template and theory assessment document has now been communicated to learners and completed projects have started to be submitted for assessment. Assessment days will commence monthly from May 2019, supported by the Clinical and Medical Directorate and the Workforce and OD Directorate. This change will support more consistent completion in 2019/20.

Red Performance by LHB i.e. no LHB < 65%	1 x LHB	Performance 65% for all LHBs, variation decreasing	1 x LHB (59.7% Powys)	0 x LHB	1 x LHB (62.8% Hywel Dda)	0 x LHB	0 x LHB	0 x LHB	1 x LHB (64.2% Powys)	0 x LHB	1 x LHB (58.5% Powys)	1 x LHB (62.5% Hywel Dda)	2 x LHB (64.5% Hywel Dda)	2 x LHB (62.9% HD & 57.6% P)		The variation in red performance between LHB areas has increased through quarter 4 and compared to Qtr. 4 last year. The Commissioner has put daily and weekly monitoring in place for Red overall which will also impact on local level HB performance
Percentage of handover to clear within 15 minutes (AQ122 ii)	77%	90%	75%	73%	73%	73%	73%	75%	74%	72%	74%	75%	75%	75%	R	A 90 day action plan for handover to clear was implemented from 1st March 2019, which is intended to deliver an improvement of 25% in compliance with the H2C target across Wales by end of March 2020.
Number of NEPTS bookings made by fax/paper	30%	15.00%	27.0%	28.0%	25.7%	26.0%	28.3%	26.8%	26.8%	24.9%	26.3%	23.8%	24.90%	24.60 %	R	Positive overall trend moving towards the 2018/19 ambition, and has decreased since last Quarter, but currently 9 percentage points off the performance ambition. Draft IMTP 19/20 includes proposed action to develop a liaison and call taker model through a potential booking hub.

Percentage of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle	67%	95%	66%	73%	74%	74%	81%	69%	60%	75%	76%	66%	60%	67%	R	A further improvement on baseline position has been seen however has decreased in Qtr. 4. Corrective action in place involving: improving staff ability to identify criteria – posters, PCR completion, CPD and further training tools and materials.
Reduce Red 95 <sup>th</sup> percentile	Baseline month (year on year comparison)	Reduce	00:14:56	00:14:17	00:14:51	00:15:43	00:15:56	00:15:26	00:15:20	00:15:30	00:15:39	00:15:26	00:15:35	00:16:06	R	Red performance sustained above the 65% target at an all Wales level. Following the gradual decline the Commissioner has put increased monitoring on a daily and weekly basis in place. The establishment of Amber Review Delivery Group will also impact on Red.
Reduce Amber 95 <sup>th</sup> percentile	Baseline month (year on year comparison)	Reduce	02:22:11	02:27:19	02:32:05	02:44:04	02:39:45	02:45:49	02:32:45	02:32:02	02:41:41	02:58:35	02:46:33	02:41:33	R	This and overall Amber performance is an improvement compared to Qtr. 4 last year, which was 04:37:15. There are three main initiatives aimed to improve Amber performance: further enhanced Hear & Treat; APP Rotational Model and the Falls Assistants Framework.



## Financial Performance

29. Performance against the IMTP financial plan is reviewed and monitored on a regular basis for example:
- through the Financial Performance Committee (FPC); and
  - reports to Board.
30. A summary of the month twelve (Quarter 4) position is included in **Appendix 1** for completeness, as the financial plan is a key component of the IMTP. A detailed monthly finance report will form a separate report.

## Conclusion and Forward Look

31. The detail in the appendices show the progress made at Quarter 3 in delivery against the 2018/19 IMTP commitments. Whilst there are some actions that have not completed, due to a delay or some not due to within this year, there are mechanisms in place to ensure progress is not lost and monitoring of these actions continues through various forums.
32. The key mechanisms to track performance are in place and will continue to be strengthened as the process further matures in the Trust.
33. In the three years that iDAG has been functioning it has been the mechanism by which the Trust provides assurance to both Trust Board and Welsh Government regarding progress being made against its IMTP. Going forward the Strategic Transformation Board will take over this role.
34. Whilst i-DAG was a function that received 'substantial assurance' from internal audit we remain committed to ensuring *form follows function*. In light of the of the Trust gaining approval of the new three year Integrated Medium Term Plan for 2019/20 – 21/22 it became clear that in order to provide the assurance both Board and Welsh Government expect our infrastructure needed to change.
35. iDAG formally closed down in March 2019 and be replaced by a Strategic Transformation Programme Board with a suite of formal projects reporting into it.

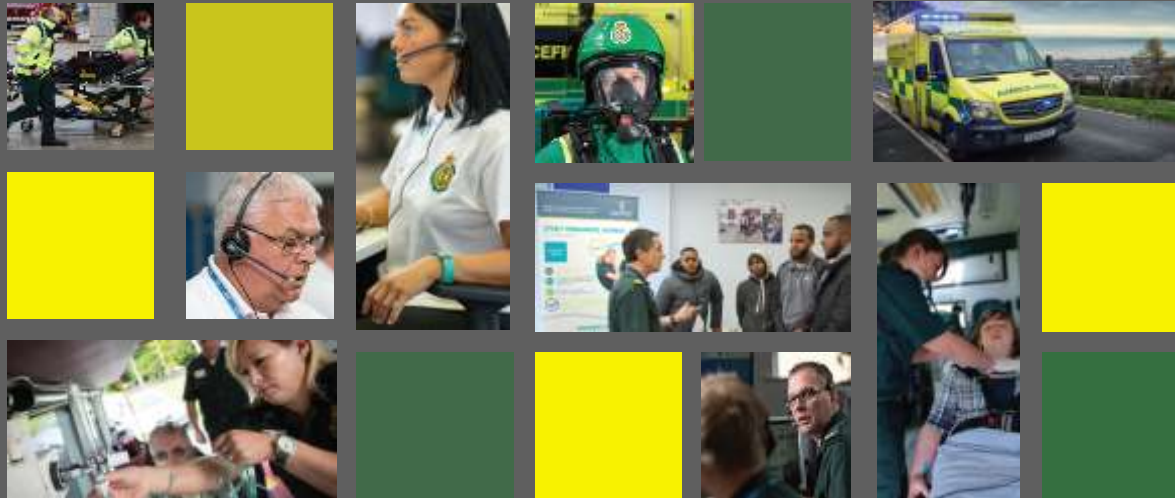
## **RECOMMENDED:**

- (1) **The progress through Quarter 4, the end of year outcome and continued monitoring arrangements going forward be noted and agreed.**



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust



# IMTP Delivery Report

## Welsh Ambulance Services NHS Trust

### Quarter 4 2018/19



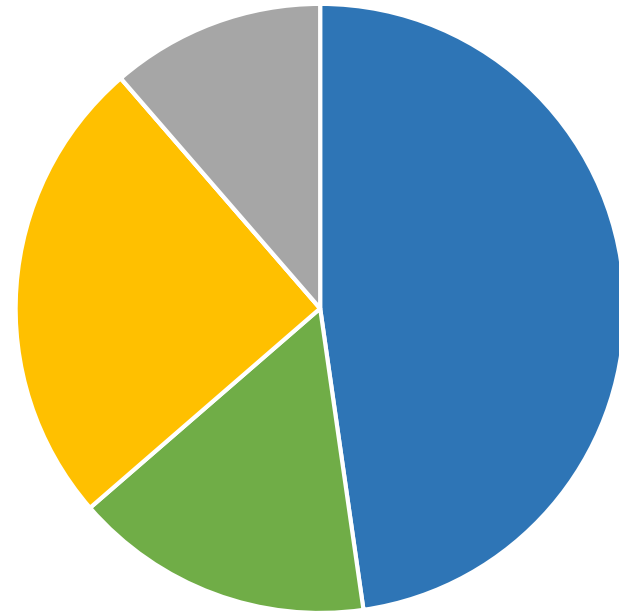
# Structure of Quarter 4 2018/19 Summary

1. Headline analysis of Strategic Actions in Quarter 4
2. Highlights from Quarter 4
3. IMTP Actions 2018/19 – *The detail*
4. Final Positions for Year End 2018/19
5. Performance Ambitions
6. Financial Summary Quarter 4

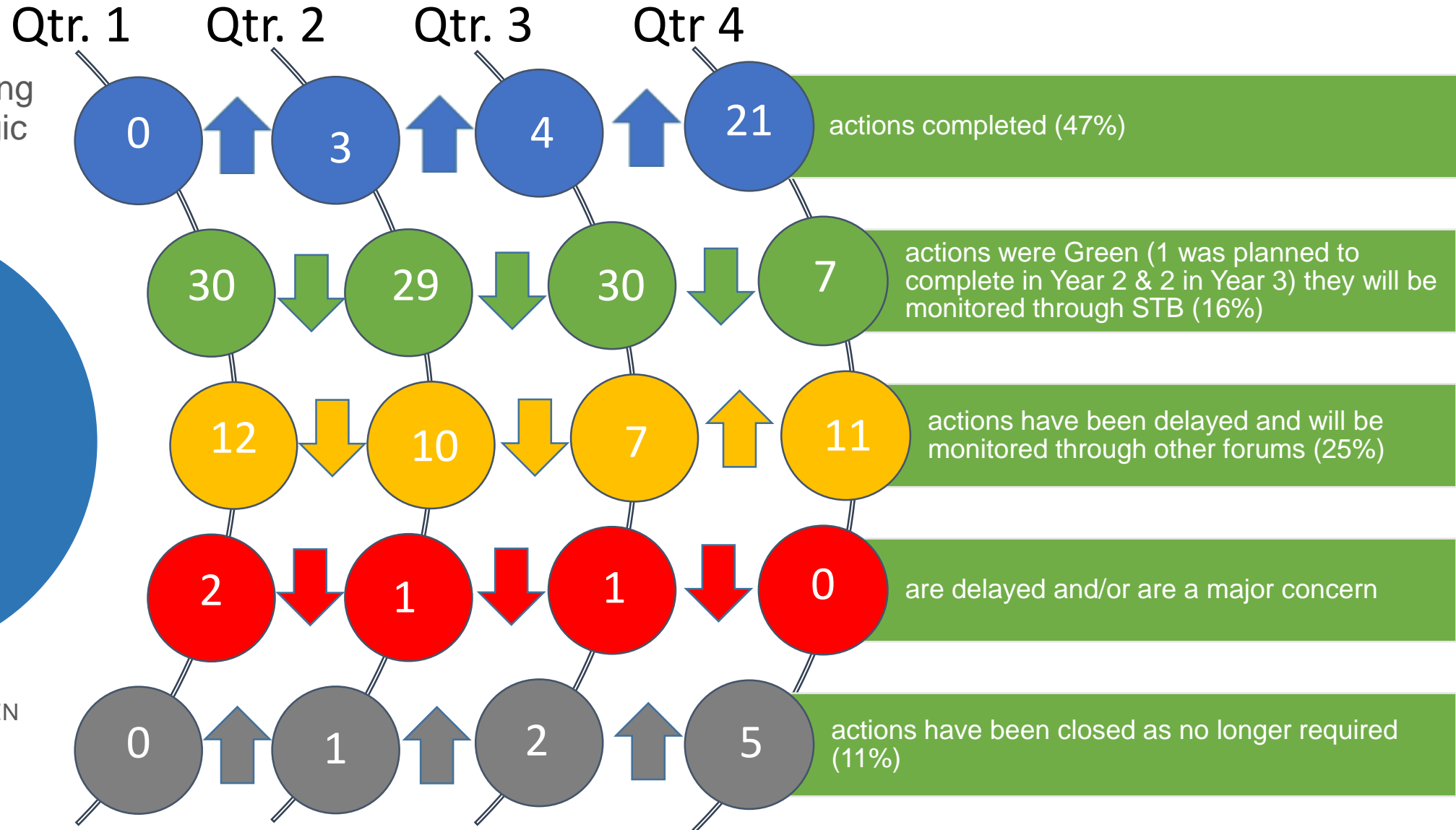


# 1.Headline analysis of the Strategic Actions: Quarter 4

Split of BRAG rating  
across 44 Strategic  
Actions Q4



■ COMPLETE  
■ AMBER  
■ CLOSED  
■ GREEN  
■ RED





## 2. Highlights from Quarter 4

Over the 18/19 winter period seven St John Falls Assistant vehicles attended over 1200 calls in South Wales. In North Wales, CFR teams have continued to train in lifting devices and provided the Falls assistant response. Clinical Desk clinicians have increased enabling an increased focus on the Falls Assessment domain of the Falls Framework. The WAST Falls Framework and Falls Response model has been used as the basis for a national Ambulance Falls model. The National Falls Taskforce in Wales has adopted the 5 domains of the WAST Falls Framework as the basis for national work in Wales.

The IPC improvement plan has been implemented. 94% of all eligible staff have completed the Aseptic Non-touch technique CPD training. An improvement project for the compliance with PPE and a swabbing project are underway to test the effectiveness of cleaning standards.

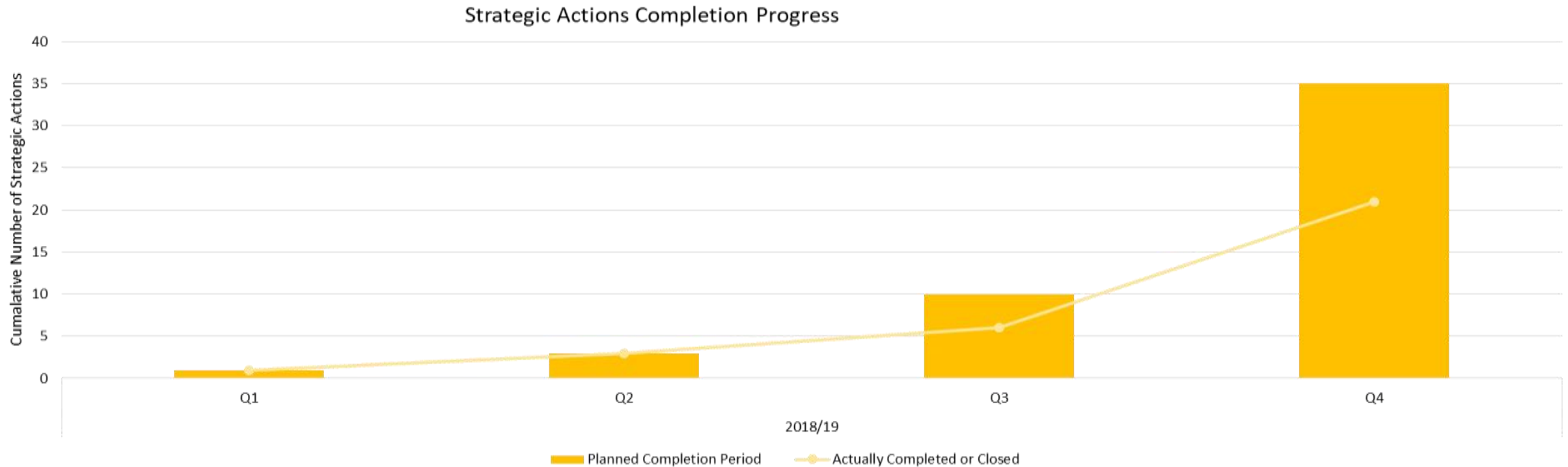
The Electronic Risk Register has been configured to meet WASTs needs. A revised Risk Management Governance process has been agreed and all Risk Registers should be inputted by September 2019.

The 2019/20 Commissioning templates have been completed with Health Board & Commissioners support

Staff have relocated into new premises at both Ty Elwy, North Wales and Matrix One, Swansea



### 3.IMTP Actions 2018/19 – *The detail*



#### Planned Completion at end of Q4:

Of the 44 Strategic Actions, in total 30 were due to complete in 2018/19 specifically, 14 of these were due to be completed by Q4.

#### Actual Completion at end of Q4:

Of these 14: 9 were completed, 2 remained Amber and will be rolled into the following year 1 closed and 2 remained Green. (These actions are marked with a ★ in the following slides).

Additionally, 1 action that was due to be completed in Q1 next year was closed.



### 3.IMTP Actions 2018/19 – *The detail*

21

are completed

#### Strategic Action

**SA1:** We will finalise our long term strategic framework for ambulance services in Wales

**SA2:** We will work with our Commissioner and our Health Board and Trust partners to agree a consistent approach to quantifying activity implications for major service change

**SA4:** We will ensure the successful implementation of the Quality and Delivery Assurance Framework for NEPTs

★ **SA5:** We will progress with our plan to develop and implement a Joint Emergency Service Demand & Intelligence Hub (Phase 1 - WAST, South Wales Police, Gwent Police & South Wales Fire & Rescue)

★ **SA7:** We will review and align our Patient Experience & Community Involvement programme of work with the Trust IMTP priorities and Commissioning Quality Core Requirements

**SA9:** We will continue to evolve and implement our falls improvement plan

**SA10:** We will implement our Infection Prevention and Control (IPC) improvement plan

**SA11:** We will lead the improvements identified following the Clinical Risk Assurance Review

★ **SA12:** We will develop our electronic information systems to support our organisational risk maturity

**SA18:** We will develop a strategy for demonstrating value in an ambulance/pre hospital/emergency unscheduled care setting

**SA19:** We will create opportunities to continually improve and report on the clinical effectiveness of the care we provide



### 3.IMTP Actions 2018/19 – *The detail*

21

are completed

#### Strategic Action

**SA28:** We will develop a project and programme management framework for the organisation and subsequently develop bespoke training for staff on the principles of the framework

★ **SA29:** We will deliver the LHB and WAST joint priorities as identified in the commissioning templates

★ **SA32:** We will significantly progress the move away from HM Stanley into Unit 7, St Asaph Business Park

**SA33:** We will implement the Estates Strategic Outline Programme, starting with the areas in greatest need of attention

★ **SA35:** We will implement the recommendations outlined in the Fleet Strategic Outline Programme

★ **SA36:** We will develop and implement over the life of this plan an Innovation & Continuous Improvement Framework

★ **SA37:** We will expand our robust information framework with the appropriate governance, to allow our stakeholders to get the information they require, in a timely manner and to make the most effective decisions

**SA40:** We will ensure that everyone with an interest in our work, including staff, stakeholders, patients and the wider public, understands what we do and our ambitions for the future, through a proactive programme of two-way engagement and communication that delivers tangible outcomes, supports delivery of our organisational priorities and informs future development

★ **SA42:** We will develop our Corporate Governance function to make us an even more effective organisation

**SA43:** We will rationalise the Swansea administrative accommodation





## 3.IMTP Actions 2018/19 – *The detail*

### 5 are closed

#### Strategic Action

#### Reason for Closure

**SA3:** We will work with Health Boards and the Chief Ambulance service commissioner to agree business cases which detail required commissioning allocations for the following service changes which we expect to see happen in 2018/19; Paediatric, Neonatal, Obstetric services / ENT / Vascular (all SE Wales), Stroke services across BCU and the provision of Thrombectomy services to Welsh patients.

Closed in March 2019 following agreement with the CASC that service change implications prior to the D&C review should form part of the actual review. Therefore no business cases now need to be developed.

**SA6:** Further develop the Response Logic for the Clinical Response Model

Closed in July 2018 pending the Amber Review and to avoid duplication of work

**SA23:** We will agree with our Commissioners a clear and measurable benefits realisation plan for the Band 6 paramedic role and investment, linked to the Ambulance Care Pathway and AQIs

Closed in March 2019. Agreed with the Commissioner as a 19/20 action which has been embedded into the 19/20 IMTP and therefore will be monitored through the Strategic Transformation Board going forward.

 **SA24:** Deliver WRES Action Plan

Closed in March 2019. Milestones and outcomes that had not already complete will be ongoing as Business as Usual.

**SA41:** We will agree (and implement) our approach to embedding the principles of the Wellbeing of Future Generations (Wales) Act 2015

While the Trust remains committed to working within the spirit of the Act and has built its Long Term Strategy (approved by the Board in March 2019) on the principles of the WBFGA, this planned action, which focused on the Trust's engagement with Public Service Boards, was closed in November 2018 as a result of capacity constraints. This does not diminish the Trust's work in this realm as the Long Term Strategy demonstrates. The Trust will review its engagement with PSBs following the outcome of the current review by Welsh Government of the partnership architecture in Wales being made known.



## 3.IMTP Actions 2018/19 – *The detail*

### 7 are Green

Strategic Action	Position	Where action will be monitored going forward
<b>SA13:</b> We will develop a business case for investment in an electronic patient clinical record solution	<i>Awaiting endorsement of SOC from WG before commencing OBC.</i>	LDP / Strategic Transformation Board
<b>SA14:</b> We will progress the transfer of existing non-WAST delivered Non-Emergency Patient Transport Services (NEPTS) work from health boards into WAST, in line with the commitment of the NEPTS Business Case	<i>Due Oct 2019. Transfer of activity to BCU on hold and working to resolve.</i>	LDP / Strategic Transformation Board
★ <b>SA17:</b> We will support the development of an effective, and sustainable, rotational model to maximise the contribution of paramedics within Primary Care	<i>Awaiting WG approval for competencies and education curriculum.</i>	Strategic Transformation Board
<b>SA20:</b> We will deliver actions that ensure NEPTs delivers a safe, high quality and efficient service to our patients	<i>Due 2021. No delays to report. Discussions and recruitment underway.</i>	LDP / Strategic Transformation Board
<b>SA21:</b> We will transform NEPTs by introducing new systems of working, embedding technology and exploring opportunities to innovate through working closely with our workforce and other partners	<i>Due 2021. No delays to report. Awaiting funding for apprenticeships and recruitment in place.</i>	LDP / Strategic Transformation Board
★ <b>SA26:</b> We will develop a Volunteering Strategy that will ensure we understand, value and maximise the important contribution that volunteers can and will make to our services in future	<i>Engagement phase complete. Strategy in draft and scheduled for Board in July for approval.</i>	People & Culture Committee
<b>SA27:</b> We will develop and embed a clinical leadership culture to create sustainable clinical effectiveness across the Trust from the Trust Board to the operational frontline staff	<i>No delays. Funding source agreed, pathways established and collaborative work underway.</i>	LDP / Strategic Transformation Board



## 3.IMTP Actions 2018/19 – *The detail*

11

are Amber

Strategic Action	Position	Where action will be monitored going forward
<b>SA8:</b> We will deliver on the agreed priorities identified in WASTs Mental Health Improvement Plan	<i>Working with WG &amp; the Commissioner to secure recurrent funding</i>	Mental Health Steering Group
★ <b>SA15:</b> We will establish a Computer Aided Dispatch (CAD) phase 2 project board and look to make significant progress in realising the benefits of the new CAD	<i>Delayed due to ICT issues with supplier and recruitment. All now in place.</i>	CAD Project Board / Strategic Transformation Board
★ <b>SA16:</b> We will implement the next phases of the 111 Pathfinder in line with 111 Strategic Plan for 2018/19 - 2019/20	<i>Delay with roll out in ABHB. Recruitment process now underway. Systems fully checked and technical readiness undertaken for further roll out.</i>	Strategic Transformation Board
<b>SA22:</b> We will benchmark and review our corporate and support service structure and operating model for the future	<i>Report received from consultant but benchmarking data was not available at that time. Expect comparative data to be made available later in the summer 2019 for review.</i>	People and Culture Committee
<b>SA25:</b> We will continue to develop and engage on our vision for 3 equitable Ambulance Academies and develop a clear business plan in early 2018 for consultation and implementation, subject to identified funding	<i>Progress on identifying appropriate estate made in the North, with development at Ty Elwy. Discussions ongoing regards an interim solution at Matrix House. Overall development of the future model to be aligned with development of the Strategy – see SA30 below. .</i>	NATC Project team and WOD directorate Business Meeting



## 3.IMTP Actions 2018/19 – *The detail*

11

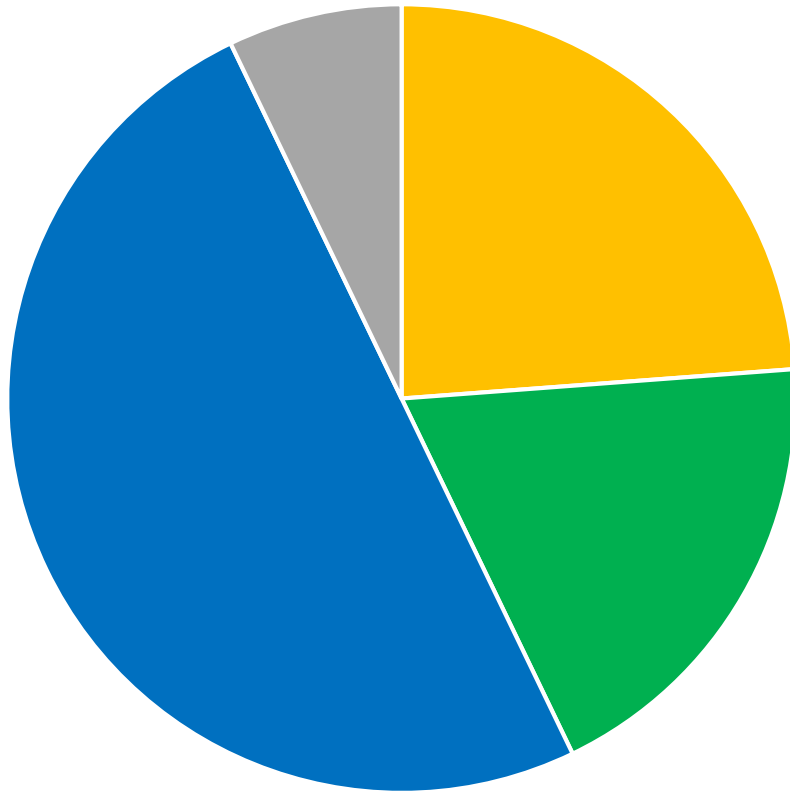
are Amber

Strategic Action	Position	Where action will be monitored going forward
<b>SA30:</b> We will develop an overarching Education Strategy by the end of 2018/19, that will enable us to ensure all staff receive the highest quality education and training to deliver their roles effectively; expanding our apprenticeship opportunities will be a key deliverable of this strategy	<i>Delay submitting draft strategy for Board approval to enable further stakeholder engagement. Seeking to finalise in Qtr. 2 2019.</i>	Strategic Education Steering Group and Strategic Transformation Board
<b>SA31:</b> We will enhance and strengthen our Occupational Health and Wellbeing Services; with a focus on further improving access to mental health and musculo-skeletal services for staff	<i>Progress made on enhancing access for staff to physiotherapy and mental health support, and improving access to assessments. Further work needed to review ongoing challenges with resources within team and set appropriate internal KPIs.</i>	Occupational Health Steering Group
<b>SA34:</b> We will deliver an Outline Business Case (OBC) for the Cardiff Ambulance Resource Centre (ARC) (subject to suitable site identification)	<i>OBC was approved in April following scrutiny process.</i>	Estates Board
<b>SA38:</b> We will work with NWIS and other partner organisations on the development of clinical information sharing arrangements	<i>Not due to complete until 2020. Some delays out of our control. Work continues with NWIS.</i>	ICT Steering Group
<b>SA39:</b> We will continue to pursue the agile working model through the use of staff mobile devices	<i>Not due until 2021. Delays with the development of the business case. Current recommendation to extend the pilot on vehicle based devices.</i>	ICT Steering Group
<b>SA44:</b> We will develop our public health plan (Choose Well and Make Every Contact Count)	<i>Delays in developing and circulating the plan. A final draft to go to EMT and QUEST in May 2019.</i>	Public Health Steering Group



## 4. Final Positions of Strategic Actions for Year End

Split of BRAG rating across 44 Strategic Actions for Q4

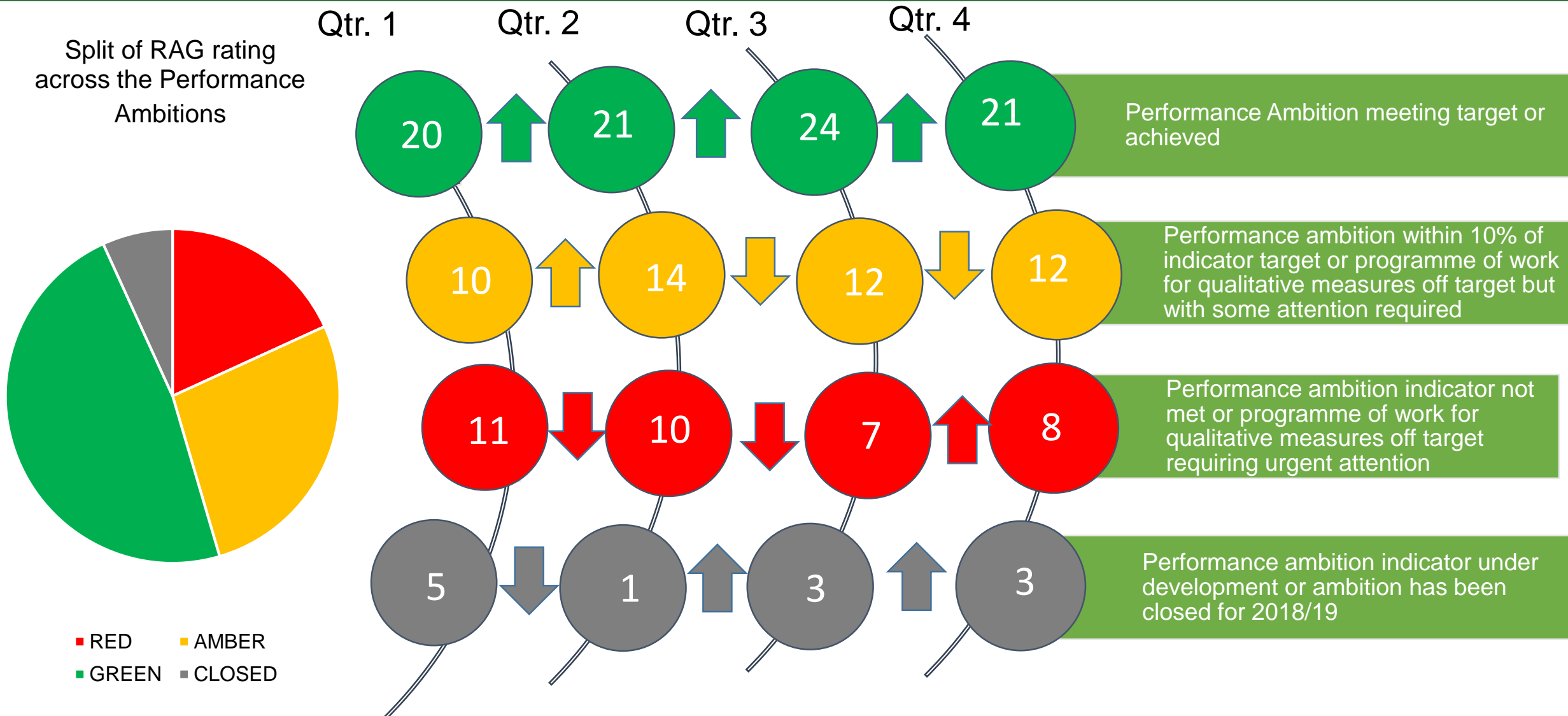


■ AMBER ■ GREEN ■ COMPLETE ■ CLOSED





## 5. Headline analysis of the Performance Ambitions: Quarter 4



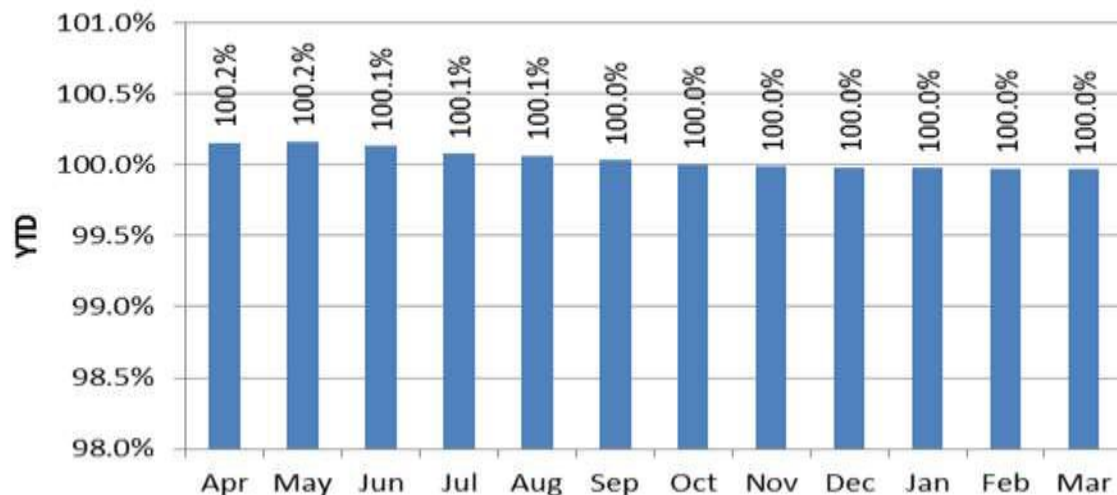
*The full details of the Performance Ambitions can be found in Appendix 2 of this report, including the associated improvement actions.*



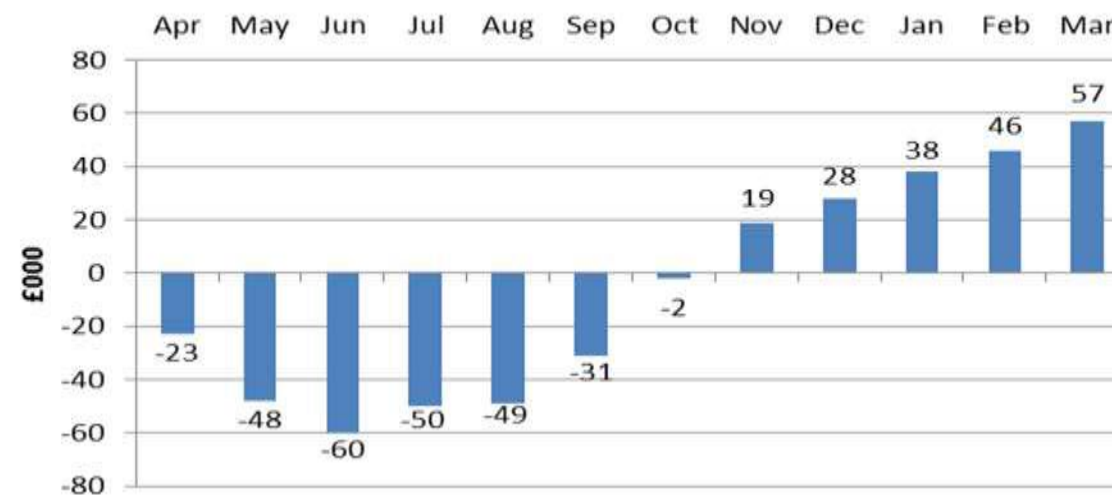


## 6. IMTP - Financial Summary Quarter 4 2018/19

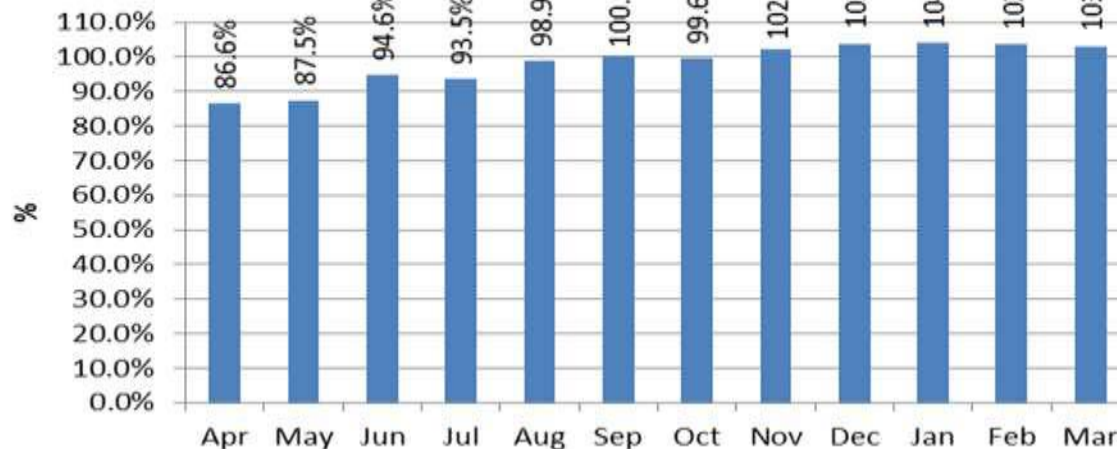
Actual expenditure YTD as % of budget expenditure YTD



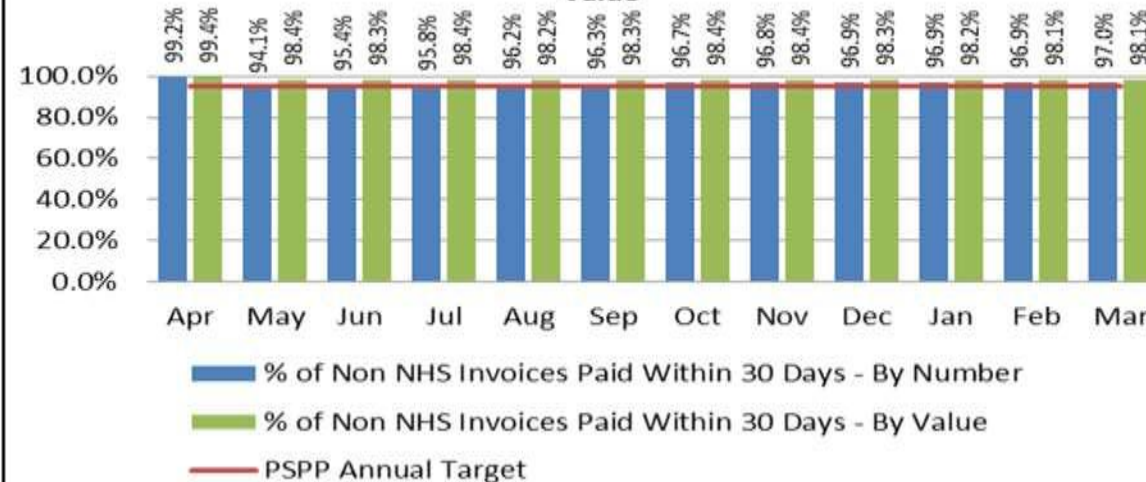
Actual Trust surplus/(deficit) YTD - £000



Actual savings YTD as % of planned savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number and Value



WAST 2018/19 Integrated Medium Term Plan (IMTP) Performance Ambitions Tracker																		
Measurable Ambition	Baseline	2018/19 Ambition	Contact for Update	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG	Improvement Actions	
We will be an organisation that prioritises the mental health and well-being of people (patients/service users and staff)	Measure1: Percentage of staff who have undertaken Mental Health Training 0%	Measure 1: 10% of frontline staff undertaken Mental Health training	Steve Clarke/Claire Roche	3% (56 staff)	4% (81 staff)	5% (93 staff)	5% (113 staff)	5% (113 staff)	6% (120 staff)	6% (120 staff)	6% (120 staff)	6% (120 staff)	12% (231)	18& (346)	22% (424)	G	Target exceeded for this year - combination of suicide intervention skills, drug/alcohol brief intervention, TRiM training counted, does not include training provider by NATC	
	Measure 2: Staff Resilience: percentage of staff completing Headsted E learning 0%	Measure 2: 10% of frontline staff completing Headsted E Learning		-	-	2% (41 staff)	2% (51 staff)	-	-	-	-	4% (75 staff)	-	-	4% (75 staff)	R	Remains at 4% with no new sign-ups. Consideration needs to be given to opening up access across the whole Trust workforce (supported with marketing), and potentially making the other online programmes available too.	
Embedding Improving Quality Together (IQT) - Team Leaders to have completed their Silver IQT Project	0%	20%	Claire Whiles/Debbie Murray	0%			0%			0%			0%			R	A project submission template and theory assessment document has now been communicated to learners and completed projects have started to be submitted for assessment. Assessment days will commence monthly from May 2019, supported by the Clinical and Medical Directorate and the Workforce and OD Directorate. This change will support more consistent completion in 2019/20.	
Percentage of concerns that had final reply/interim reply within 30 working days of concern received.	79%	Sustain	IPR	30%	29%	56%	49%	51%	48%	53%	43%	59%	27%	33%	70%	A	The percentage of responses to concerns increased to 70% in March, from 33% in February, this is a significant improvement however it must be noted that the way compliance against the 30 day target is calculated has changed. The new calculation is based on the number of concerns (formal concerns requiring a regulation 24 letter and On the Spot concerns that have exceeded 2 days are now known as formal concerns suitable for local resolution) closed during the month. Performance remains below the 75% target, however a significantly improved position is.	
We will be prepared for infectious disease outbreaks (flu, norovirus etc.)	1) Baseline FFP3 compliance unknown 2) flu immunisation: 39% staff 3) Aseptic non-touch technique: 0% See and Treat staff trained	1) FFP3 compliance recorded on ESR and 30% See and Treat Staff compliant 2) flu immunisation: 60% staff 3) Aseptic non-touch technique: 30% See and Treat staff trained	Claire Roche/Louise Colson	1) FFP3 compliance recorded on ESR and 52% See and Treat Staff compliant. 2) Flu immunisation: campaign to launched 24 September 2018. 3) Aseptic non-touch technique: 34% see and treat staff trained.			1) FFP3 compliance recorded on ESR and 52% See and Treat Staff compliant. 2) Flu immunisation: campaign launched 24th September. First WG data collection for flu vaccine update is 9th Nov 18. 3) Aseptic non-touch technique: 35% see and treat staff trained.			1) FFP 3 compliance at 52.23% (1149 of 2200) see and treat staff, this requires some further probing as this is static from last quarter some reasons could be winter pressures regarding training or under reporting on ESR. There are 10 FIT testers registered on ESR and 755 masks recorded requirements pan wales 2) ANTT training continues through the CPD programme and currently stands at 65.86% , these are staff that perform invasive procedures as part of their role			1) FFP 3 compliance at 54% (1192 of 2204) 2) ANTT training continued through the CPD programme until 31 March 2019 and currently stands at 94%			G	See and treat staff has increased slightly since last quarter winter pressures regarding training could be a factor in this, we have however increased the number of fit testers to 26 registered on ESR from ten so it is anticipated that we will see a gradual and steady increase in those now being fit tested. We now have 824 mask recording requirements pan wales.	
We will be a listening and learning organisation	179 community engagement events Apr-Dec 17	Review alignment of engagement activity to Big 5 conditions, 5 Steps and areas of higher call volume.	Leanne Hawker	Review undertaken and presented to Commissioner			Engagement with public/patients has been in line with IMTP requirements with themes/feedback reported to commissioner and QUEST committee.			PECI work plan for 2019/20 collated; meeting scheduled to ensure work plan is fully aligned and supportive of IMTP requirements.			PECI work plan has been aligned to the Trusts IMTP			G		
Improving Infection, Prevention & Control - Aseptic training to increase	0%	20%	Claire Roche	34%			35%			65.86%			94%			G	There are no further sessions of ANTT training planned for 2019/20, we will plan for further training for 2020 with the aim of this becoming part of induction training.	
Red 8 Minute Performance	78%	65.0%-75.0%	IPR	75.10%	76.10%	75.60%	75.40%	74.40%	73.90%	74.70%	72.30%	72.80%	71.8%	72.4%	71.2%	G		
Red Performance by LHB i.e. no LHB < 65%	1 x LHB	Performance 65% for all LHBs, variation decreasing	IPR	1 x LHB (59.7% Powys)	0 x LHB	1 x LHB (62.8% Hywel Dda)	0 x LHB	0 x LHB	0 x LHB	1 x LHB (64.2% Powys)	0 x LHB	1 x LHB (58.5% Powys)	1 x LHB (62.5% Hywel Dda)	2 x LHB (64.5% Hywel Dda)	2 x LHB (62.9% HD & 57.6% P)	R	The variation in red performance between LHB areas has increased through quarter 4 and compared to Qtr 4 last year. The Commissioner has put daily and weekly monitoring in place for Red overall which will also impact on local level HB performance	
Percentage of suspected stroke patients who are documented as receiving appropriate stroke care bundle.	96%	95%	IPR	98.10%	96.20%	96.60%	96.80%	96.30%	97.40%	94.20%	95.80%	95.30%	96.00%	95.90%	96.80%	G		
Percentage of older patients with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)	74%	95%	IPR	78.70%	75.10%	75.50%	80.80%	82.30%	76.60%	92.10%	92.50%	91.50%	80.60%	82.70%	88.70%	A	A significant improvement seen in quarter 3 however decreased slightly in Qtr 4 although still above baseline. Corrective action in place involving: improving staff ability to identify criteria – posters, PCR completion, CPD and further training tools and materials.	
Percentage of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle	67%	95%	IPR	66.00%	73.00%	74.30%	73.80%	81.10%	69.10%	60.80%	74.70%	76.30%	65.90%	60.00%	66.70%	R	A further improvement on baseline position has been seen however has decreased in Qtr 4. Corrective action in place involving: improving staff ability to identify criteria – posters, PCR completion, CPD and further training tools and materials.	
Percentage of suspected sepsis patients who have had a documented NEWS score.	98%	95%	IPR	100%	98.00%	100.00%	97.60%	98.00%	97.40%	98.00%	98.40%	100.00%	100.00%	100.00%	100.00%	G		
Percentage of patients with suspected febrile convulsion aged 5 years and under who are documented as receiving appropriate care bundle.	100%	95%	IPR	100%	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	G		
Percentage of hypoglycaemic patients who are documented as receiving the appropriate care bundle.	89%	95%	IPR	84.40%	87.50%	90.50%	93.30%	91.70%	87.30%	89.90%	89.80%	87.20%	85.30%	89.00%	88.20%	A	Decreasing trend against 2018/19 ambition.	
Improve 999 call answering performance metric to include time bands	No Baseline	Develop indicator & baseline	Mark Pawlett	This indicator has been developed and is currently subject to quality assurance processes. If assured, it will become available in the Q2 EMS AQIs			The script for this indicator is ready, but some additional work required on ensuring that all the phone lines feed into the data warehouse.			This indicator is now ready and will be available in the Q4 AQIs.			Indicator now available, awaiting exec sign off			G	script was initially agreed and was due to be published in Q4 AQIs, however, a number of issues were raised with the indicator definition so the indicator was withdrawn from the pack. A meeting was held on 09/05/2019, between P&P, HI, Ops and the NCCU, at which these outstanding issues were resolved and the definition agreed. The indicator will be published in Q1 19/20 and used internally to support the Red Improvement Plan.	
Delivery of Excellent Patient Care	We will have a prudent response to people who have fallen.	Measure 1. Improvement in timeliness to respond to Code 17 non injury/minor injury falls  Measure 2. Reduction in conveyance rates of non injury/minor injury falls.	Claire Roche/James Gough	Falls Framework presented to August Planning Development & Evaluation Group (PDEG), a sub-committee of EASC.			Within Q2 the Trust have engaged with health boards across Wales to demonstrate the effectiveness and potential benefits of the Falls Framework. The aim of the discussions has focused on the development of suitable response models for people who have fallen within the community setting. The priority discussions has been focused on the development of a Level 1 response to patients who have sustained a non-injury or minor injury fall.			Between Oct- Dec 2018, seven Level 1 Falls Assistant vehicles have commenced covering five Health Boards along the M4 corridor. In addition, CFR teams in North Wales have provided a Level 1 response. The data we have examined so far demonstrates an overall improved timeliness to respond to ALL Code 17 calls. In addition, the Level 1 Falls Assistants have an average response time of 53 minutes. The conveyance rate for Level 1 Falls Assistants is 29%.			During January- March 2019, seven Falls Assistants operated across Five Health boards. A Full Service Evaluation was completed for the Level 1 Falls Assistant in April 2019. This demonstrated that the average response time for all Falls incidents attended (October 18- March 2019) during the teams operational hours was 49 minutes. The Team attended 1244 Falls related incidents during the period. Only 32% of patients required conveyance to the ED following assessment by the Falls Assistant and Clinical Support Desk			G	We will be working with colleagues from the Clinical Contact Centre (CCC) during May 2019 to assess opportunities for further improvements to the processes involved with the identification, clinical triage, and allocation of suitable falls incidents. This will further enhance and strengthen the development of the Falls Framework and Falls Response Model.	



	Measurable Ambition	Baseline	2018/19 Ambition	Contact for Update	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG	Improvement Actions	
	We will successfully deliver a primary care programme of work	Community Paramedic Scheme operating in every LHB	Formal pathfinder in Cwm Taf (CT)	Julie Winspear	The Advanced Paramedic Practitioner (APP) business case has now superseded the CT pathfinder work and illustrates our model of community provision through a rotational model of APP deployment. This rotation incorporates 3 fundamental elements. Rotation through WAST operational deployment (Rapid Response Vehicle (RRV) based), Clinical Contract Centres (CCC) rotation to ensure efficient APP deployment and increased clinical leadership within CCCs and finally a community based rotation into GMS or out of hours provision.			In November 2018, funding was secured for 20 new APP posts across Wales and an advert has been issued to appoint to these, with a further advert to follow to fill any resulting vacancies due to internal movements.			In November 2018, funding was secured for 20 new APP posts across Wales and an advert has been issued to recruit in these positions. A further request will be advertised for any vacancies due to internal movements.		Approval has been given to advertise for 20 new WTE APP vacancies across Wales. Following a recruitment drive, nine APPs were appointed in North, three in C&W and seven in SE. We still have 10 vacancies remaining.		16/20 vacancies have now been filled.		G	Approval was been given to advertise for 20 new WTE APP vacancies across Wales. WAST and CASC are forming plans to fill the remaining four vacancies. An additional cohort (number to be determined) is under discussion with a view to enrol in Sept 2019	
	We will implement the next phases of the 111 pathfinder	111 currently operating in 2 LHBs	Develop regional working in South East/South West	Chris Turley/Chris Powell	Project plans progressing for Pems & Ceredigion and Powys roll out. Planned roll out to ABHB for Mar 2019.			Interpreter Now service launched across all 111 areas. Number of engagement sessions with Hywel Dda University Health Board GP's held contributing towards progression of Pems & Ceredigion roll out. Service rollout into Powys on 3rd October 2018 and into the rest of Hywel Dda UHB on 31st October. Planned roll out to ABHB for Mar 2019. Further round of nurse recruitment undertaken and national advert agreed for next recruitment round.			Powys and Pems and Ceredigion 111 services successfully launched 3 and 31 October respectively. ABHB clinical support hub in operation supporting ABHB GPOOH		Recruitment ongoing at 3 sites to secure staff for ABHB 111 roll out which is now scheduled for April 2019		A decision to postpone the launch of 111 into ABHB was made during the planned readiness assessment process. Despite the succesful recent rounds of recruitment, the level of staff in post was determined to be below the threshold which would assure safe service delivery.		A	Revised recruitment and training plan developed which will determine the go live date for roll out into ABHB once sufficient staff are in post. The development of an operational footprint in Ty Elwy is planned which will enable clinical recruitment from an untapped geographical area. Deep dive into levels of attrition planned to identify any improvement actions/lessons learnt.	
Fantastic People	Reducing the % of staff who say they have been injured or felt unwell as a result of work related stress	43%	Impact reducing across the period - to below NHS Wales average of 28% (or lower) - measurement subject to further local or national staff survey	James Moore	Staff Survey results available 1st October.			40%										A	The Health & Wellbeing Strategy is being developed collaboratively to ensure that the Trust focuses on the right priorities. This will be finalised during Q1 2019-20 Additionally, the NHS Wales policies such as Managing Attendance at Work (launched in November 2018) is already helping to ensure that the managers have a clear understanding as to what's expected of them.
	Increasing % staff who would recommend Trust as a place to work	45% 48%	Increasing across the period - measurement subject to further local or national staff survey	James Moore	Staff Survey results available 1st October.			60%										G	There is no specific action identified to improve this. It is part of all the approaches taken across the Trust to challenge and develop local and strategic cultures.
	Reducing the % of staff who feel bullied, harassed or abused at work by a colleague	21%	Impact reducing across the period, measurement subject to local or national staff survey	James Moore	Staff Survey results available 1st October.			22%										A	There has been an increase in reported "conflict" across NHS Wales (returing to the levels reporting in the 2013 Survey). It is unclear whether this is task or relationship conflict. The Trust will develop appropriate approaches as part of the NHS Wales, UK Ambulanceand corporate actions (as per the 2018 Staff Survey). It is anticipated that this is developed fully during 2019/20 with colleagues being able to report improved experiences.
Vibrant Leadership	Staff Engagement; Index Score	3.65	Increasing across the period - measurement subject to further local or national staff survey	James Moore	Staff Survey results available 1st October.			3.82										G	The Trust's engagement index score continues to imprve (in many areas significanttly) and is ahead of most UK Ambulances. Additionally, the gap between NHS Wales and the Trust continues to diminish.
	Development of Symptom Checkers on NHS Direct Wales website	27	33	Leanne Hawker	28	28	28	28	28	28	28	28	28	28	28	28	A	The Practice Coach team are still in the process of reviewing out of date symptom checkers (rolling every 3 years). However due to limited availability this has not been progressed due to other priorities they have.	
	Development of an additional 4 clinical indicators to help measure impact of Band 6 Paramedics	7	11 with 4 being piloted.	Hugh Bennett	Working in collaboration a condition specific conveyance methodology has been agreed, with 2 x worked examples: breathing problems and chest pain.			This performance ambition is likely to be subsumed into a programme of work emerging from the Amber Review involving innovative data linking.			A Clinical Indicator Review Group has been established, which includes representation from NCCU and P&P. Band 6 is its highest priority. The two indicators are agreed (chest pains and breathing difficulties). The Group will now move to the development stage i.e. indicator topics, criterion tables, engagement with clinicians and informatics and sign off. Once the design is agreed, the project will move to implementation e.g. scripts and go live. Commissioning intention is for development to be complete by 30 September.			Two have been agreed with the NCCU: breathing difficulties and chest pain. These are now being taken forward by the Clinical Indicator Review Group in 2019/20 with the development of the indicators by 30 September 2019.			C	This ambition has been closed for 2018/19 as it was delayed to due to focus on Amber Review and has been re-programmed into 19/20, as per the commissioning intentions with the required date being 30/09/19.	
	Percentage of calls ended following WAST telephone assessment (Hear and Treat) (AQI9(4))	7%	8.00%	IPR	7.40%	7.20%	7.40%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8.0%	G		
	Number of Clinical Desk telephone assessments that were resolved with an ambulance not required outcome (AQI9(3))	19653 (avg. 1638 per mth)	Increase	IPR	1,511	1,571	1,762	1,759	1,637	1,647	1,707	1,787	1,906	2,420	1,791	1,835	G		
	Number of calls ended following telephone assessment (hear & treat) (AQI9(1))	34,965 (avg. 2,913 per mth)	>17/18	IPR	2,663	2,820	2,876	2,942	2,854	2,784	2,895	2,937	3257	3,765	3,011	3,130	A	The percentage of calls ended through transfer of alternative care advice services is on an upward trend, demonstrating an increase in partnership working.	
	Allocation time for Red calls to reduce	135 seconds	Reduce	Peter Brown	-	-	-	-	-	-	-	-	-	-	-	-	-		Still working with HI to identify correct reporting of allocation standards based on the changes requested in line with the response model from 2015. Will continue to link with HI colleagues to understand a timeframe for reporting this information and can then look at the comparison between systems
	Percentage of handover to clear within 15 minutes (AQI22 ii)	77%	90.00%	IPR	75.30%	73.10%	73.00%	73.40%	73.10%	74.50%	74%	71.80%	74.30%	75.3%	74.70%	74.60%	R	Handover to clear delays are on an overall increasing trend. 11,282 hours were lost in the last 12 months. A 90 day action plan for handover to clear was implemented from 1st March 2019, which is intended to deliver an improvement of 25% in compliance with the H2C target across Wales by end of March 2020	
	Reduce conveyance to Major EDs (as a percentage of verified incidents)	52%	<17/18	Hugh Bennett	50%	49%	48%	48%	48%	49%	47%	49%	49%	52%	53%	53.47%	G	This is on a downward trend, as reported in the monthly quality and performance report. The further potential expansion of the CSD, the APP rotational model, the B6 Paramedic project, and other shift left initiatives should continue this trend.	
	Reducing impact of Frequent Callers through appropriate management on an individual basis	> 75%	Reduction by 75% per cohort	IPR	65%	65%	67%	56%	65%	66%	77%	79%	76%	82%	80%	84%	G		
	Number of NEPTS bookings made by fax/paper	30%	15.00%	IPR	27.0%	28.0%	25.7%	26.0%	28.3%	26.8%	26.8%	24.9%	26.30%	23.80%	24.90%	24.60%	R	Positive overall trend moving towards the 2018/19 ambition, and has decreased since last Quarter, but currently 9 percentage points off the performance ambition. Draft IMTP 19/20 includes proposed action to develop a liaison and call taker model through a potential booking hub.	

Value, Innovation and Efficiency	Measurable Ambition	Baseline	2018/19 Ambition	Contact for Update	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG	Improvement Actions
	Number of NEPTS aborted journeys	14%	10.00%	IPR	12.4%	12.2%	13.2%	12.4%	11.8%	12.5%	12.6%	12.5%	13.80%	13.50%	13.20%	12.10%	A	The average figures for Q4 have decreased slightly compared to Qtr 3 from 13% to 12.93% . This is the third quarter for the NEPTS AQI's to be published therefore further comparisons will be available in the future.
	Finance: Breakeven Duty	Breakeven	Breakeven over 3 year accounting period	IPR	100.2%	100.2%	100.1%	100.1%	100.1%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	G	
	Number of Community / Co and Uniformed Responder attendances on scene	20,000 (1667 avg. per mth)	>17/18	IPR	1,354	1,449	1,026	1,654	1,551	1,494	1,628	1,397	1,724	1,613	1,476	1,522	A	Restructure in Operations Directorate to increase senior management focus on CFR's.
	Conveyance to all locations to be recorded	Available, but not formally reported.	Formally reported.	Hugh Bennett	Focus on this measure to be undertaken in Q2 by CQDF.			The list of destinations will be discussed at the CQDF Measures Technical Group on 21/11/18.			Due to the volume of data this ambition would produce it has been agreed that these indicators will be built into the QlikSense AQJ dashboard, to provide the ability to drilldown to conveyance location as and when required and therefore will not impact the current published AQJ pack.			Due to the volume of data this ambition would produce it has been agreed that these indicators will be built into the QlikSense AQJ dashboard, to provide the ability to drilldown to conveyance location as and when required and therefore will not impact the current published AQJ pack.			A	This ambition is currently AMBER as it is unlikely to complete in 18/19. It is dependant on the development of the QlikSense AQJ Dashboard which is expected to complete in Q1 2019/20.
	Conveyance rates will be available at LHB, locality, station, staff group and individual level	Complex, not currently reported.	Phase 1 implementation.	Mark Pawlett	The Trust met with the Assistant Ambulance Service Commissioner and agreed that this level of granularity is now available.			The Trust met with the Assistant Ambulance Service Commissioner and agreed that this level of granularity is now available.			Complete						B	
	Fleet and staff mix to be reviewed for each LHB tailoring delivery of the 5 Step ACP to local population need	Project Team established.	All 7 LHBs reviewed, with initial focus on AB and CT.	Hugh Bennett	Two interrelated pieces of work for this ambition are currently in progress: the EMS roster reviews and EMS workforce planning.			Two interrelated pieces of work for this ambition are currently in progress: the EMS roster reviews and EMS workforce planning.			Agreement by EMT that only the 2 HBs outstanding from the last roster reviews should be completed; AB and CT. These are now well advanced. This was reprogrammed for completion by March 2019. We expect all the rosters to be agreed by then, but some will go live after this date, as there is change period required for 6 to 8 weeks.			Working to complete the review on CT and AB. Still well advanced and many rosters gone live, others scheduled for June. Completion of paperwork underway.			A	Expected for rosters to be agreed by end of 18/19 but as some will go live after this date, the ambition remains AMBER.
	Call to door times for STEMI (pPCI door) and Stroke to be produced and reduction in 95th percentile.	Not reported.	Develop indicator, establish baseline and improve.	Mark Pawlett	Under development. Amber Review information has taken precedence			Under development. Expected to be part of Amber Review arrangements going forward.			Reprogrammed into 2019/20 as per commissioning intentions.			Not yet in place			C	Ambition closed for 18/19 as reprogrammed into 19/20 as per commissioning intentions.
	Overtime use to further reduce	c£3m budget	Reduce in time for next winter.	Hugh Bennett	Reduction of £56,000			Further reduction to £148,000			Further reduction of £54,000			Further reduction to £1.686m			G	Reduced by £0.157m in Qtr 4 18/19 (£1.686m) compared to Qtr 4 17/18 (£1.843m)
	Increased UHP (Improvement may be dependent on FTEs to reduce relief gap).	EA 92% average for last 6 months of 17/18	Improvement	IPR	93%	91%	91%	91%	89%	91%	94.00%	94.00%	95.00%	98.00%	93.00%	93.00%	G	
	Reduce multiple arrivals on scene	AQI's currently measure multi dispatch not arrival	Revise measure, start reporting, set baseline and improve.	IPR/Mark Pawlett	16.5%	16.7%	15.7%	16.0%	15.60%	15.70%	16.40%	16.90%	17.40%	16.70%	17%	17.40%	G	
	Increase ideal arrivals at scene	Measure to be revised in light of ORH D&C Review.	Develop revised measure, baseline, then improve.	IPR	-	-	-	72.4%	72.80%	72.30%	74.57%	72.26%	71.03%	71.00%	71.00%	70.50%	A	
	Reduce Red 95th percentile	Baseline: month (year on year comparison)	Reduce	IPR	0:14 tt:56	0:14 tt:17	0:14 tt:51	0:15 tt:43	0:15 tt:56	0:15 tt:26	0:15 tt:20	0:15 tt:30	0:15 tt:59	0:15 tt:26	0:15 tt:35	0:16 tt:06	R	Red performance sustained above the 65% target at an all Wales level. However, Performance has been gradually declined over the last 12 months. The Commissioner has put in place increased monitoring on a daily and weekly basis. The establishment of Amber Review Delivery Group will also impact on Red
	Reduce Amber 95th percentile	Baseline: month (year on year comparison)	Reduce	IPR	2:22 tt:11	2:27 tt:19	2:32 tt:05	2:44 tt:04	2:39 tt:45	2:45 tt:49	2:32 tt:45	2:32 tt:02	2:41 tt:41	2:58 tt:35	2:46 tt:33	2:41 tt:33	R	This and overall Amber performance is an improvement compared to Qtr 4 last year, which was 04:37:15. There are three main winter initiatives aimed to improve Amber performance: further enhanced Hear & Treat; APP Rotational Model and the Falls Assistants Framework.



<b>AGENDA ITEM No</b>	4.3
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	4

## MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– March 2019

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Rachel Marsh – Interim Director of Planning and Performance
<b>AUTHOR</b>	Kerri Hitchings – Commissioning and Performance Manager
<b>CONTACT DETAILS</b>	kerri.hitchings3@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	IMTP priority objective (ALL)
<b>CORPORATE RISK (Ref if appropriate)</b>	ALL Risks
<b>QUALITY THEME</b>	ALL
<b>HEALTH &amp; CARE STANDARD</b>	ALL

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

### REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	15/05/19	Consideration and approval
QUEST	21/05/19	Consideration
TRUST BOARD	30/05/19	Consideration

## SITUATION

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

## BACKGROUND

2. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publically to account on in terms of our quality and performance metrics. Both are also brought together and reported on at the Joint Executive Team (JET) meeting with Welsh Government.
3. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>. The latest quarter (January 2019 – March 2019) was published on 24 April 2019. Monthly information is published by Welsh Government on Red and Amber performance. <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>. The development of the AQIs is an iterative process, with constant refinement as we continually improve what we report. Recent changes to the Emergency Medical Services (EMS) AQIs include new indicators for multiple arrivals on scene and ideal response. 2018/19 has also seen the development of a much more sophisticated set of indicators for measuring and improving the Non-Emergency Patient Transport Service (NEPTS) performance: these are now available, but not formally published in the same way as the EMS AQIs. The next iteration of the EMS AQIs is due to be published on 31 July 2019 for the period April 2019 – June 2019.
4. The Planning & Performance Directorate has received a considerable amount of feedback in recent months on areas for improvement in the reporting of performance to Board/Committee. A facilitated session with Non-Executive Directors (NEDs) took place in early January to consider this further. The fundamental points that came out of the session were that:
  - there was a requirement for the Board report to concentrate on a smaller list of critical indicators;
  - for each of these critical indicators, an analysis of the data would be required, together with a clear description of actions being taken to continue to improve performance; and
  - for all other indicators for which the Trust Board are accountable, data should continue to be included in appendices, with possible reference by exception.
5. For Trust Board in March 2019, the format of this SBAR was revised to focus on a list of top measures. These indicators were drawn out from the 2019/22 Integrated Medium Term Plan which identified, through the Strategy Map, an agreed set of headline outcome measures. Previous versions of this SBAR outlined the full list of measures that were reviewed to produce

the list of top measures. The dashboard outlining these top measures, including current performance for 2018/19, is included in the *Assessment* section of this report below. The dashboard has been structured in line with our Long Term Strategic Framework. A copy is also included in **Annex 1**.

6. For this edition of the report, **Annex 1** also contains a supplementary revised scorecard, structured in line with our Long Term Strategic Framework, that includes the remaining indicators covering all Welsh Government targets that the Board/Committee are held to account on; additional measures from the Commissioning Intentions and IMTP outcome measures; and an updated set of NEPTS indicators. Over the next two iterations, these will be expanded to include ALL the 2019/20 Commissioning Intentions and IMTP outcome measures. Other changes have been made to this SBAR to also include linked indicators that relate to the top 10. A separate PowerPoint pack of graphs is included as **Annex Two**, which can be projected on screen during Board to aid discussion. Where possible the graphs provide two years of data so that a clear trend can be seen and enable seasonal comparison.
7. Feedback from Trust Board was positive, recognising that there are further developments required. Some of the key areas of feedback were:
  - Graphs to be annotated where a change has occurred;
  - A review of 111 and NHSDW measures that are included in the report;
  - Links to the Board Assurance Framework to include key risks in this report;
  - Review of NEPTS indicators and if they should be built into this report on a monthly basis;
  - Inclusion of SPC charts and trajectories;
  - Trust Board to have a dedicated session on performance to reflect on the extent to which core performance is tolerated for those critical areas; and
  - Reflect on the differences between outcomes and process measures.
8. Due to the timescales of receiving feedback and the production timeline of this iteration, it was not possible to fully incorporate all the points raised into this version. Some key updates are included in the points below and a full copy of the action log, including timelines and progress is attached as **Annex Three**.
9. Welsh Government have recently issued a new set of Standards and Quality Indicators for 111 and Out Of Hours in Wales. The standards developed are replacements for those currently in place for the 111 service and OOHs and have been divided into two parts. Part A outlines the delivery standards which are required to be reported monthly at either national or local level. Part B and C are quality indicators which require WAST and LHBs to collect and report the information either monthly, quarterly, six monthly or annually. Welsh Government require WAST and LHBs to produce an annual report on these indicators by July 2019 for 2018/19 activity. Therefore, once the new data has been developed and quality assured, the new standards will feature in this report, replacing those 111 indicators in the top 10 and any other 111 indicators that are contained in this report.

10. As requested in January Board, a review has been undertaken to scope out how this report can link into the Board Assurance Framework (BAF) to provide further information and assurance on the Trusts key risks, their current performance and associated improvement actions. The BAF is currently being restructured in line with Long Term Strategic Framework and therefore once this is complete it will allow links with performance in this report to easily take place. Going forward there will be regular meetings between the lead manager of this report and the BAF to identify where there are gaps in assurance in the BAF or where there are concerns with performance of any key risks, any key concerns will be highlighted in this report to ensure the Board are fully sighted.
11. This is the first quarterly version of the new style report. As such the key quarterly measures have been drawn out, with the Clinical Indicators and NEPTS measures having their own dedicated dashboards and analysis pages. These can be found in Assessment Section 2A. It's important to note that the NEPTS dashboard contains a small subset of measures and will be refined as more measures are developed. The detailed performance data against the indicators is contained in Annex 1, the scorecards and Annex 2, the graph pack. At present, no trend data is available for NEPTS given the small number of data points available since the indicators started being measured. For future versions of the report, it is planned that other key measures that are reported quarterly or annually, such as estates indicators, and any measures which are off target will also feature in the main body of the report, with their own dedicated page.
12. Future iterations of the report will also be assisted by an AQI dashboard in QlikSense. This is expected to be complete by end of quarter 1, 2019/20. There is also intention for an IPR dashboard to be built into QlikSense, this is currently one of the 5 top priorities for the system however there are no timescales currently set for completion. Once complete this will assist in a more timely production of the IPR.
13. It is recognised that the Health and Care Research Wales indicators are not key indicators that the organisation needs to be reviewing on a regular basis. They have been included as they form part of the indicators reviewed through the JET process with Welsh Government. In quarter 2 of 2019/20 as part of the preparation for the next JET meeting, a review of the indicators will take place will be requested to take place between the WAST and Welsh Government, where we intend to request the removal of these indicators. If agreed, these will be removed from this report.
14. WAST received two letters in early April 2019, from the Deputy CEO NHS Wales and the CASC respectively. The first letter (**Annex 3**) detailed the Deputy CEO's concerns regarding Red performance, specifically that Red performance has "stagnated" at between 71 – 72% over recent months and remains below the >75% level reported consistently between May 2016 and October 2017 with performance in the Hywel Dda area has been particularly concerning of late. This letter was followed by the CASC's letter (**Annex 4**) which detailed enhanced (weekly) performance management arrangements for Red performance. The CASC has acknowledged that WAST has responded in an engaged and open way and is collaborating with his team. Areas of focus include increased monitoring of predicted unit hours production, the placement of additional defibrillators in key locations and with health care professionals, the additional

deployment of Rapid Response Vehicles and the refocusing of Optima Predict on weekly performance analysis to aid Operations colleagues.

- 15.** The Trust has also provided information on the fairly significant increase in Red demand, up 6.9% and 11.6% in the last two years and also on the impact of reviewing “running calls”. A “running call” is when operational ambulance staff “encounter” an incident and then subsequently notify the Clinical Contact Centre. They are classified as red calls and by their very nature have a zero response time. The increased consistency in the application of our internal Running Call Standard Operating Procedure has meant that the overall number of running calls coded has decreased, which has had an impact on red performance.
- 16.** The next stage will now be to work with the Commissioner around levels of performance to be achieved for us to be able to come out of the enhanced performance management and delivering this level of performance for a sustained period.
- 17.** The newly constituted Finance and Performance Committee, at its April 2019 meeting, requested a ‘deep dive’ into Red performance to come back to the July 2019 meeting.
- 18.** In relation to how this performance data will be monitored and managed within the organisation, this will be undertaken through the Strategic Transformation Board. Each programme of work will be aligned to one of the long term strategic framework themes and will therefore relate specifically to a suite of performance indicators. A programme plan will be developed for each area and highlight reports developed monthly to demonstrate progress against the plan or any remedial actions. This will then allow information easily to be uplifted into this Board report.

# SECTION 1 - MONTHLY INDICATORS

## TOP 10 INDICATORS DASHBOARD

Themes	No.	Top 10 Indicators	Target 2018/19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG
<b>Our Goal - Delivering Excellence</b>																
Provide the right care in the right place, wherever and whenever it is needed	1	Number of hits to the NHSDW website	Improvement trend	367,614	356,542	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	R
	2	Call Volumes to NHSDW	Improvement trend	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	A
		Call Volumes to 111	Improvement trend	19,113	19,928	17,259	17,868	17,339	17,981	21,611	26,152	33,479	27,720	27,045	31,900	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	8.0%	7.4%	7.2%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8%	G
	4	% of verified incidents that were conveyed to major EDs	Reduction Trend	49.8%	48.6%	47.5%	47.5%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	R
<b>Our Strategic Enablers</b>																
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	5	% of emergency response to red incidents arriving within 8 minutes	65%	75.1%	76.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	G
		Red 95th percentile	Reduction Trend	00:14:56	00:14:17	00:14:51	00:15:43	00:15:56	00:15:26	00:15:20	00:15:30	00:15:59	00:15:26	00:15:35	00:16:06	R
	6	Amber 95th percentile	Reduction Trend	02:22:11	02:27:19	02:32:05	02:44:04	02:39:45	02:45:49	02:32:45	02:32:02	02:41:41	02:58:35	02:46:33	02:41:33	R
		Amber 65th percentile	Reduction Trend	00:32:05	00:32:57	00:36:03	00:37:19	00:37:20	00:38:38	00:35:27	00:35:52	00:38:14	00:40:05	00:40:04	00:39:55	R
		Amber Median	Reduction Trend	00:20:54	00:21:51	00:23:25	00:24:16	00:24:19	00:25:03	00:23:27	00:23:41	00:24:51	00:26:03	00:26:09	00:26:09	R
	7	Emergency Ambulance unit hours production	90%	93.0%	91.0%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	98%	93%	93%	G
	8	Number of lost hours following handover to clear over 15 minutes	Improvement trend	862	941	816	909	916	888	961	1017	962	1,099	926	985	R
	9	% of concerns that received a final (reg 24)/interim reply (reg 26) within 30 days on being received	75%	30%	29%	56%	49%	51%	48%	53%	43%	59%	27%	33%	70%	R
		Serious adverse incidents assured within agreed timescales	90%	0%	0%	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	R
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	5.9%	7.12%	6.56%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	6.91%	R



# OUR GOAL *DELIVERING EXCELLENCE*

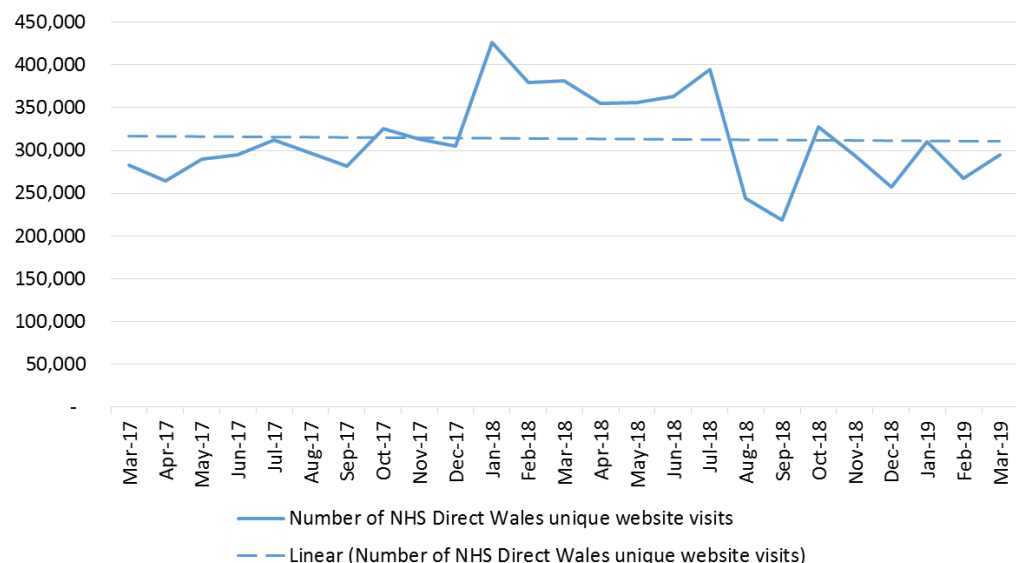
## PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

### INDICATOR 1 – NUMBER OF HITS TO NHSDW WEBSITE

2018/19 Target – Improvement Trend

R

Number of NHS Direct Wales unique website visits



### Improvement Actions

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

In order to help improve the website, additional symptom checkers will be added. The initial ambition for 2018/19 was to increase the number of symptom checkers from 27 to 33. There are currently only 28. The Practice Coach team are still in the process of reviewing out of date symptom checkers (rolling every 3 years). However, due to limited availability, this has not been progressed due to other priorities. Two new checkers are currently being mapped through to 2019/20 for completion. This will remain a key action in the 2019/20 plans.

The PECl team continue to highly promote the website via social media and the majority of Health Boards are signposting to NHSDW website and encouraging the public to Choose Well. For example, Cardiff & Vale Health Board encouraged the public via social media to prevent the spread of diarrhoea and vomiting (D&V) through: hand hygiene; not visiting wards whilst infected, etc. As a result, visits to the NHSDW website for D&V increased.

### Analysis

There were 295,279 **NHSDW unique website** visits in March 2019. Of these visits, 65.7% were accessed by a female and the largest proportion of viewers by age fall in the 25-34 years old band, 27.62%. Over 2018/19, the top 5 symptom checkers were: stomach pain; generally unwell; rash; back pain; and cough.

At December 2018 Board, we reported a decline in **NHSDW website unique** visits; the rate dropped significantly in September 2018. This was due to a “Core Algorithm Update” from Google Analytics which affects how high up on the google search pages NHS DW presents. The Trust has no influence on this, other than to continue to improve the site. The number of visits fluctuated in the last quarter, however is still more than the same period two years ago. The overall two year trend is decreasing, the target is an improvement trend.

It is recognised that this is not a particularly useful indicator and we need to look at better ways of measuring this the impact of this service. A review of NHSDW indicators to include in this report took place in April 2019 to enable us to provide more information on the type of visits to the website as provided above. The outcome of this review is an action to explore establishment of a new AQI to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom check that was completed to enable trends to be built. Further information will be bought back in subsequent Board reports.

## OUR GOAL DELIVERING EXCELLENCE

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

#### INDICATOR 2 – Call Volumes to NHSDW and 111

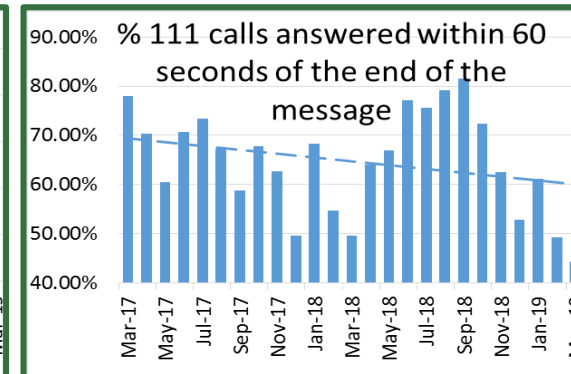
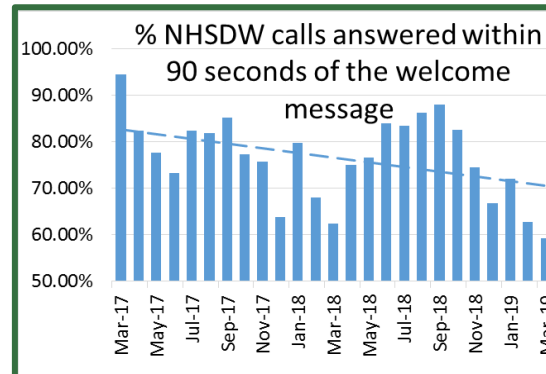
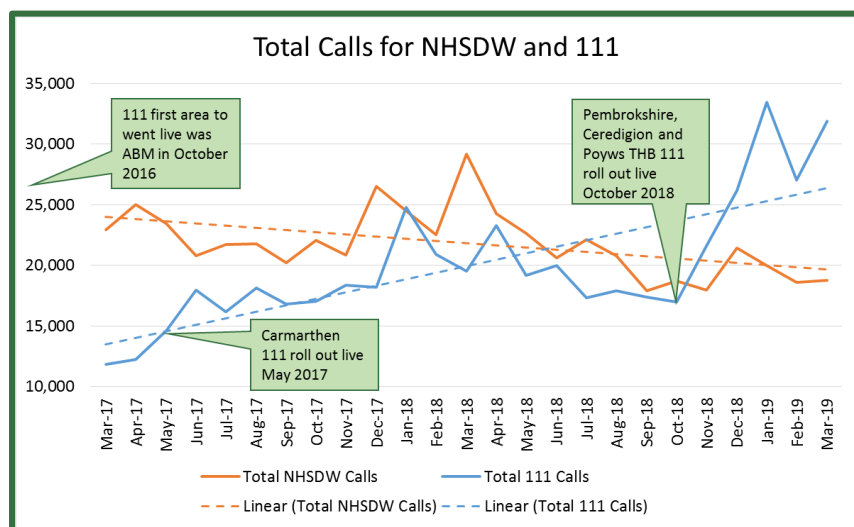
#### 2018/19 Target – Improvement Trend

NHSDW

A

111

G



#### Analysis

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

NHSDW call demand continues to decrease overall. There has been a year on year decrease of 12.5%. Both the rate at which NHSDW and 111 calls are answered are on a downward trend. This could be attributable to the higher than expected demand on 111, which requires an overall higher level of clinicians for both services.

111 telephony overall demand continues to increase as the service is rolled out, with a considerable increase in October 2018 when the latest areas went live. There has been a year on year increase of 22.4%.

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

#### Improvement Actions

The next roll out is planned for Aneurin Bevan UHB. This did not take place in April 2019 as planned, a joint decision was made by the Trust, HB and 111 Programme due to the current levels of clinical staff not being safe and sufficient to do so. Despite a very successful recruitment campaign over the winter to recruit the relevant level of nursing staff to provide this service, unfortunately at least the same number of staff also left the NHSDW / 111 service through the same period, meaning the implementation into a large HB area was not possible. A number of actions have been put in place to actively increase the likelihood of both further recruitment at pace for the service, along with the need to better retain staff in the service once recruited and trained. This is currently ongoing and we are in constant discussions with both the HB and the 111 Team to agree a revised date for the implementation in ABUHB (in addition to Cwm Taf which is due to closely follow later this calendar year). There is however an ABHB clinical support hub operation already in place to support ABHB GPOOH.

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

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

Further development work is planned with informatics to ensure standardised and timely reporting across 111 and NHSDW, this will be linked to the new 111 standards set by Welsh Government to ensure consistency across both services. A more detailed report on the implementation of the 111 service is included in the Board papers.

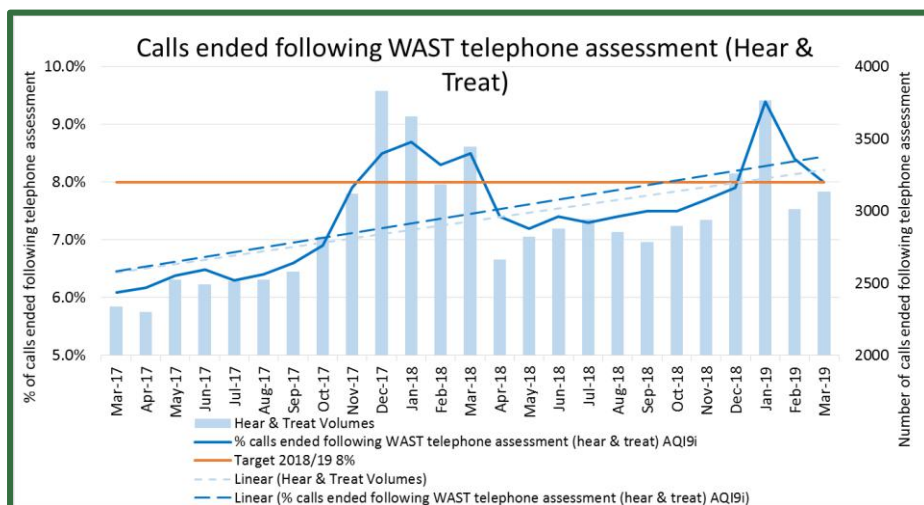
## OUR GOAL *DELIVERING EXCELLENCE*

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

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

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

A



#### Analysis

The **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved 8.0% performance in March 2019, compared to 8.5% in March 2018 and 6.1% in March 2017.

3,130 ambulances were stopped in March 2019, compared to 3,445 in March 2018. The percentage performance trend has sustained the 8% performance ambition for 2018/19.

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

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

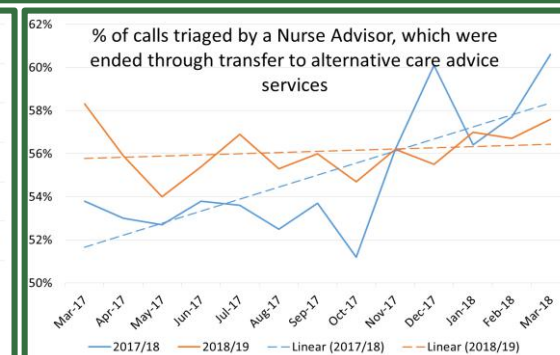
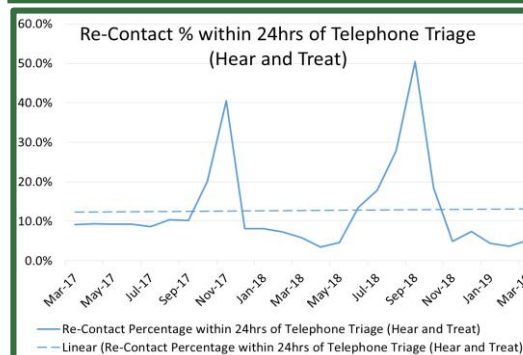
#### Improvement Actions

The Trust should see further improvement to this indicator in Q1 and Q2 2019/20 when the additional Clinicians for the Clinical Service Desk (CSD), which have been appointed through the Welsh Government winter monies received in 2018/19, will be fully operational. The funding was for an additional 11 FTEs Band 6 and 5 FTEs Band 7, increasing current establishment from 32 FTEs to 48 FTEs. There are already 40.61 staff in place with the 5 FTE Band 7 posts appointed and due to commence training in April 2019. An additional 5 FTE have been appointed and are currently processing through pre-employment checks with a start date expected for May 2019. Additional posts are due to be advertised during April 2019 to back fill expected vacancies and then remains 1 FTE post which are expected to be filled and live by June 2019.

Detailed analysis has identified a positive relationship between additional WTEs who are fully operational on the CSD and the number of individual H&T incidents. Recently appointed clinicians, despite being fully operational, require additional support from Senior Clinicians which is reducing their delivery of H&T, therefore further improvements are likely to be realised through Q1 and Q2 2019/20. The ambition is to achieve a 12% level of hear & treat in 2019/20 (this includes Clinical Service Desk and transfers to NHDW/111), a group has been established to deliver a Strategic Hear & Treat Plan which will set out the journey to achieving this.

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

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

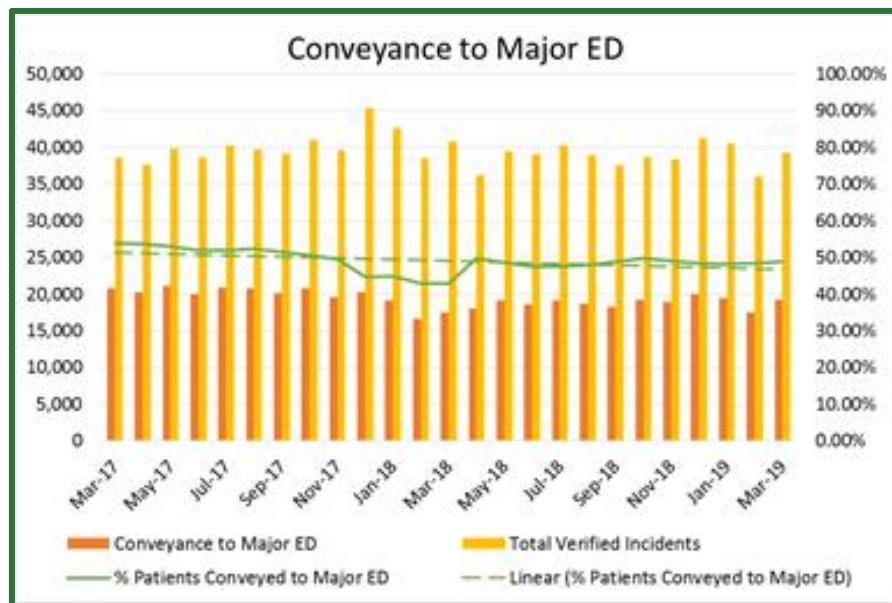


## OUR GOAL *DELIVERING EXCELLENCE*

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

#### INDICATOR 4 – % of verified incidents that were conveyed to Major ED 2018/19 Target – Reduction Trend

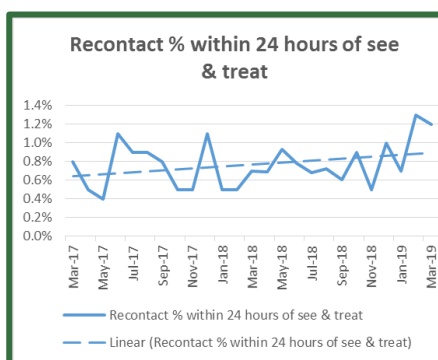
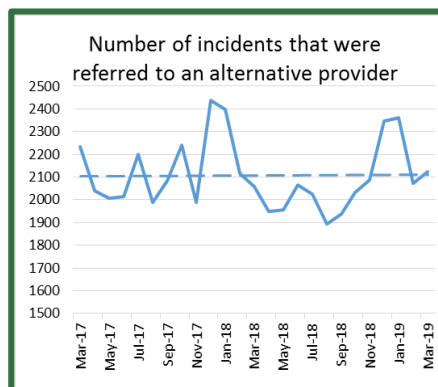
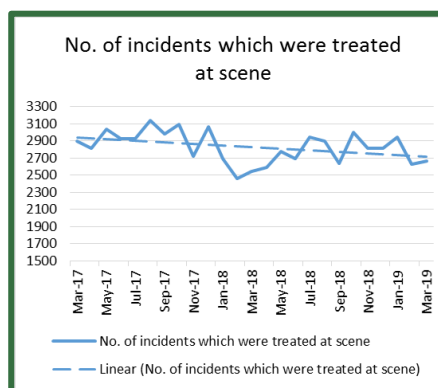
R



#### Analysis

The Trust conveyed 19,213 of patients to major emergency departments (EDs) in March 2019, compared to 17,474 in the same period last year. The graph demonstrates that the volumes and proportions conveyed are both slightly higher this winter than last. This indicator (it is not a formal measure at this time) captures the impact of all “shift left” activity, for example hear & treat, see & treat, pathways and conveyance to non-major ED’s. The target for this indicator is a reduction trend.

The slight increase in the last year is linked to the downward trend in the number of incidents treated at scene and the slight downward trend of incidents referred to an alternative provider. Also, impacting will be the overall increase to the percentage of see & treat incidents that re-contact the service within 24 hours.



#### Improvement Actions

There are a number of agreed pathways set up to encourage non-conveyance to a Major ED. For example, the Mental Health Pathway, the Sepsis Pathway, the ROSC Pathway, etc. In order to ensure the agreed pathways are functioning, there's an established generic email account set up for pathway breaches to be reported. If operational staff are not able to access use of an agreed pathway, they should report it via email, which is then investigated locally to understand what the issues are and work in partnership to get the pathway operational again.

The Trust should see a further improvement to this indicator as a result of hear & treat and the expansion of the Advanced Paramedic Practitioner (APP) Rotational Model. The Trust has received Welsh Government additional monies for the expansion of this Model through 20 additional APPs across Wales. Progress continues with the newly recruited APPs commencing into service. Early data is illustrating the impact of the model mirroring the findings of the North Wales pilot scheme, reinforcing the models feasibility.

Further work has taken place between WAST, HEIW and EASC to explore the potential for an accelerated education and recruitment programme to significantly increase the number of APPs within the organisation. At the time of updating this document, agreement in principle has been secured, with further work ongoing.

There is an action within the 2019/20 IMTP to increase the number of alternative referral pathways which is being taken forward as part pf the Amber Review recommendation.



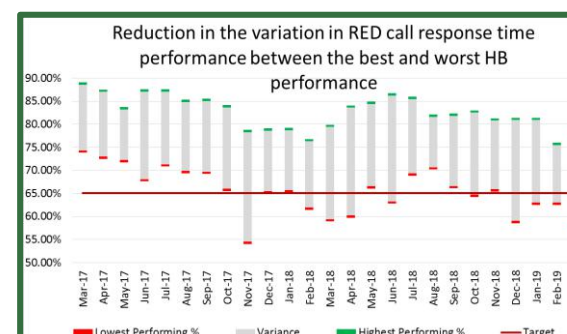
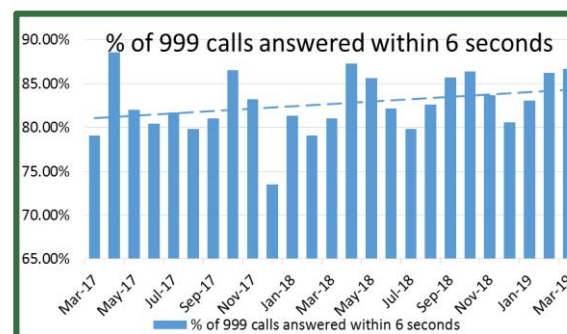
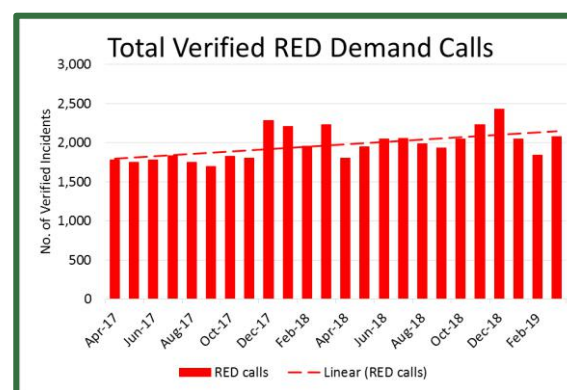
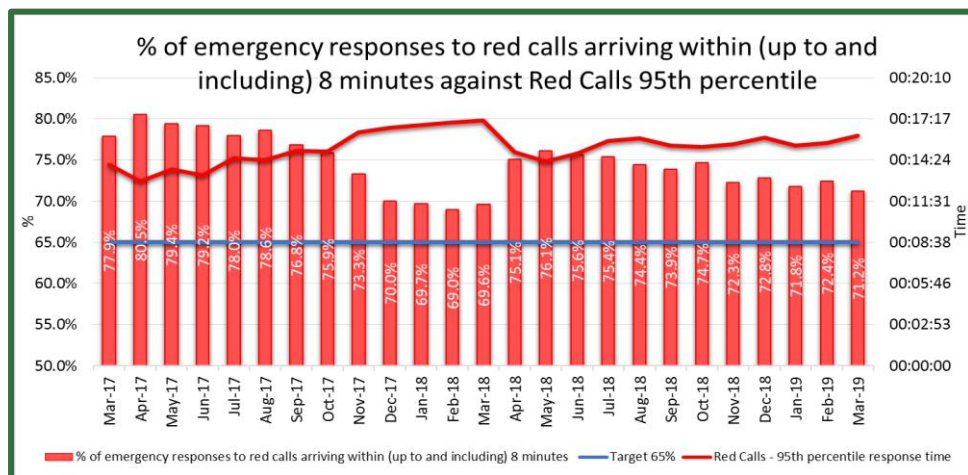
## OUR STRATEGIC ENABLERS

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

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

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

65%  
G  
95th  
R



### Analysis

**Red performance** sustained above the 65% target at an all Wales level (71.2%). However, Performance has been gradually declining over the last 12 months.

Target not achieved in all HBs for March 2019. (Hywel Dda 62.9% and Powys 57.6%). The variation between the best and worst Health Board area performance has increased year on year from 16.00% to 17.62%.

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

Red demand increased by 6.8% overall year on year, and in every Health Board area. Increased demand in almost every MPDS code, but biggest volume increases seen in breathing problems. Increases likely to be therefore genuine and due to increasing age / morbidity in general population.

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

### Improvement Actions

Due to the deterioration in red performance, the Commissioner has put in place increased monitoring on a daily and weekly basis. This was discussed at a meeting between the Chief Executive (WAST), the CASC and Welsh Government.

Paragraph 14 above provides further detail on these enhanced monitoring arrangements, and the actions that are being taken to improve performance, particularly in the Hywel Dda and Powys areas.

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

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

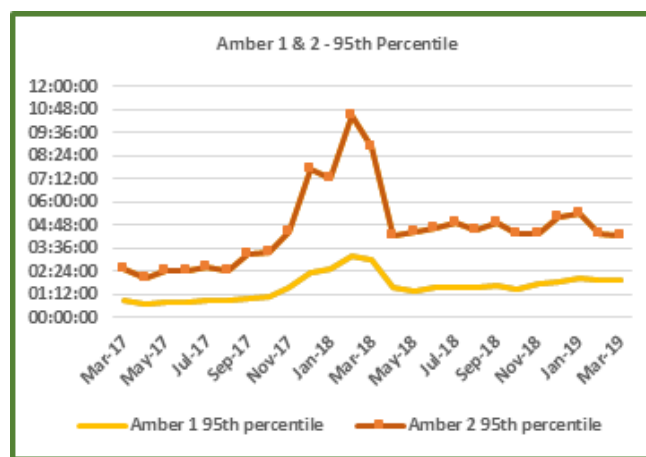
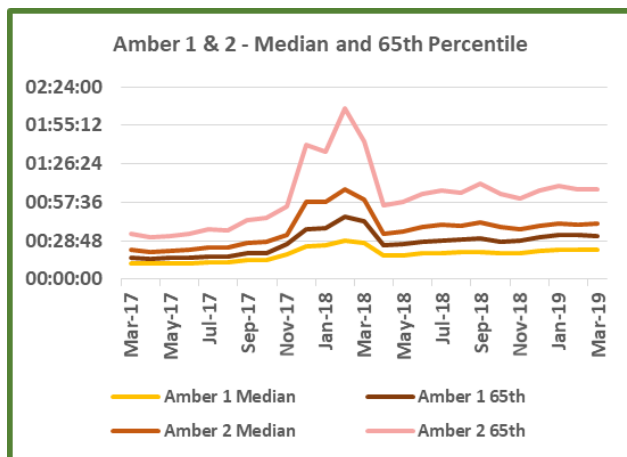
The Finance and Performance Committee has requested a deep dive into issues relating to red performance,

# OUR STRATEGIC ENABLERS

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

**INDICATOR 6 – AMBER Median, 65<sup>TH</sup> Percentile and 95<sup>TH</sup> Percentile to Reduce across all Health Board Areas**  
**2018/19 Target – Reduction Trend**

R



### Improvement Actions

There are three main winter initiatives aimed to improve Amber performance: further enhanced Hear & Treat (see page 8); APP Rotational Model (see page 10); and the Falls Assistants Framework (see below).

There are 7 St John Falls Assistant vehicles across South Wales, covering 5 Health Boards. CFR teams in N Wales have provided a similar Level 1 response. A full evaluation is underway. Data to date demonstrates an overall improved response time ALL Code 17 calls. The Level 1 Falls Assistants have an average response time of 53 minutes and conveyance rate of 29%. This service is not currently funded and is currently being formally evaluated before any future decisions are made about funding.

The Executive team are also focussing on reducing the very longest waits, with weekly review and validation of any patients who have waited over 12 hours. The Operations Directorate have introduced a process which escalates any long waits internally.

The Amber Review Implementation Programme has been initiated to provide assurance to stakeholders on the recommendations of the Amber Review. The programme, led by the National Collaborative Commissioning Unit (NCCU), is expected to run no longer than 12 months with a projected end date of November 2019. A date for the first meeting of the oversight group has been set for the end of May 2019.

Internally, an Amber Review Delivery Group has been established. The Group has a project plan and is meeting every three weeks. The Interim Director of Planning & Performance will shortly be writing to the CASC updating him on WAST's progress.

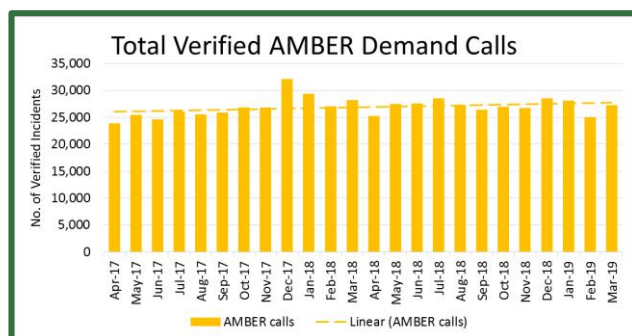
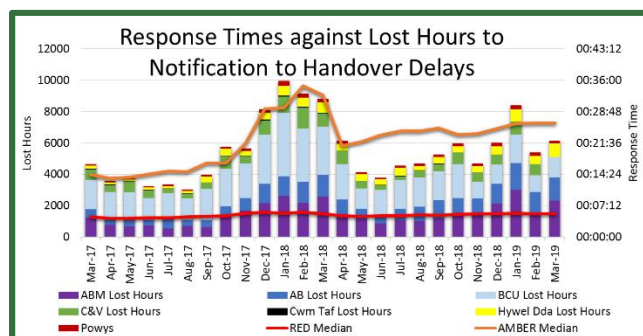
A key action arising is the need to undertake a collaborative Demand and Capacity Review. The terms of reference for this review have been agreed with the CASC and the tender submission date closed on the 08 May 2019. The Trust expects to appoint a supplier in early June 2019.

### Analysis

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

In March 2019, there were 98 patients waiting over 12 hours, compared to 104 in February and 183 in January 2019.

The number of hours lost to notification to handover delays was lower in March 2019 at 6,833 hours, compared to 8,834 hours in the same period last year. 66,521 hours were lost in the last 12 months, compared to 68,494 hours the previous 12 months as graphed below. Full detail included in annex 1 and 2.



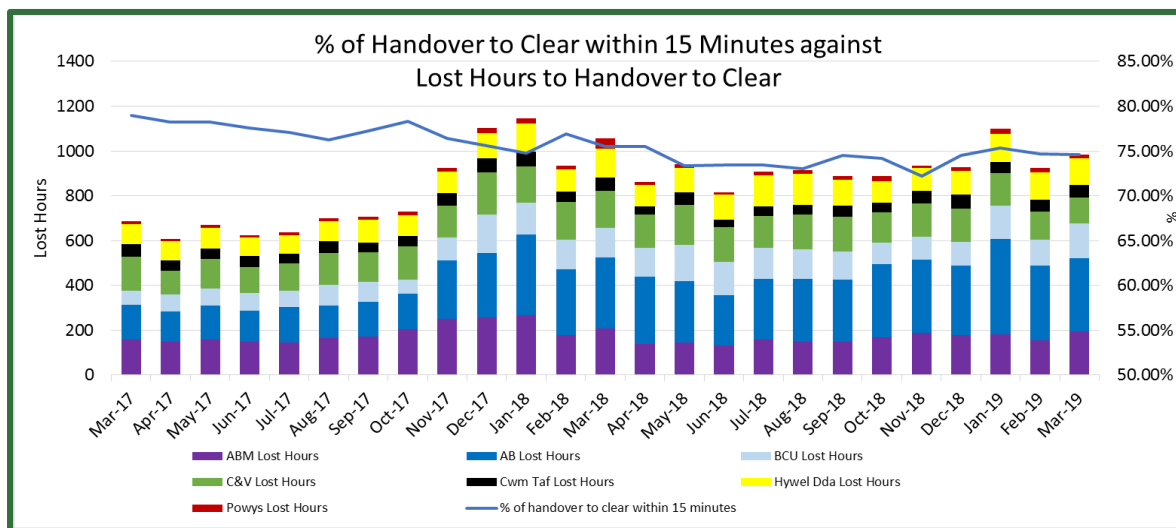
# OUR STRATEGIC ENABLERS

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

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

#### 2018/19 Target – Reduction Trend

R



#### Improvement Actions

The Trust is now in month 2 of the 12 month Handover to Clear (H2C) Improvement Plan which was implemented from 1st March 2019. This is intended to deliver an improvement of 25% in compliance with the H2C target across Wales by end of March 2020. Performance management measures are in place with local teams, monitoring and review will continue throughout the year.

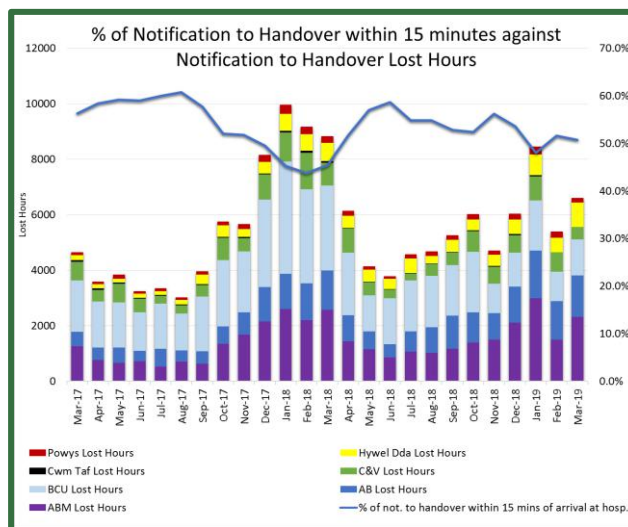
Within the Amber Review, it is highlighted that lost efficiency as a result of delays after the ambulance crew has handed a patient over at the emergency department are on an upwards trajectory and have increased by 45% across Wales in the last two years; and have resulted in more than 16,500 lost ambulance hours over the last two years.

There are predominantly a number of actions that can be taken to improve our internal efficiency and reduce the time taken to clear after handover. From an ambulance response perspective, the focus will be on a more effective performance management of H2C as part of a local performance management framework within the Operations Directorate. From a CCC perspective, measures may include: implementing Dual PIN as part of the Hospital Arrival Screen (HAS) system or alternative technology; a supportive approach to reducing H2C through a remote review in CCC; and re-categorisation of unavailability (e.g. for cleaning or restocking after clearing).

#### Analysis H2C

**Handover to clear delays are on an overall increasing trend. 11,282 hours were lost** in the last 12 months, period April 2018 to March 2019, compared to 9,841 hours in the same period last year. In March, a total of 985 hours were lost to handover to clear delays.

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 74.6% in March 2019, compared to 75.5% in March 2018. The commissioning intention is an improvement (the trend is worsening).



#### Analysis N2H

**Notification to Handover delays are on an overall increasing trend. 66,521 hours were lost** in the last 12 months, period April 2018 to March 2019, compared to 68,494 hours in the same period last year. In March, a total of 6,833 hours were lost to notification to handover delays, an improvement on March 2018, and 8,834 hours.



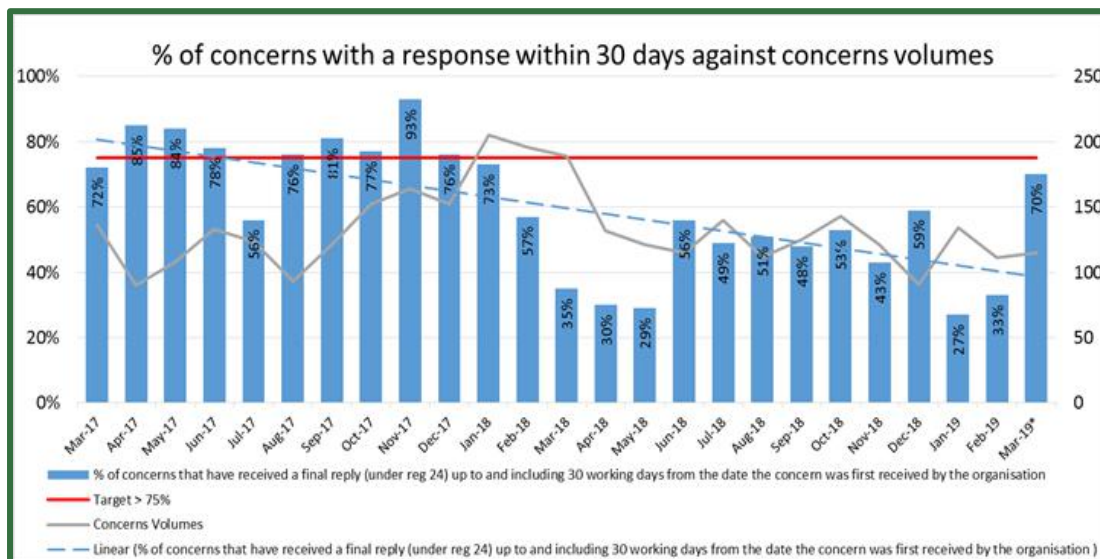
## OUR STRATEGIC ENABLERS

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

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

2018/19 Target – 75%

R



### Improvement Actions

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

The targeted next phase of improvement work with concerns management is progressing with a focus on: review of the concerns quality assurance process across the Trust applying the model for improvement to reduce time scales, staff training and development of an information leaflet to describe our services to inform redesign of concerns letter presentation. These actions aim to achieve improvements in compliance from April 2019.

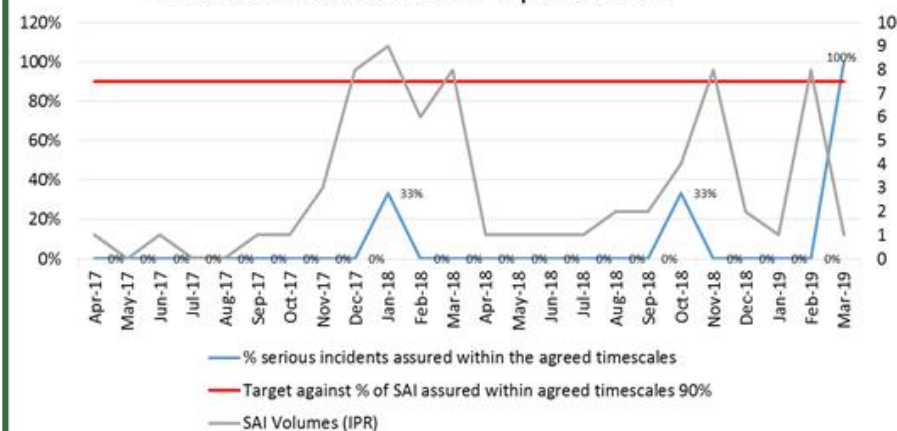
### Analysis

\*The **percentage of responses to concerns** has increased to 70% in March, from 33% in February, this is a significant improvement however **it must be noted that the way compliance against the 30 day target is calculated has changed**. The new calculation is based on the number of concerns (formal concerns requiring a regulation 24 letter and On the Spot concerns that have exceeded 2 days are now known as formal concerns suitable for local resolution) closed during the month. Performance remains below the 75% target, however a significantly improved position is.

The volumes of concerns are on a very slight downward trend, however peaks and troughs month to month appear to have an impact on the ins month performance.

SAI volumes in month have reduced to 1 incident in March 2019. There were 2 SAI's due for closure in March, 100% were closed and assured within timescales.

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





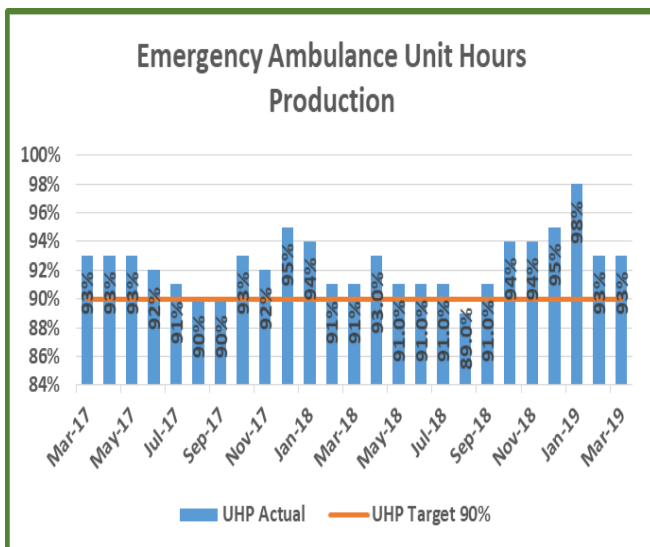
# OUR STRATEGIC ENABLERS

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

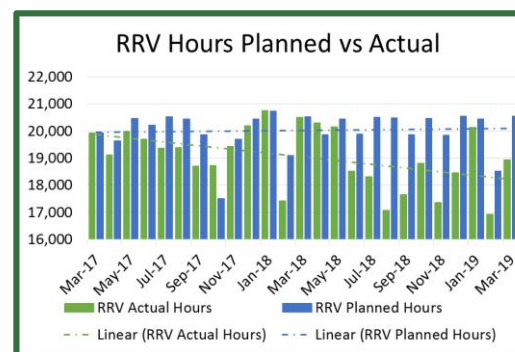
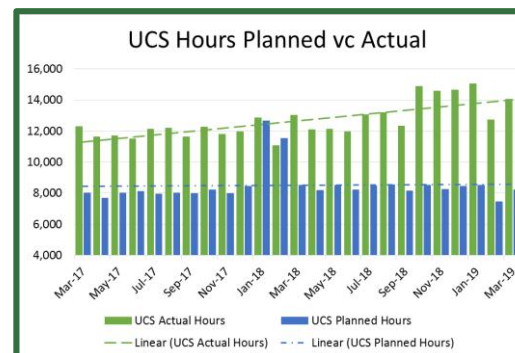
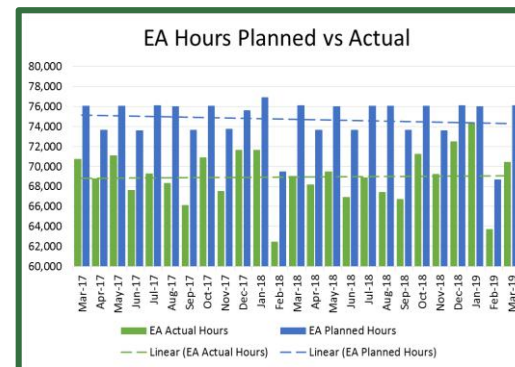
### INDICATOR 9 – Emergency Ambulance Unit Hours Production

#### 2018/19 Target - 90%

G



FTE 03/09/18	
WTE	Monthly contractual
1579.72	257395.63
Funded Relief	
Hours	Relief %
47169.32	18.33%
March 2019	
Hours	%
Annual Leave	41819 16%
Sickness	20558 8%
Alternative Duties	9471 4%
Training	6450 3%
Other	12144 5%
All Abstraction hrs	90737 35%
March 2019	
Hours	%
Pan Wales total* shift hours covered by Overtime/Bank v % funded Contractual	27129 11%



### Improvement Actions

We have worked to reduce levels of vacancies, for example through the 2018 Big Bang recruitment, which will be replicated in 2019. This allowed us to over recruit against forecasted future vacancies, through improved workforce planning. In addition, we undertook a conversion of overtime to 35 WTEs in 2018/19.

The Trust continues to focus on reduced abstractions e.g. sickness absence.

Roster Reviews in AB and CT in progress, 35% have gone live, 35% agreed but not yet live and remaining scheduled for June. Further reviews to take place once D&C Review completed.

Work on-going using a new Resource Dashboard which visually shows areas which are over-resourced as well as under-resourced, and allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against planned unit hours of production.

### Analysis

Emergency Ambulance Unit Hours Production (UHP) has remained at 93% in March. January saw a considerable improvement within the last 5 months and has been above the 90% informal target agreed with the CASC for every month over the last two years, with the exception of August (89%). The commissioning intention is an improving trend. The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations.

Linked to this are the actual hours available of UCS and RRV crews. UCS actual hours are on an upward trend, whereas RRV actual hours are on a downward trend.

Linked to this indicator are the monthly abstractions from the rosters. These are included in the table above.

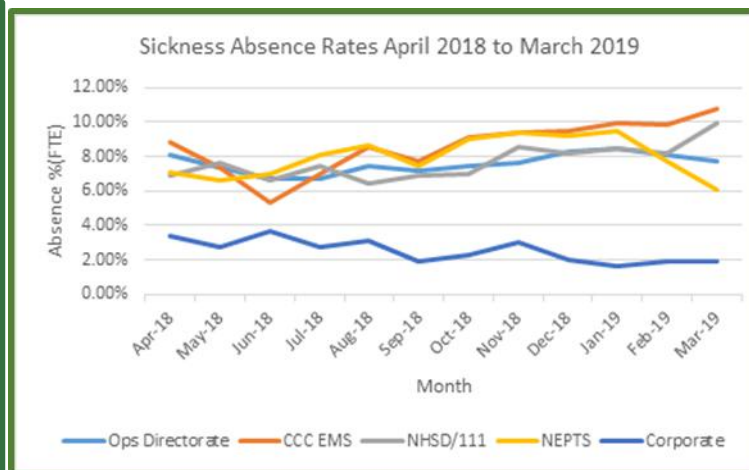
# OUR STRATEGIC ENABLERS

## SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

### INDICATOR 10 – % Sickness Absence for All Staff

#### 2018/19 Target – 5.9%

R



### Improvement Actions

A continued focus from Senior Operational Managers, Occupational Health and the Workforce and OD Team is necessary to ensure proactive management of absence and a sustained reduction in long term sickness cases is achieved.

The Trust continues to monitor delivery of the actions set out within the 9 point action plan.

Managing Attendance Policy training continues to be rolled out across Wales; Director led scrutiny of the long term sickness caseload continues on a monthly basis; however there have been delays to organising a second visit to WMAS to further explore their management of sickness absence (HR, Managers and TUPs to attend); the HR team continue to meet weekly with managers and Occupational Health to support the management of absence in all areas and hot spot areas all have sickness action plans in place.

### Analysis

Overall Trust wide sickness absence was 6.91% in March 19. March sickness is 0.96% lower than the March 18 figure of 7.83%. Cumulative rate is slowly coming down at 7.18% (that is the 12 month rolling rate). The aim over the winter months was to prevent the deterioration seen over the same period last year, and to begin to reduce the long term sickness case load (recognising short term absence would increase in line with seasonal trend, which it did).

Long term absence rate has reduced by 1.67% over 4 months from 5.91% in December 2018 to 4.24% in March 2019. The number of open LTS cases continues to reduce from 158 cases in Dec to 102 cases in March 2019 through proactive management. The majority of individuals are returning to work and numbers of dismissals are minimal. Average length of a long term absence has reduced from approx. 100 days in Nov/Dec to 75 days in March 2019. Average length of a mental health related long term absence has reduced from approx. 124 days in Dec 2018 to 77 days in March 2019. However we are not seeing any significant reduction in the average length of an MSK related absence as yet, so further exploration needed as to take up and impact of MSK service.

However, through this period short term sickness has unfortunately increased from 2% in December 2018 to 2.63% in March 2019. Some of this is to be expected as the usual seasonal trend, and next steps will be discussed with the WOD team in respect of addressing short term sickness.

Mar-19 In-Month	WAST	Ops Directorate	CCC EMS	NHSD/111	NEPTS	Corporate
Sickness Rate	6.91%	7.78%	10.62%	10.08%	6.03%	2.09%
LTS Rate	4.56%	5.10%	6.61%	5.81%	4.04%	1.49%
STS Rate	2.35%	2.68%	4.01%	4.27%	1.99%	0.60%
Top Reason (% of overall sickness) - Anxiety/Stress/depression/Other Psychiatric	31.90%	31.90%	39.90%	42.70%	24.90%	60.06%

Closed LTS Cases - March 2019 data	
Average length of MSK Absence	75.21
Average length of MH Absence	77.07
No. Open LTS Cases	102
% Stress & Anxiety	29.41%
% MSK	30.39%
% Unknown / Known - Not Specified	12.74%
Longest Duration of Open Cases (days)	446

## SECTION 2A - QUARTERLY INDICATORS

### CLINICAL INDICATORS DASHBOARD

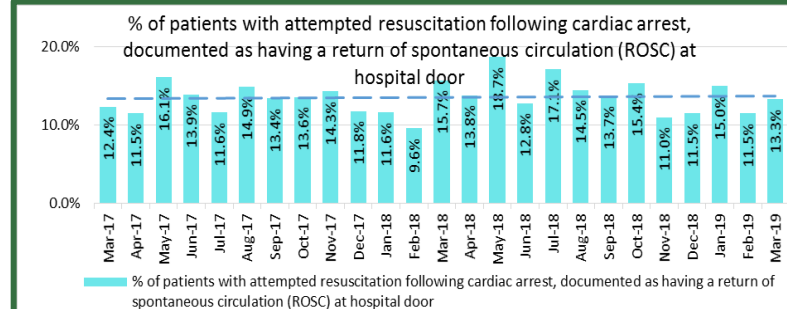
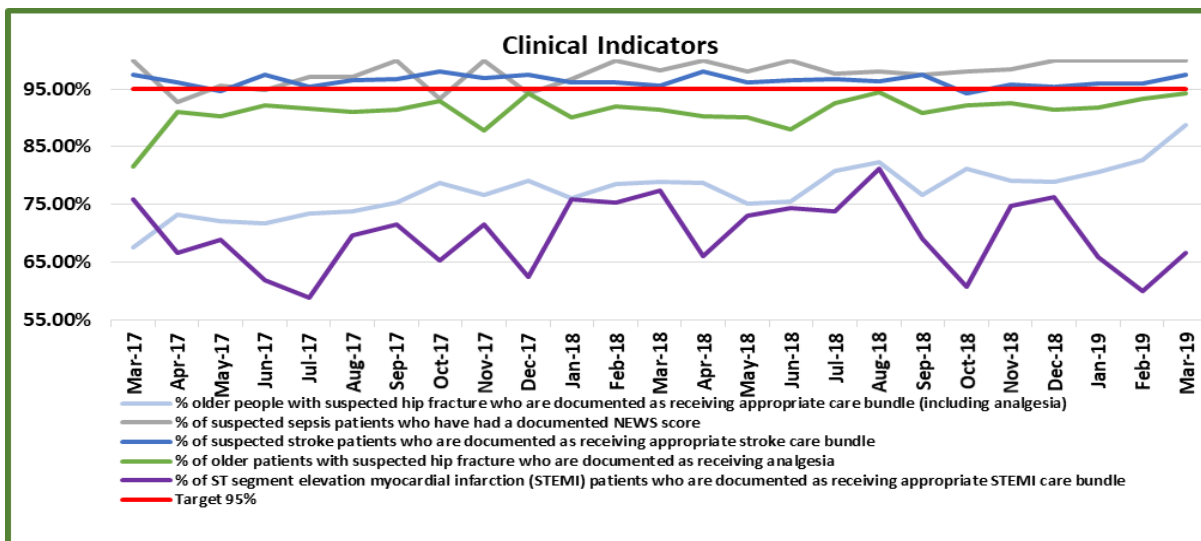
			2018/19 Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG
Our Strategic Enablers																
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	% of stroke patients documented as receiving the appropriate stroke bundle of care	95%	98.1%	96.2%	96.6%	96.8%	96.3%	97.4%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%	G
		% of patients with a fractured hip/femur who are documented as receiving analgesia	95%	90.3%	90.0%	88.0%	92.6%	94.4%	90.9%	92.1%	92.5%	91.5%	91.7%	93.3%	94.3%	A
		% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care	95%	66.0%	73.0%	74.3%	73.8%	81.1%	69.1%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%	R
		% of patients resuscitated following cardiac arrest, documented as having ROSC at	Improvement Trend	13.8%	18.7%	12.8%	17.1%	14.5%	13.7%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%	A
		% older people with suspected hip fracture documented as receiving appropriate care bundle	95%	78.7%	75.1%	75.5%	80.8%	82.3%	76.6%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%	R
		% suspected sepsis patients who had a documented NEWS score	95%	100.0%	98.0%	100.0%	97.6%	98.0%	97.4%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	G
		% patients with suspect febrile convulsion documented as receiving appropriate care bundle	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	G
		% of hypoglycaemic patients documented as receiving appropriate care bundle	95%	84.4%	87.5%	90.5%	93.3%	91.7%	87.3%	89.9%	89.8%	87.2%	85.3%	89.0%	88.2%	R

# OUR STRATEGIC ENABLERS

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

### Clinical Indicators Quarterly Update

2018/19 Target – 95%



### Improvement Actions

It has been estimated that the Q4 unresolved data transmission problems experienced within the digital pen system during February and March 2019 has led to missing PCR data or partial PCR forms in the region of 15-25% of the expected PCR data during February and March.

A Clinical Indicator Review Group was established in late 2018 through the Commissioner to develop new indicators and to ensure the effectiveness of current indicators.

As a result of the lessons learned from Phase 1 of the CI Improvement Plan and to further promote the use of the CI reports in improving and demonstrating the clinical care we deliver, Phase 2 has been implemented which includes: reviewing and issuing PCR supporting information to support staff in their completion of PCRs, this includes the development of an aide memoir which illustrates the CI criteria; support of the Regional and Health Board Clinical Leads; and further collaborative work with HI to refine the reporting system.

The Clinical Audit and Effectiveness Department (CA&ED) continues to produce brief information documents as required to guide and support staff in their completion of PCRs and to improve on CI compliance.

### Analysis

The Trusts Clinical Indicators are reported quarterly, published through the AQIs. There are four indicators that have consistently not met the 95% target. Three of these are on an upward trend with the last two quarters performance at an improved position compared to the same period last year. The **ST segment elevation myocardial infarction (STEMI)** indicator is of more concern however, as the % of patients documented as receiving appropriate STEMI care bundle remains around 70%. This also appears to have worsened this winter compared to last winter though this is not statistically significant and could be due low numbers and normal variation.

It is important to highlight that of the nine Clinical Indicators currently reported on: five are for compliance to care bundles for specific conditions; and four are for compliance where only one aspect of PCR completion is reported on. The current criteria for each of the care bundles is shown in the image here.

A care bundle requires each and every specific criterion of care to be met, e.g. for a STEMI patient, the PCR(s) for a patient must document two Pain Scores, GTN, Aspirin and Analgesia administered (or a reason documented why any of these were not possible – a justified exception). The care bundle is therefore a reflection of the number of records where all of the individual criteria or the justifiable exceptions are met. It is reported as a percentage of the total number of records for that specific condition.



## SECTION 2B - QUARTERLY INDICATORS

### NON-EMERGENCY PATIENT TRANSPORT TOP INDICATOR DASHBOARD

			Reporting Frequency	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	% of calls answered within 30 seconds (NEPTS)	Quarterly	No target	45.7%	52.1%	58.4%	62.9%	51.7%	59.3%	53.4%	63.7%	73.6%	TBD
		% of calls abandoned before being answered (NEPTS)	Quarterly	No target	19.0%	15.5%	13.0%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%	TBD
		% of journeys aborted (NEPTS)	Quarterly	No Target	12.4%	11.8%	12.5%	12.6%	12.5%	13.8%	13.5%	13.2%	12.1%	TBD
		% of core patients arriving within 30 minutes of their booking time (NEPTS)	Quarterly	No target	64.5%	58.3%	58.0%	57.9%	59.0%	57.6%	58.0%	58.7%	58.7%	TBD
		% of core patients arriving more than 30 mins + after their booking time (NEPTS)	Quarterly	No target	14.0%	13.8%	15.9%	14.6%	14.8%	16.9%	14.3%	14.8%	14.6%	TBD
		% of enhanced renal patients arriving less than 30 minutes prior to their booking time (NEPTS)	Quarterly	No target	62.3%	63.9%	63.5%	63.0%	61.9%	60.0%	59.1%	58.1%	59.4%	TBD
		% of enhanced renal patients arriving after their booking time (NEPTS)	Quarterly	No target	13.2%	14.7%	14.8%	14.2%	16.8%	17.5%	17.7%	19.4%	18.8%	TBD
		% of enhanced oncology patients arriving less than 30 minutes prior to their booking time (NEPTS)	Quarterly	No target	37.3%	35.3%	35.4%	39.0%	38.0%	36.0%	39.5%	37.7%	37.7%	TBD
		% of enhanced oncology patients arriving after their booking time (NEPTS)	Quarterly	No target	31.3%	33.5%	33.9%	33.0%	33.9%	35.8%	32.3%	30.3%	35.4%	TBD
		% of discharge & transfer patients - collected within 60 minutes after their booked ready time (NEPTS)	Quarterly	No target	59.4%	59.9%	58.6%	61.9%	60.4%	59.4%	62.9%	61.8%	62.2%	TBD

NB. NEPTS QI data only available from July 2018.

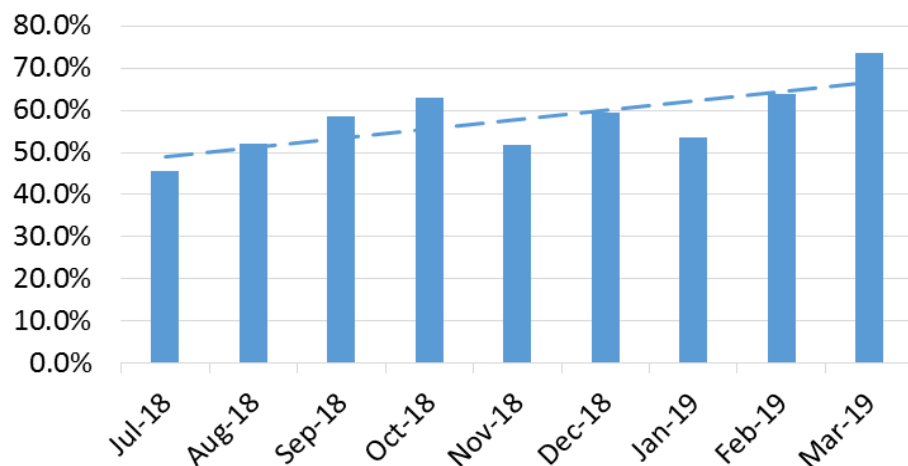


# OUR STRATEGIC ENABLERS

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

### NON-EMERGENCY PATIENT TRANSPORT

NEPTs Calls Answered within 30 seconds



#### Analysis

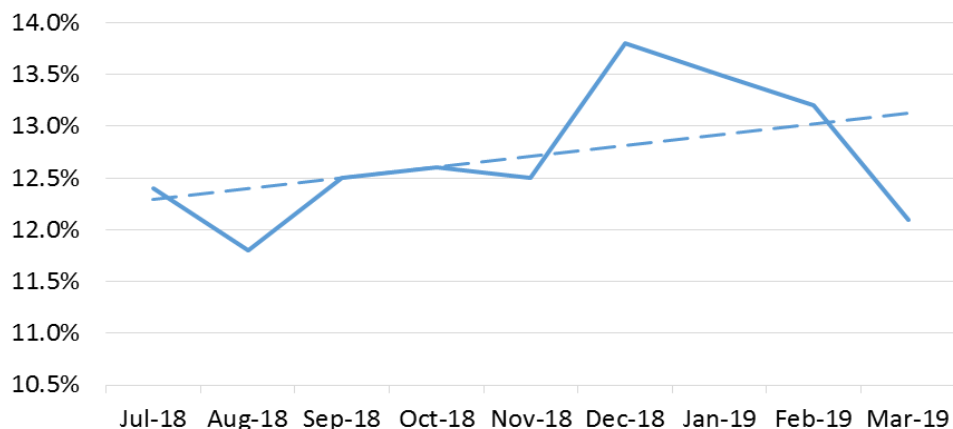
The improvement in the call answering time and calls abandoned rate follows the implementation of a virtual national call-taking team throughout late February and early March. We anticipate that this trend will continue to improve throughout April & May before stabilising from June onwards.

Aborted journeys continue to remain relatively stable but still require work to reduce the current level. This work needs to be undertaken in conjunction with LHB's to maximise impact

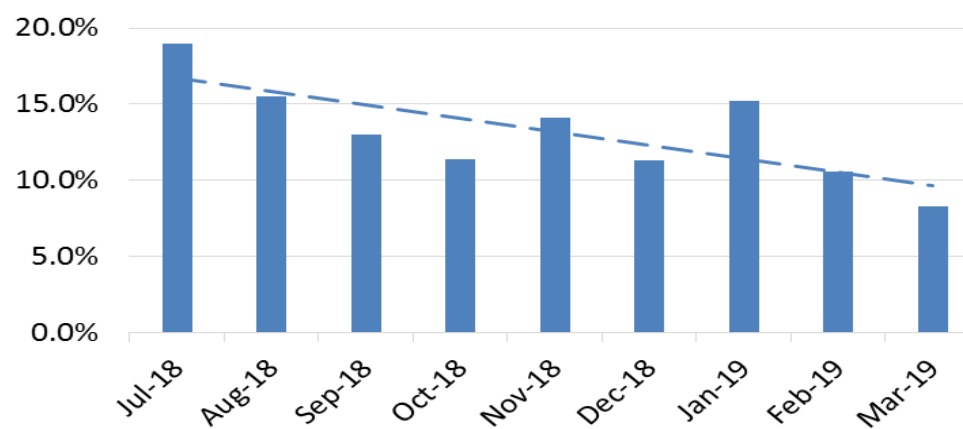
#### Improvement Actions

To establish a joint WAST & LHB working group to develop an abort reduction plan.

% journeys aborted



% of Calls Abandoned before being answered

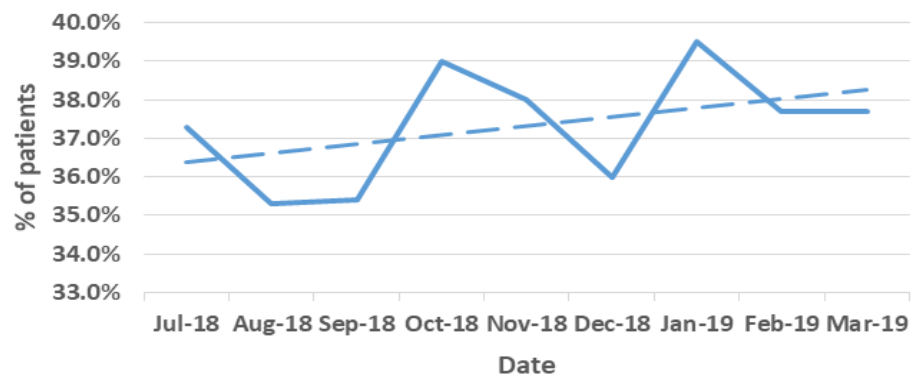


# OUR STRATEGIC ENABLERS

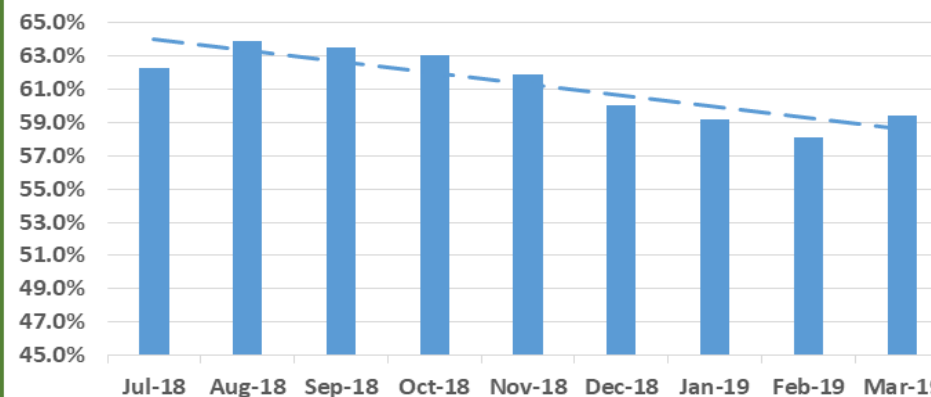
## CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES

### NON-EMERGENCY PATIENT TRANSPORT

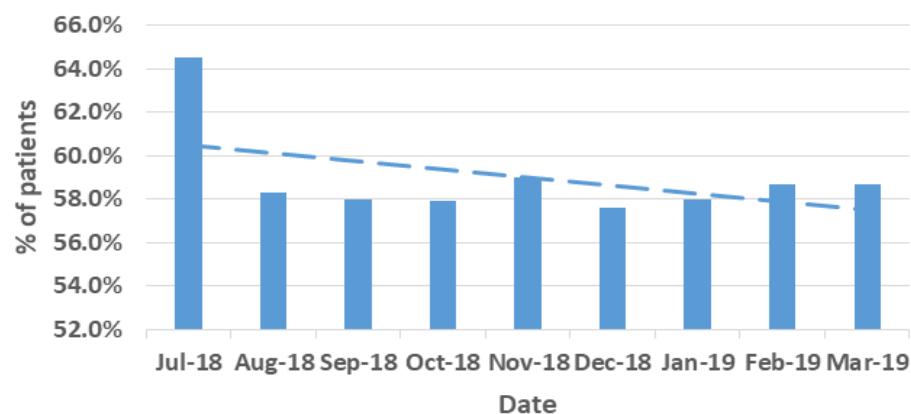
% of enhanced oncology patients arriving less than 30 minutes prior to their booking time (NEPTS)



% of enhanced renal patients arriving less than 30 minutes prior to their booking time (NEPTS)



% of core patients arriving within 30 minutes of their booking time (NEPTS)



#### Analysis

All performance measures currently only count approx. 80% of the overall activity as Taxi and some volunteer data is not able to be captured within the system until the rollout of PDA devices is complete.

Renal patient performance has seen a deterioration in Q4 due to an unanticipated increase in the volume and complexity of patients requiring transport and staff shortages within the Renal Network HUB affecting updating of planned ready times. We have been working with the Renal Network and WHSSC to support these processes and to improve system performance using a joint improvement plan.

Core patient activity for HD & ABM has historically been based on a standard appointment time of 10am & 2pm. The data presented is reported against actual booking times and this will significantly affect our performance until we fully transition our planning systems towards actual booking times.

#### Improvement Actions

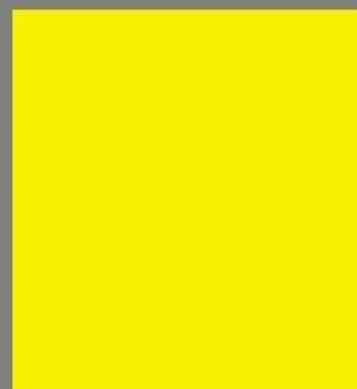
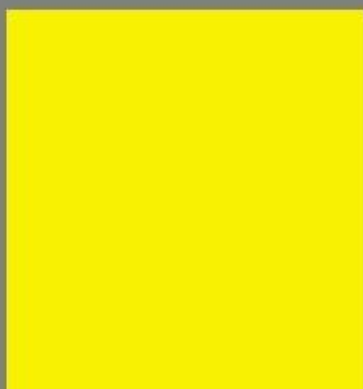
Continue to implement the renal improvement plan. Transition planning activity towards actual booking times.

## RECOMMENDATION

Committee is asked to:-

- **Note and discuss** the performance outlined in the March Monthly Integrated Quality and Performance Report.
- **Note and discuss** the revised format of the Monthly Integrated Quality and Performance Report.





Welsh Ambulance Services NHS Trust

Integrated Performance Report

2019/20

Themes	No.	Top 10 Indicators	Target 2018/19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG
Our Goal - <i>Delivering Excellence</i>																
Provide the right care in the right place, wherever and whenever it is needed	1	Number of hits to the NHSDW website	Improvement trend	367,614	356,542	363,332	395,162	243,464	218,554	327,676	294,158	257,523	310,381	267,085	295,279	R
	2	Call Volumes to NHSDW	Improvement trend	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790	A
		Call Volumes to 111	Improvement trend	19,113	19,928	17,259	17,868	17,339	17,981	21,611	26,152	33,479	27,720	27,045	31,900	G
	3	% of calls ended following WAST telephone assessment (hear & treat)	8.0%	7.4%	7.2%	7.4%	7.3%	7.4%	7.5%	7.5%	7.7%	7.9%	9.4%	8.4%	8%	G
	4	% of verified incidents that were conveyed to major EDs	Reduction Trend	49.8%	48.6%	47.5%	47.5%	48.1%	48.7%	49.6%	49.14%	48.52%	48.23%	48.35%	48.91%	R
Our Strategic Enablers																
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	5	% of emergency response to red incidents arriving within 8 minutes	65%	75.1%	76.1%	75.6%	75.4%	74.4%	73.9%	74.7%	72.3%	72.8%	71.8%	72.4%	71.2%	G
		Red 95th percentile	Reduction Trend	0:14 tt:56	0:14 tt:17	0:14 tt:51	0:15 tt:43	0:15 tt:56	0:15 tt:26	0:15 tt:20	0:15 tt:30	0:15 tt:59	0:15 tt:26	0:15 tt:35	0:16 tt:06	R
	6	Amber 95th percentile	Reduction Trend	2:22 tt:11	2:27 tt:19	2:32 tt:05	2:44 tt:04	2:39 tt:45	2:45 tt:49	2:32 tt:45	2:32 tt:02	2:41 tt:41	2:58 tt:35	2:46 tt:33	2:41 tt:33	R
		Amber 65th percentile	Reduction Trend	#####	#####	#####	#####	#####	#####	#####	00:35:27	00:35:52	00:38:14	00:40:05	00:40:04	R
		Amber Median	Reduction Trend	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	R
	7	Emergency Ambulance unit hours production	90%	93.0%	91.0%	91.0%	91.0%	89.0%	91.0%	94%	94%	95%	98%	93%	93%	G
	8	Number of lost hours following handover to clear over 15 minutes	Improvement trend	862	941	816	909	916	888	961	1017	962	1,099	926	985	R
	9	% of concerns that received a final (reg 24)/interim reply (reg 26) within 30 days on being received	75%	30%	29%	56%	49%	51%	48%	53%	43%	59%	27%	33%	70%	R
		Serious adverse incidents assured within agreed timeslces	90%	0%	0%	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	R
Support our people to be the best that they can be	10	% sickness absence for staff (all staff)	5.9%	7.12%	6.56%	6.61%	6.78%	7.25%	6.78%	7.02%	7.19%	7.85%	7.89%	7.45%	6.91%	R

				Reporting Frequency	Target	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG				
Our Goal - Delivering Excellence																																							
Help patients and staff to healthy	1	% uptake of the influenza vaccination amongst health-care workers who have direct patient contact	Annual	80%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19.6%	33.30%	34.46%	38.87%	40.17%		R			
		Indicators Under Development	TBD	TBD																																TBD			
Help patients more easily access our services at the right time	2	Indicators Under Development	TBD	TBD																																TBD			
Provide the right care in the right place, wherever and whenever it is needed	3	% of NHS24 calls answered within 90 seconds of the welcome message	Monthly	Improvement Trend	74.70%	73.26%	88.10%	93.80%	92.00%	94.40%	82.40%	77.70%	73.30%	82.30%	81.80%	85.20%	77.30%	75.80%	63.70%	79.80%	88.00%	62.40%	75.00%	76.60%	83.40%	86.30%	88.00%	82.80%	74.50%	86.80%	72.10%	62.70%	59.20%			R			
		% 111 calls answered within 60 seconds of the end of the message	Monthly	Improvement Trend	65.30%	67.60%	63.40%	74.30%	73.30%	77.90%	70.30%	60.50%	70.70%	73.30%	67.20%	58.80%	67.80%	62.60%	49.50%	64.60%	49.50%	64.04%	66.96%	75.50%	79.16%	81.60%	72.30%	62.45%	52.87%	61.10%	49.3%	44.3%			R				
		% of 999 calls answered within 6 seconds (will be replaced by landing indicator in January 2019)	Monthly	Improvement Trend	86.5%	87.0%	84.5%	88.3%	85.0%	79.1%	88.6%	82.0%	80.4%	81.7%	79.8%	81.0%	86.5%	83.2%	73.5%	81.3%	81.7%	81.0%	87.3%	85.6%	79.8%	82.6%	85.7%	86.4%	83.7%	80.6%	83.1%	86.2%	86.7%			A			
		The volume of calls assessed and closed by the clinical service desk	Monthly	Improvement Trend	-	-	-	2,951	2,394	2,338	2,298	2,520	2,488	2,514	2,520	2,576	2,820	3,117	3,828	3,655	3,184	3,445	2,863	2,820	2,942	2,864	2,784	2,895	2,937	3,257	3,765	3,011	3,130			R			
		Recorded % within 24 hours of telephone triage (hear & treat)	Monthly	Reduction Trend	13.3%	13.9%	13.0%	10.8%	10.7%	9.2%	9.4%	9.3%	9.3%	8.7%	10.4%	10.2%	20.1%	40.9%	8.1%	8.1%	7.3%	5.9%	3.9%	3.3%	4.6%	17.9%	27.9%	50.4%	18.5%	4.9%	7.4%	4.4%	3.7%	5.2%			R		
		% of incidents where 2 or more vehicles arrived on scene	Monthly	Improvement Trend	21%	21%	22%	22%	21%	20%	20%	20%	20%	21%	21%	21%	20%	19%	22%	23.1%	21.9%	21.9%	22.4%	15%	15%	14%	14%	14%	14.9%	15.3%	15.8%	15.2%	15.6%	15.8%			A		
		% of Amber incidents where ideal resource first on scene (note: Amber 1 used here)	Monthly	Improvement Trend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72.4%	72.8%	72.3%	74.6%	72.3%	71.0%	71.3%	71.0%	70.9%			A		
		Number of incidents which were treated at scene	Monthly	Improvement Trend	2,985	3,064	3,201	3,079	2,708	2,897	2,817	3,042	2,929	3,166	3,141	2,884	3,094	2,726	3,064	2,695	2,463	2,545	2,596	2,780	2,944	2,902	2,637	2,999	2,811	2,817	2,844	2,824	2,670			R			
		Recorded % within 24 hours of see & treat	Monthly	Reduction Trend	1.10%	1.10%	0.70%	0.60%	0.60%	0.80%	0.50%	0.40%	1.10%	0.90%	0.90%	0.80%	0.50%	0.50%	1.10%	0.50%	0.50%	0.70%	0.70%	0.80%	0.90%	0.70%	0.70%	0.60%	0.90%	0.50%	1.00%	0.70%	1.3%	1.2%			R		
		% of patients conveyed to hospital following a face to face assessment	Monthly	Improvement Trend	70.3%	69.3%	69.4%	69.2%	69.2%	69.9%	69.8%	69.9%	69.1%	68.1%	68.9%	69.1%	68.1%	68.9%	69.1%	68.4%	69.2%	67.6%	68.2%	67.0%	67.9%	68.4%	68.2%	67.4%	68.0%	68.7%	68.3%	68.1%	67.3%	68.2%			A		
Our Strategic Enablers																																							
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	Number of LHBs not achieving the Red incidents target	Monthly	0	-	-	-	-	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	1	0	1	1	1	2		R			
		Time allocation to Red calls to reduce	Monthly	Improvement Trend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	R			
		Reduction in variation in Red response times performance between the best and worst LHB performance	Monthly	Reduction Trend	4:24:58 AM	4:55:12 AM	4:01:55 AM	3:11:31 AM	4:32:10 AM	3:25:55 AM	14.0%	11.0%	19.0%	15.8%	14.9%	15.3%	17.6%	23.8%	13.1%	13.0%	14.4%	20.0%	23.4%	17.8%	16.2%	10.9%	15.2%	17.8%	14.9%	21.9%	17.9%	12.5%	20.0%			R			
		Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance	Monthly	Reduction Trend	1:44:06 AM	1:03:04 AM	2:23:09 AM	2:22:27 AM	1:56:56 AM	1:10:17 AM	12:41:32 AM	12:51:30 AM	12:59:09 AM	12:57:16 AM	12:48:34 AM	12:49:05 AM	1:35:37 AM	2:03:08 AM	3:31:52 AM	3:28:21 AM	5:57:47 AM	4:23:27 AM	1:46:01 AM	2:45:33 AM	2:03:52 AM	1:58:59 AM	2:16:01 AM	1:30:34 AM	1:50:27 AM	2:44:56 AM	3:14:09 AM	1:50:14 AM	2:57:34 AM			R			
		Compliance with HCP time requests to improve across each LHB	Monthly	Improvement Trend	90.4%	90.4%	91.2%	89.3%	91.7%	91.2%	91.2%	88.9%	86.5%	84.7%	85.3%	81.8%	84.9%	86.2%	81.3%	82.7%	83.0%	83.5%	85.3%	83.5%	82.7%	83.6%	82.7%	81.8%	82.1%	79.2%	78.6%	78.6%	79.9%			R			
		% of stroke patients documented as receiving the appropriate stroke bundle of care	Quarterly	95%	83.1%	78.8%	81.7%	80.7%	84.7%	67.6%	96.2%	94.7%	97.4%	95.3%	96.6%	96.7%	98.1%	96.9%	97.9%	96.2%	96.2%	95.5%	98.1%	96.2%	96.8%	96.3%	97.4%	94.2%	95.8%	95.3%	96.0%	95.9%	96.8%			G			
		% of patients with a fractured hip/leg who are documented as receiving analgesia	Quarterly	95%	83.1%	78.8%	81.7%	80.7%	84.7%	81.5%	91.1%	90.2%	92.1%	91.6%	91.1%	91.5%	92.9%	87.9%	94.3%	90.1%	92.0%	91.5%	90.7%	90.0%	92.6%	94.4%	90.9%	92.1%	92.5%	91.5%	91.7%	89.3%	94.3%			A			
		% of acute coronary syndrome patients who are documented as receiving appropriate STEM care bundle	Quarterly	95%	69.8%	59.0%	66.0%	65.9%	67.2%	75.9%	66.7%	68.6%	61.8%	58.6%	69.7%	71.6%	65.3%	71.6%	62.9%	73.9%	75.4%	77.5%	66.0%	73.0%	73.8%	81.1%	69.1%	60.8%	74.7%	76.3%	65.9%	60.0%	66.7%			R			
		% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	Quarterly	Improvement Trend	15.2%	11.1%	11.4%	9.0%	9.7%	12.4%	11.5%	16.1%	13.9%	11.6%	14.9%	13.4%	13.6%	14.3%	11.8%	11.6%	9.6%	15.7%	13.8%	18.7%	17.1%	14.5%	13.7%	15.4%	11.0%	11.5%	15.0%	11.5%	13.3%			A			
		% older people with suspected hip fracture documented as receiving appropriate care bundle	Quarterly	95%	69.0%	65.4%	72.3%	65.1%	70.9%	67.6%	73.3%	72.1%	71.8%	73.4%	73.8%	75.4%	76.7%	76.7%	79.2%	76.1%	78.6%	78.9%	78.7%	75.1%	80.8%	82.3%	76.6%	81.2%	79.1%	79.0%	80.6%	82.7%	88.7%			A			
		% suspected sepsis patients who had a documented NEWS score	Quarterly	95%	95.0%	97.8%	95.0%	100.0%	100.0%	100.0%	100.0%	92.7%	95.6%	94.9%	97.0%	97.1%	100.0%	93.3%	100.0%	94.3%	96.8%	100.0%	98.3%	100.0%	98.0%	97.6%	98.0%	97.4%	98.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%			G	
		% patients with suspect febrile convulsion documented as receiving appropriate care bundle	Quarterly	95%	70.3%	91.7%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			G	
		% of hypoglycaemic patients documented as receiving appropriate care bundle	Quarterly	95%	84.1%	83.9%	85.9%	85.9%	87.1%	84.6%	83.3%	85.4%	86.8%	87.8%	88.5%	90.1%	85.9%	89.1%	87.8%	84.0%	83.6%	83.3%	84.4%	87.5%	93.3%	91.7%	87.3%	89.9%	89.8%	87.2%	85.3%	89.0%	88.0%	88.2%			R		
		% of handover to clear within 15 minutes of transfer of patient care to hospital staff	Monthly	Improvement Trend	-	-	-	80.4%	79.8%	79.0%	78.2%	78.2%	77.6%	77.1%	76.3%	77.3%	78.3%	76.4%	75.6%	74.8%	76.9%	75.9%	75.9%	73.4%	73.4%	73.1%	74.9%	74.2%	72.2%	74.9%	75.3%	74.7%	74.6%			R			
		% of calls answered within 30 seconds (NEPTS)	Quarterly	No target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	45.7%	52.1%	58.4%	62.9%	51.7%	59.3%	53.4%	63.7%	73.6%			TBD	
		% of calls abandoned before being answered (NEPTS)	Quarterly	No target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19.0%	15.5%	13.0%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%			TBD
		% of bookings made by fastpathhand (NEPTS)	Quarterly	No target	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26.0%	28.3%	26.8%	26.8%	24.9%	26.3%						

			Reporting Frequency	Target	Mar-18	Apr-18
Continue to provide the best possible care, outcomes and experiences to our patients in our core service	4	% of calls answered within 30 seconds (NEPTS)	Quarterly	No target	-	-
		% of calls abandoned before being answered (NEPTS)	Quarterly	No target	-	-
		% of journeys aborted (NEPTS)	Quarterly	No Target	-	-
		% of core patients arriving within 30 minutes of their booking time (NEPTS)	Quarterly	No target	-	-
		% of core patients arriving more than 30 mins + <b>after</b> their booking time (NEPTS)	Quarterly	No target	-	-
		% of <b>enhanced renal</b> patients arriving less than 30 minutes <b>prior</b> to their booking time (NEPTS)	Quarterly	No target	-	-
		% of <b>enhanced renal</b> patients arriving <b>after</b> their booking time (NEPTS)				
		% of <b>enhanced oncology</b> patients arriving less than 30 minutes <b>prior</b> to their booking time (NEPTS)	Quarterly	No target	-	-
		% of <b>enhanced oncology</b> patients arriving <b>after</b> their booking time (NEPTS)	Quarterly	No target	-	-
		% of discharge & transfer patients - collected <b>within 60 minutes after</b> their booked ready time (NEPTS)	Quarterly	No target	-	-

May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RAG
-	-	45.7%	52.1%	58.4%	62.9%	51.7%	59.3%	53.4%	63.7%	73.6%	TBD
-	-	19.0%	15.5%	13.0%	11.4%	14.1%	11.3%	15.2%	10.6%	8.3%	TBD
-	-	12.4%	11.8%	12.5%	12.6%	12.5%	13.8%	13.5%	13.2%	12.1%	TBD
-	-	64.5%	58.3%	58.0%	57.9%	59.0%	57.6%	58.0%	58.7%	58.7%	TBD
-	-	14.0%	13.8%	15.9%	14.6%	14.8%	16.9%	14.3%	14.8%	14.6%	TBD
-	-	62.3%	63.9%	63.5%	63.0%	61.9%	60.0%	59.1%	58.1%	59.4%	TBD
		13.2%	14.7%	14.8%	14.2%	16.8%	17.5%	17.7%	19.4%	18.8%	TBD
-	-	37.3%	35.3%	35.4%	39.0%	38.0%	36.0%	39.5%	37.7%	37.7%	TBD
-	-	31.3%	33.5%	33.9%	33.0%	33.9%	35.8%	32.3%	30.3%	35.4%	TBD
-	-	59.4%	59.9%	58.6%	61.9%	60.4%	59.4%	62.9%	61.8%	62.2%	TBD



**SECTION 4: WAST Activity Dashboard**

Description	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
SAI Volumes	1	1	1	1	2	2	4	8	2	2	3	1
Concerns Volumes	132	121	115	140	112	125	143	121	91	134	111	115
Patient Safety Incidents, Near Misses and Hazards	140	140	148	133	140	164	134	161	137	182	136	133
Calls Volume to NHSDW	24,249	22,651	20,643	22,112	20,797	17,932	18,692	17,954	21,423	19,968	18,629	18,790
111 Call Volumes (James Moore - HI)	19,168	19,976	17,304	17,905	17,361	16,959	21,611	26,152	33,479	27,720	27,045	31,900
Frequent Caller Call Volumes (AQIs)	1,886	2,163	2,216	2,186	2,147	2,185	1,947	2,397	2,151	2,155	1,892	1,979
999 Call Volumes (IPR)	41,349	46,198	45,694	47,655	45,569	43,869	44,170	43,780	46,993	44,975	40,414	44,304
Total Verified Incidents	36,153	39,459	39,042	40,289	38,940	37,463	38,691	38,424	41,237	40,452	36,119	39,283
Total Verified Incidents: RED	1,806	1,946	2,044	2,052	1,986	1,931	2,044	2,233	2,431	2,045	1842	2078
Total Verified Incidents: AMBER	25,164	27,437	27,483	28,460	27,248	26,351	26,937	26,727	28,484	28,051	25008	27230
Total Verified Incidents: GREEN	9,029	9,875	9,337	9,538	9,496	8,991	9,507	9,280	10,134	10,149	9096	9798
HCP Call Volumes (AQIs)	6,276	6,648	6,775	6,563	6,088	5,917	6,113	6,356	6,680	7,217	6,399	6,715
Hear & Treat Volumes (AQIs)	2,663	2,820	2,876	2,942	2,854	2,784	2,895	2,937	3,257	3,765	3,011	3,130
Conveyance Volumes (AQIs)	15,304	16,126	15,622	16,130	15,757	15,348	15,852	15,727	16,722	15,942	14,335	16,007
NEPTS Patient Journeys (AQIs)	62,733	67,810	65,961	66,898	65,330	60,979	70,295	68,049	60,216	69,694	63,613	66,353
Conveyance to Major ED	17,992	19,193	18,555	19,153	18,721	18,260	19,203	18,882	20,007	19,510	17,465	19,213

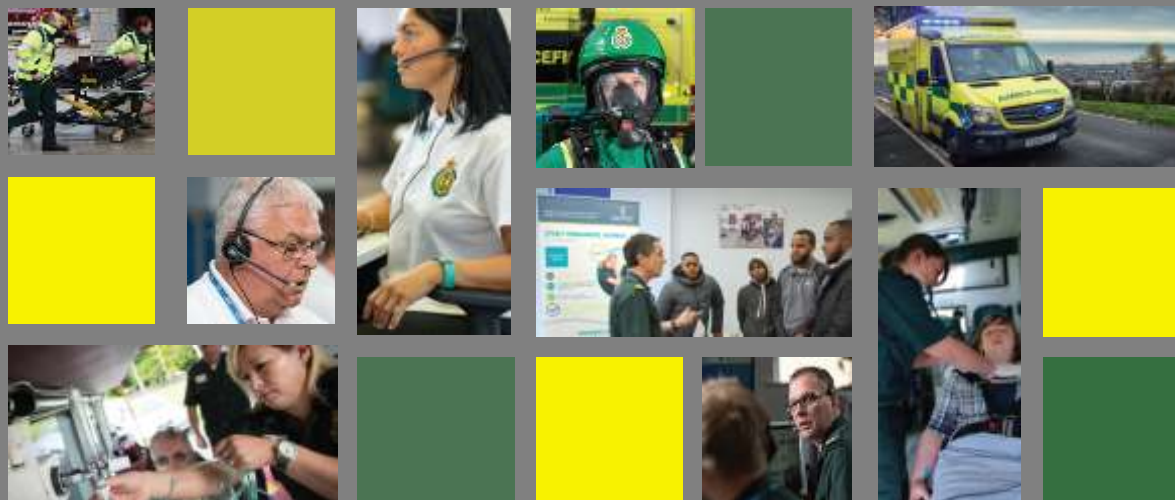


GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services  
NHS Trust

## Annex 2



# Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust March 2019

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)



welshambulanceservice

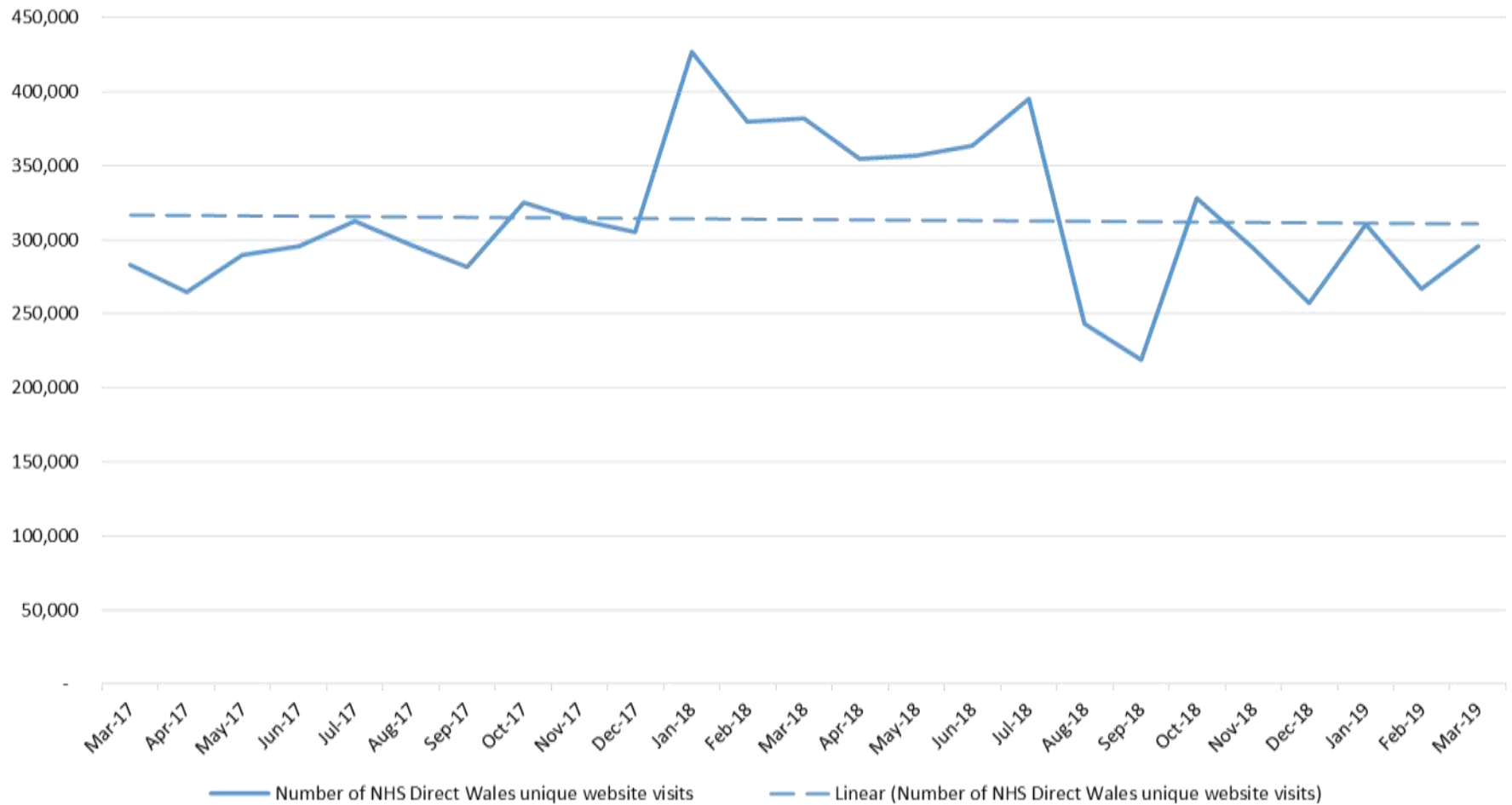


@welshambulance

## OUR GOAL, DELIVERING EXCELLENCE

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

Number of NHS Direct Wales unique website visits

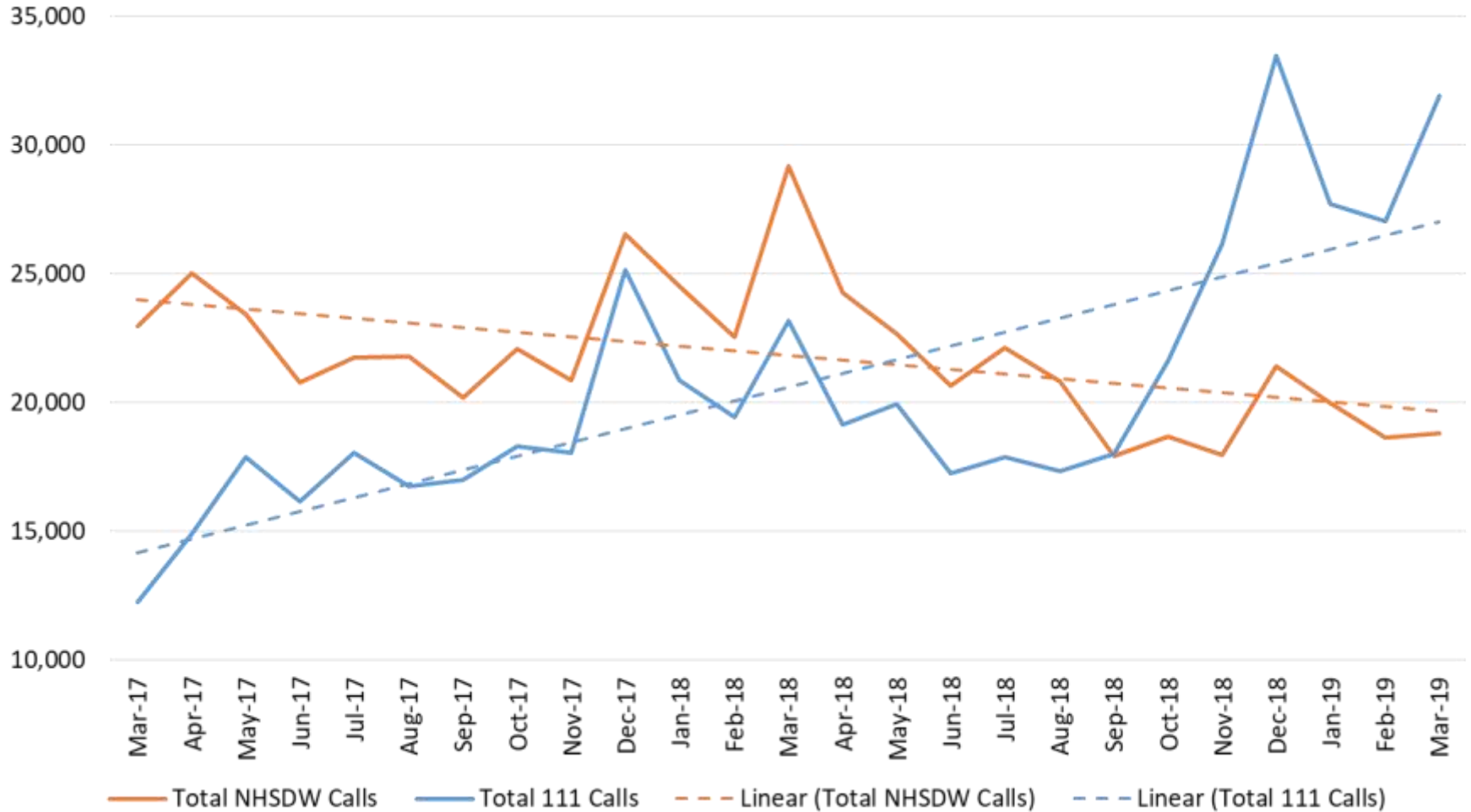




## OUR GOAL, DELIVERING EXCELLENCE

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

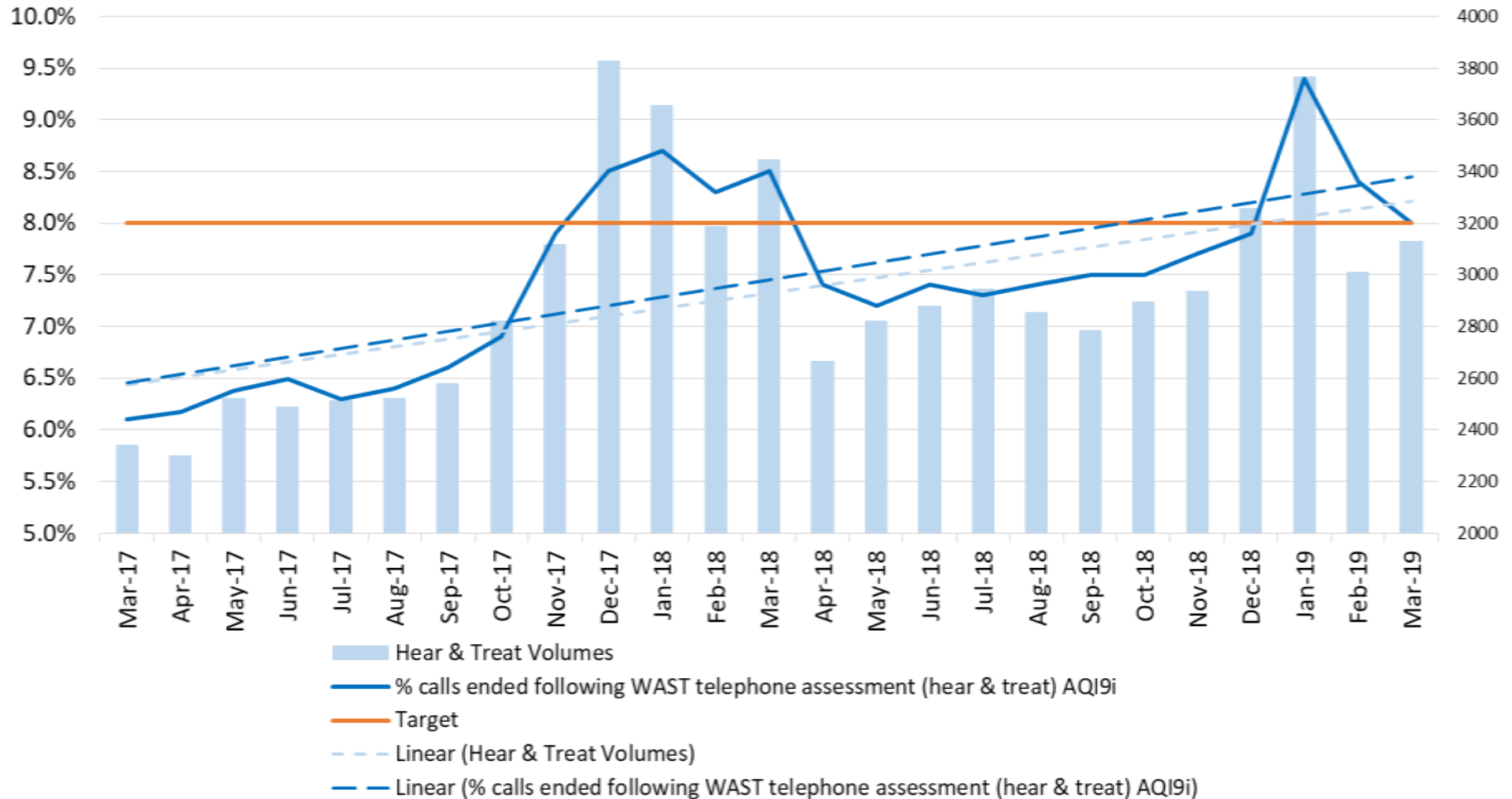
Total Calls for NHSDW and 111



## OUR GOAL, DELIVERING EXCELLENCE

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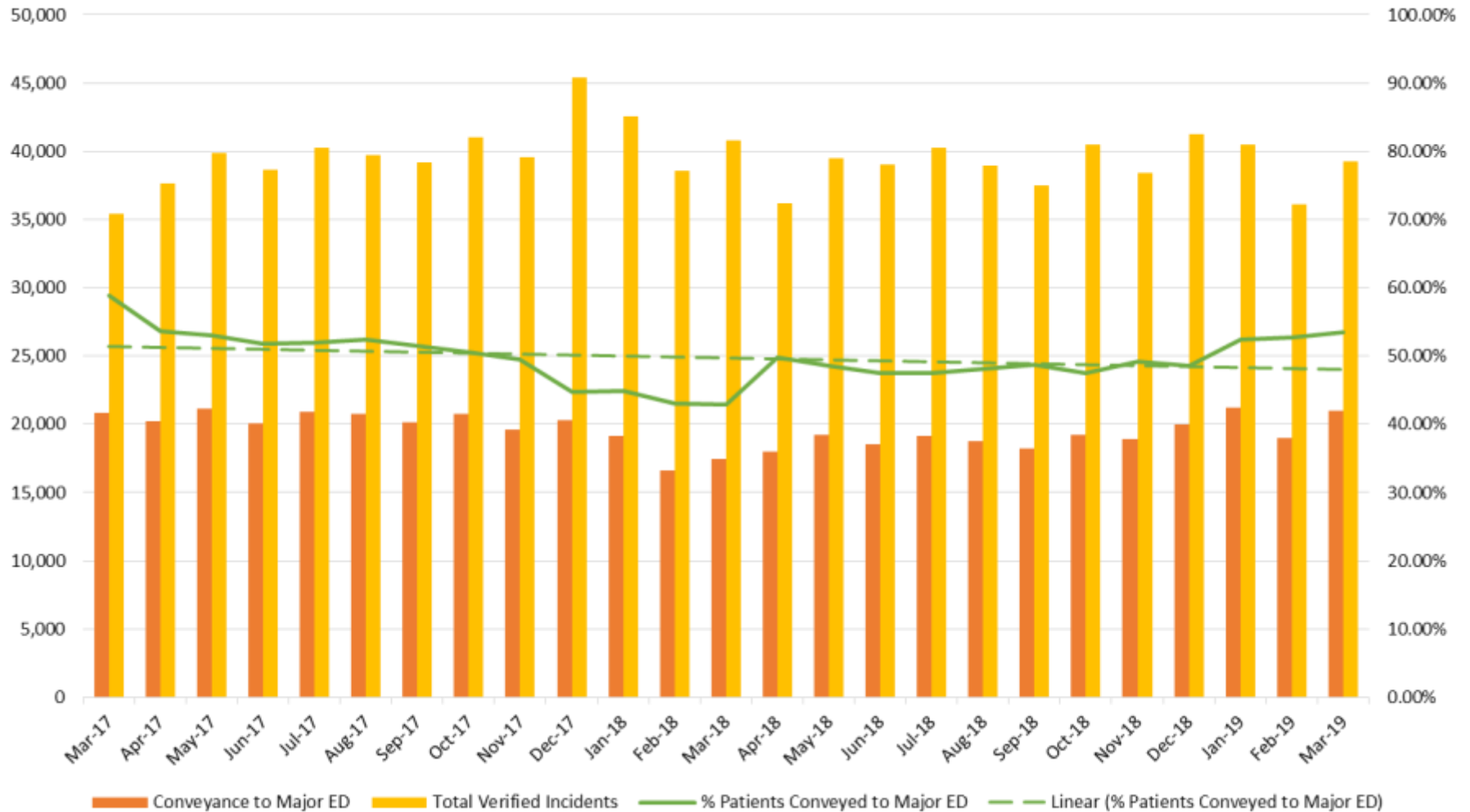
Calls ended following WAST telephone assessment (Hear & Treat)



# OUR GOAL, DELIVERING EXCELLENCE

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

Conveyance to Major ED



## OUR STRATEGIC ENABLERS

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

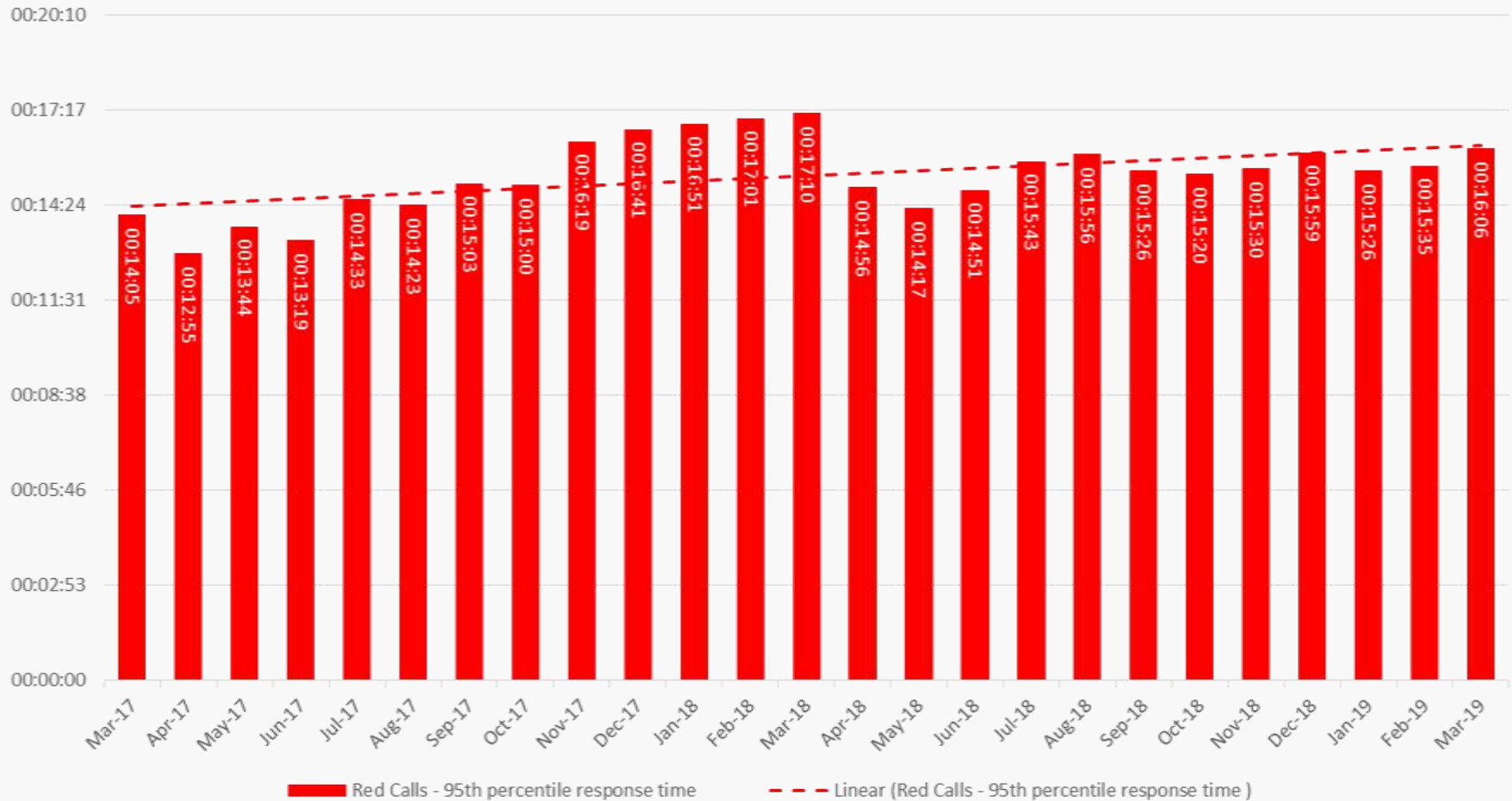
% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile



## OUR GOAL, DELIVERING EXCELLENCE

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

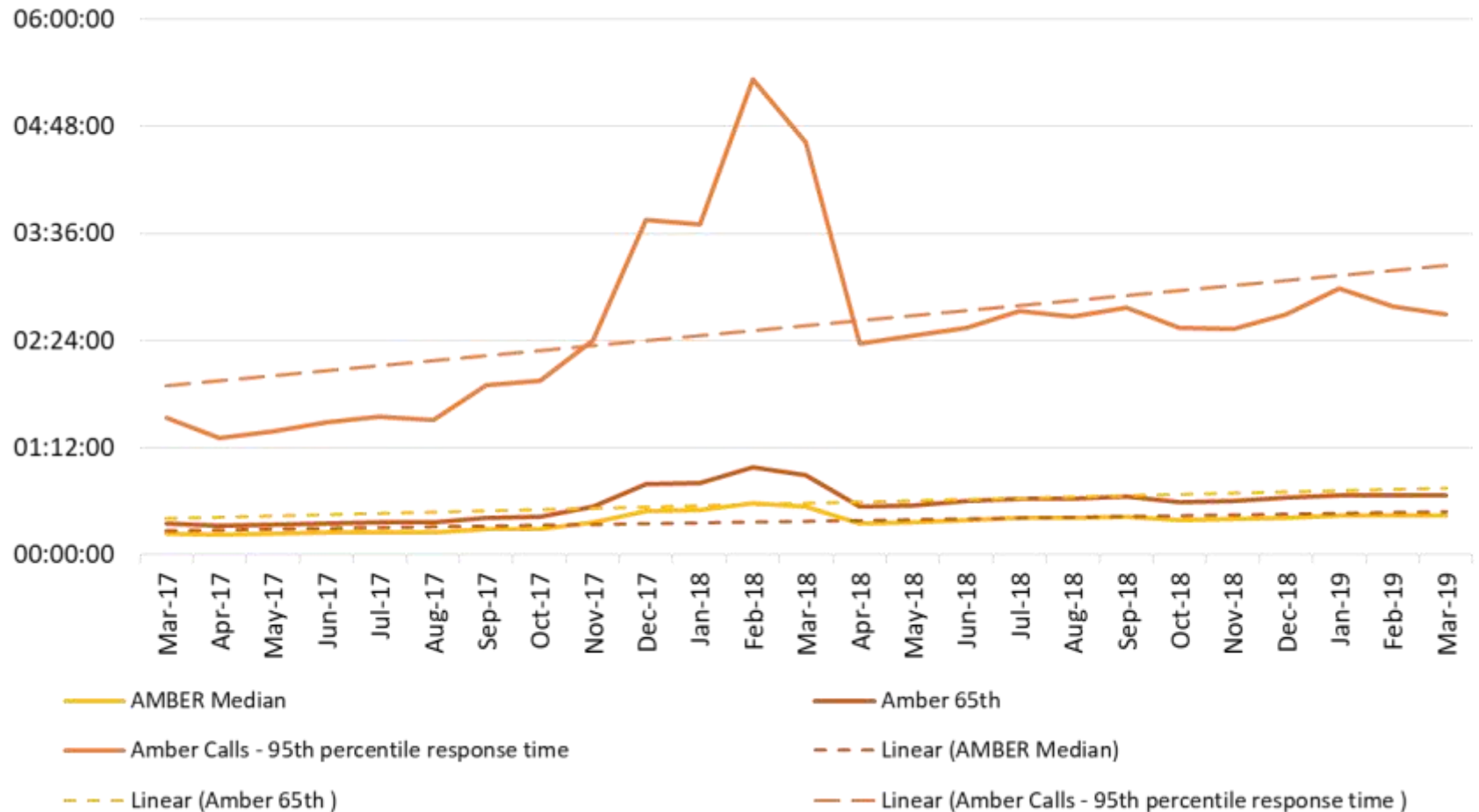
Red Calls - 95th percentile response time



## OUR STRATEGIC ENABLERS

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

Amber Median, 95th & 65th percentile



## OUR STRATEGIC ENABLERS

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

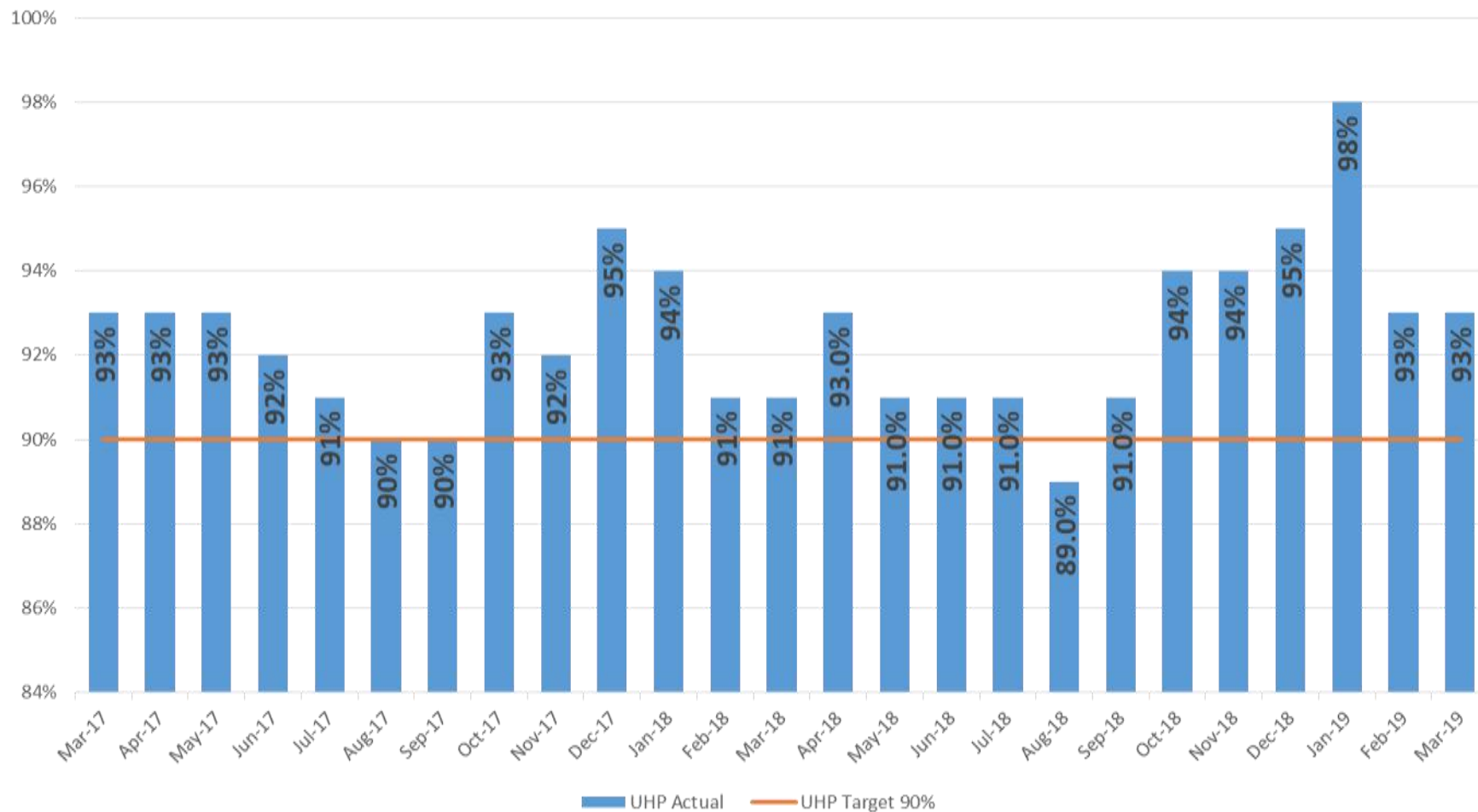
AMBER Median



## OUR STRATEGIC ENABLERS

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

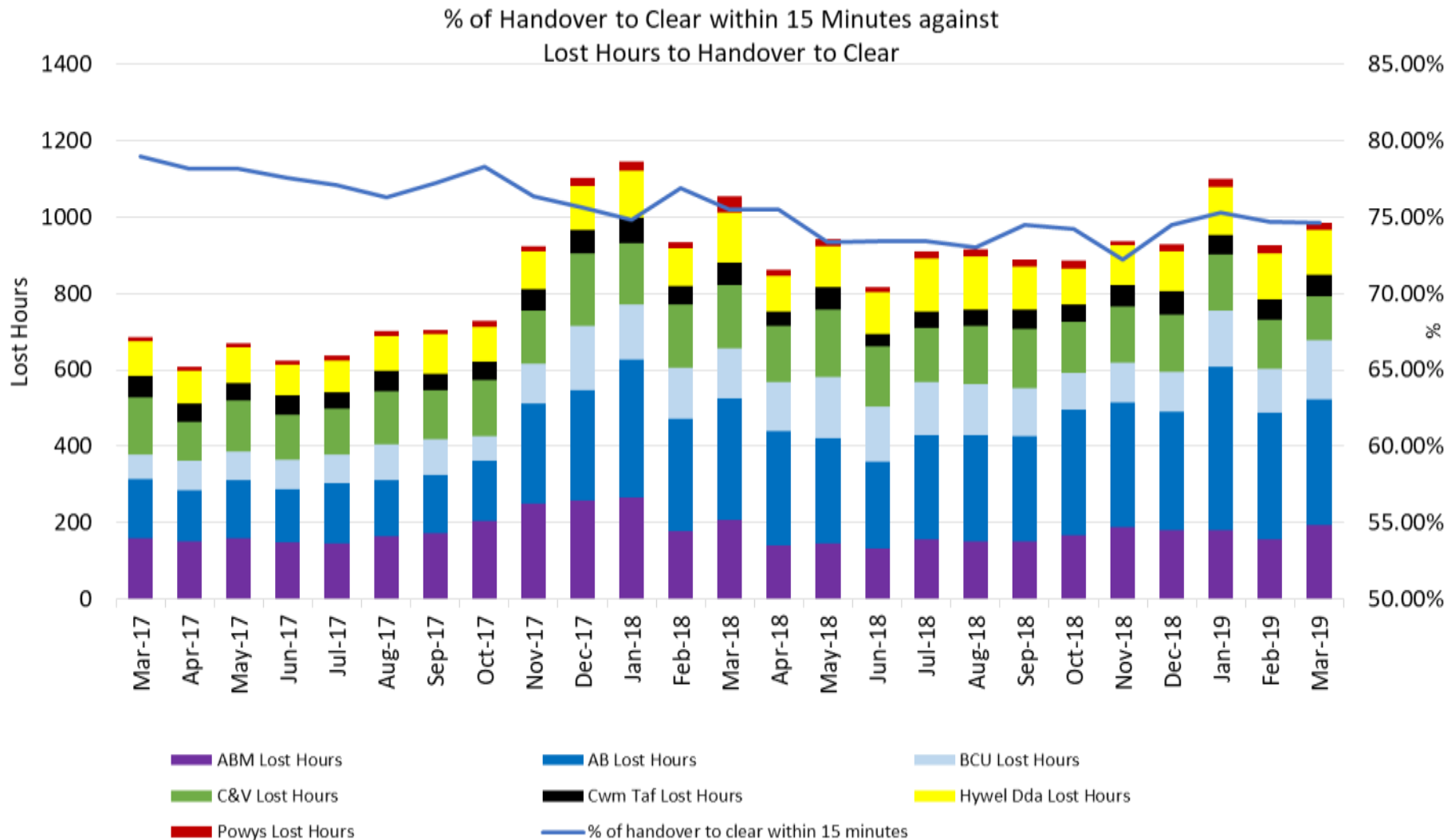
Emergency Ambulance Unit Hours Production





## OUR STRATEGIC ENABLERS

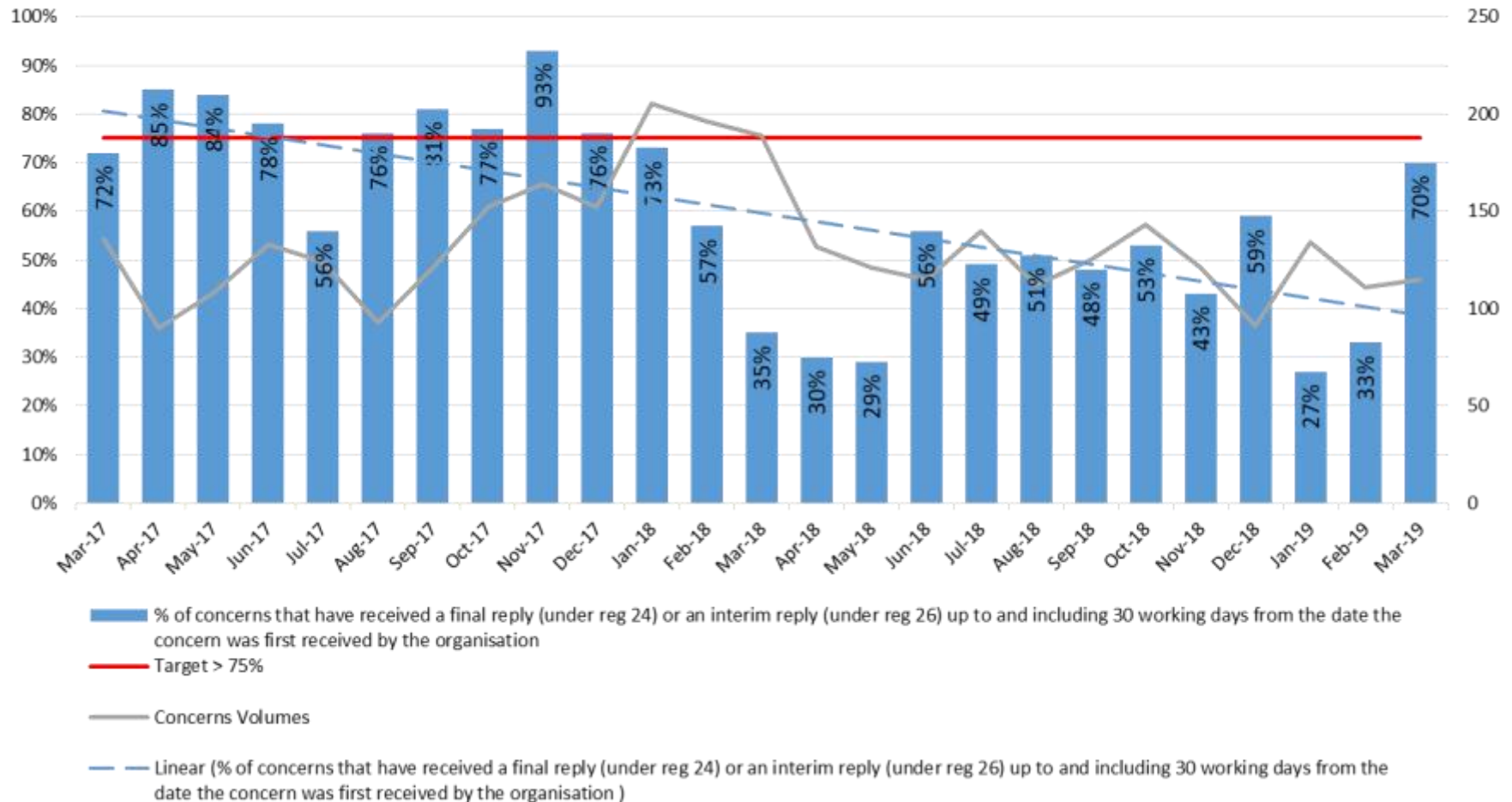
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS AND OUR CORE SERVICES



## OUR STRATEGIC ENABLERS

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

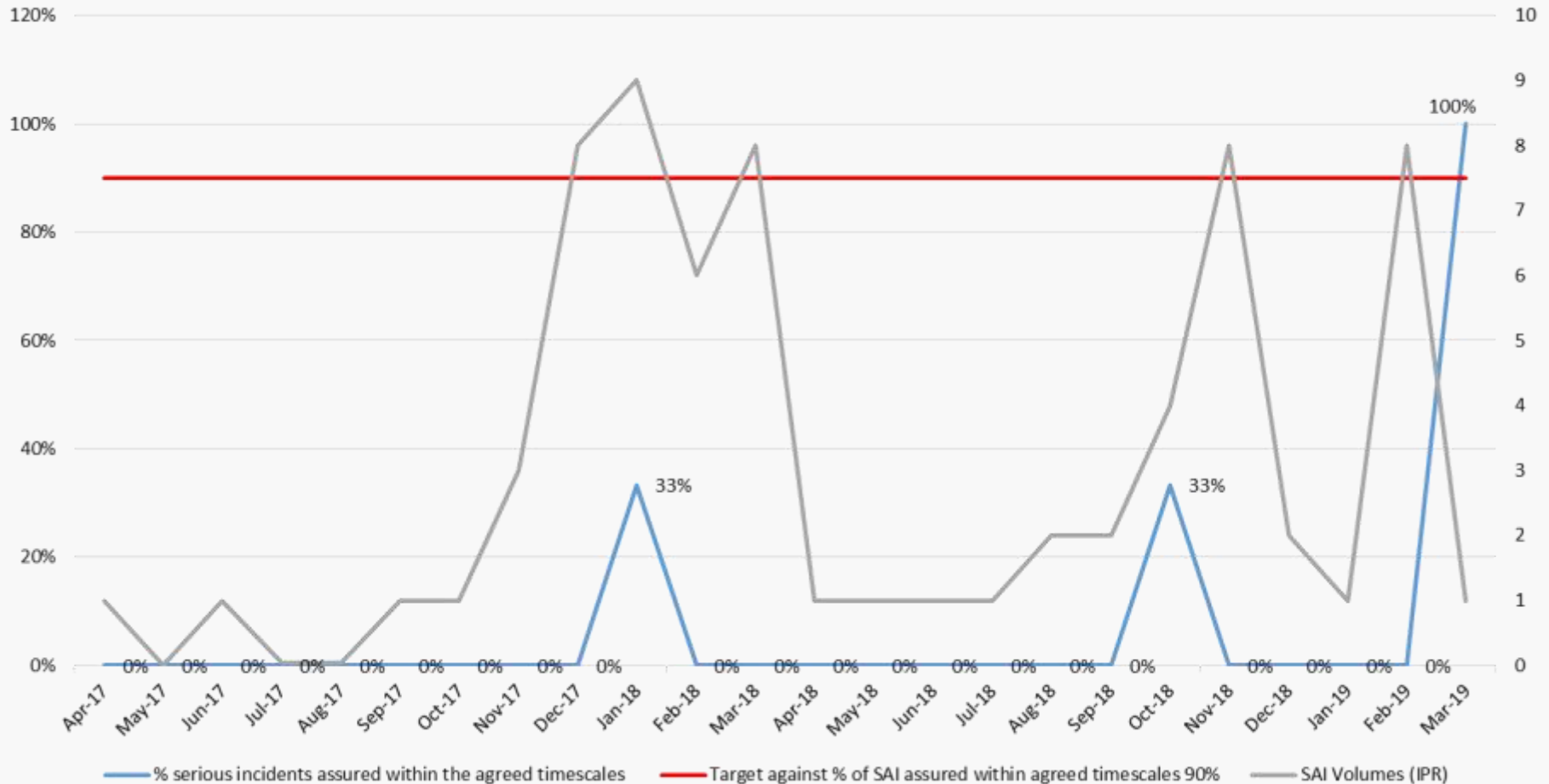
% of concerns with a response within 30 days against concerns volumes



## OUR STRATEGIC ENABLERS

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

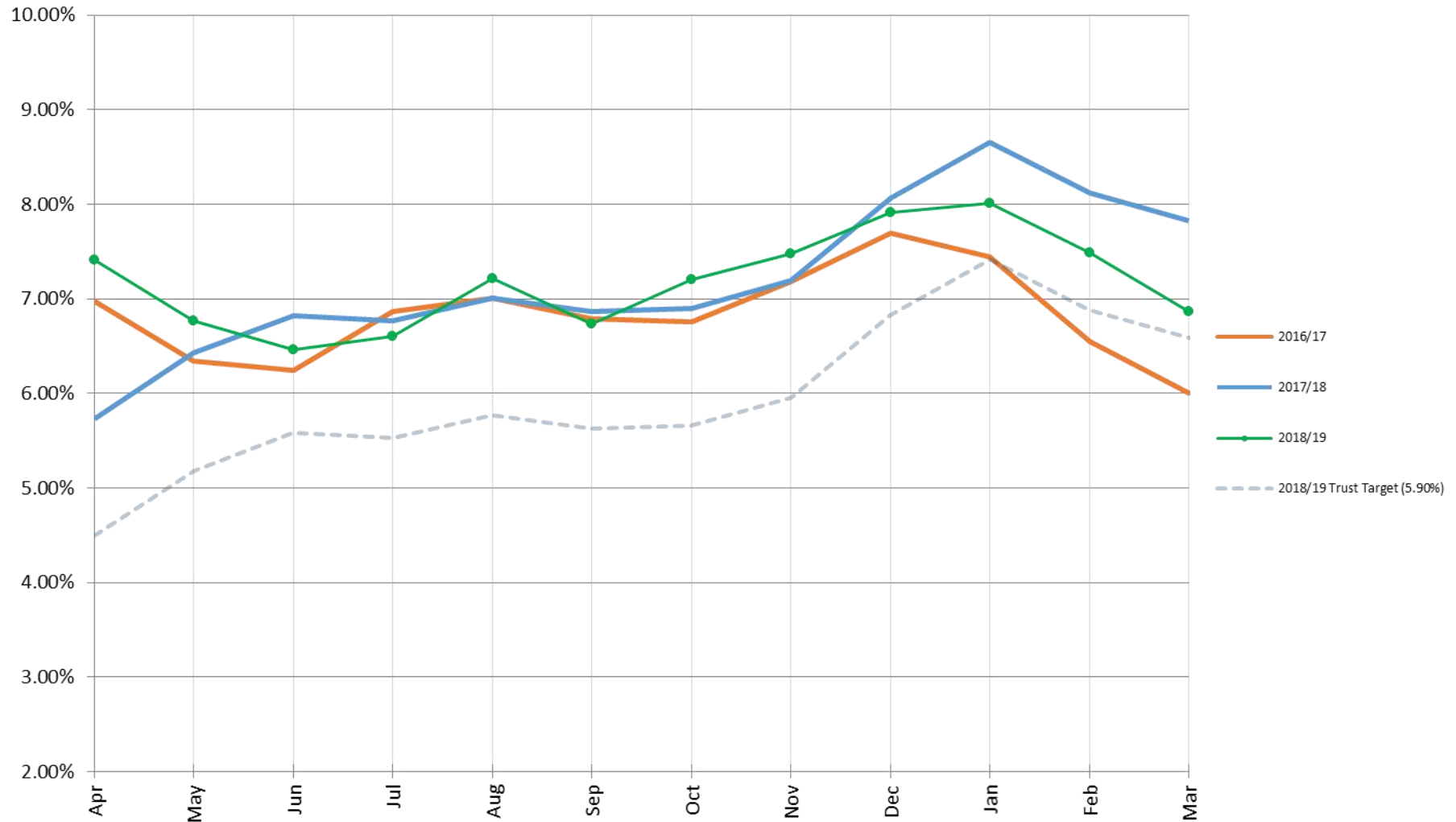
% serious incidents assured within the agreed timescales and Number of reported SAI's



# OUR STRATEGIC ENABLERS

## SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

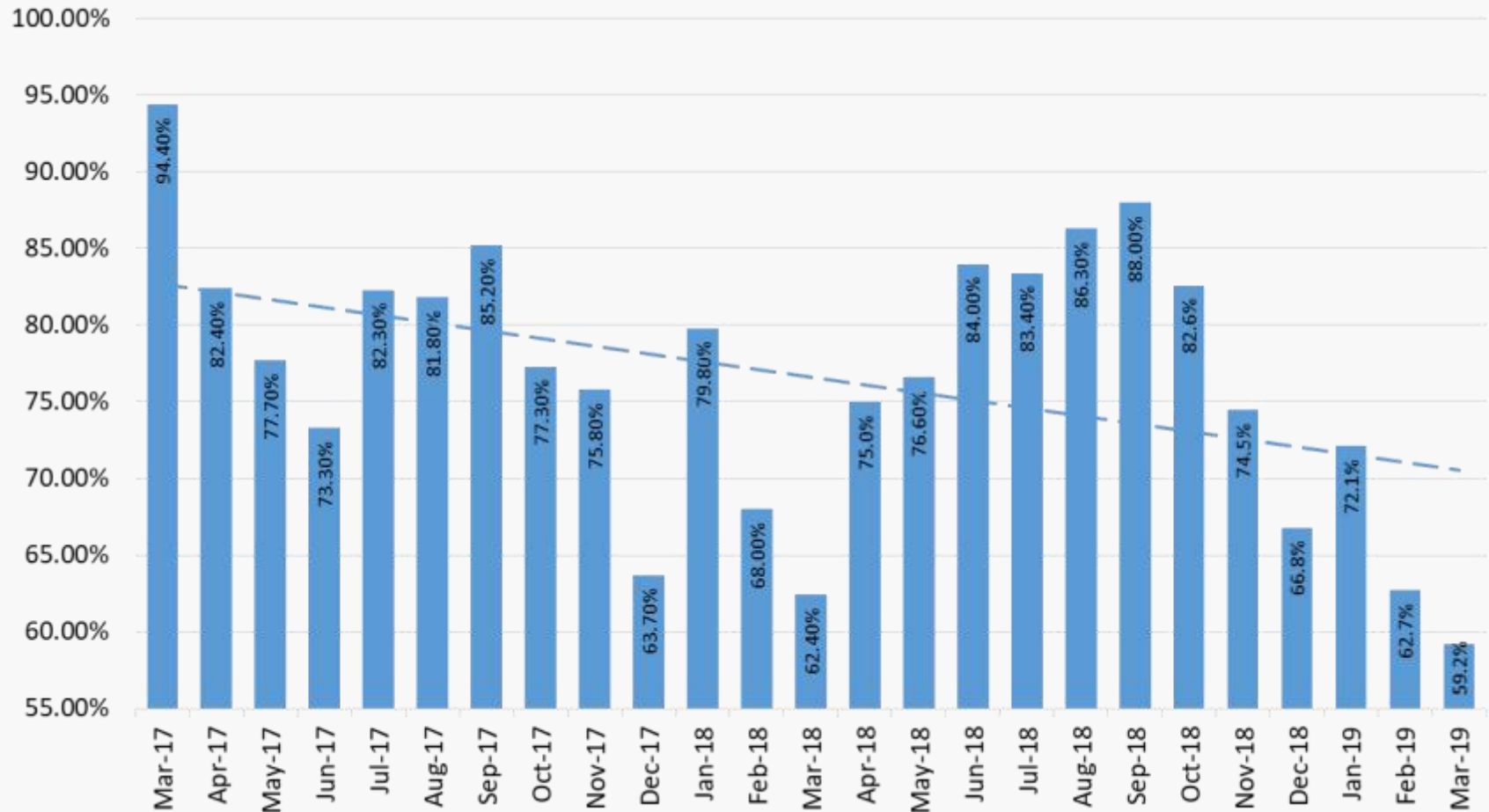
### Sickness



## OUR GOAL, DELIVERING EXCELLENCE

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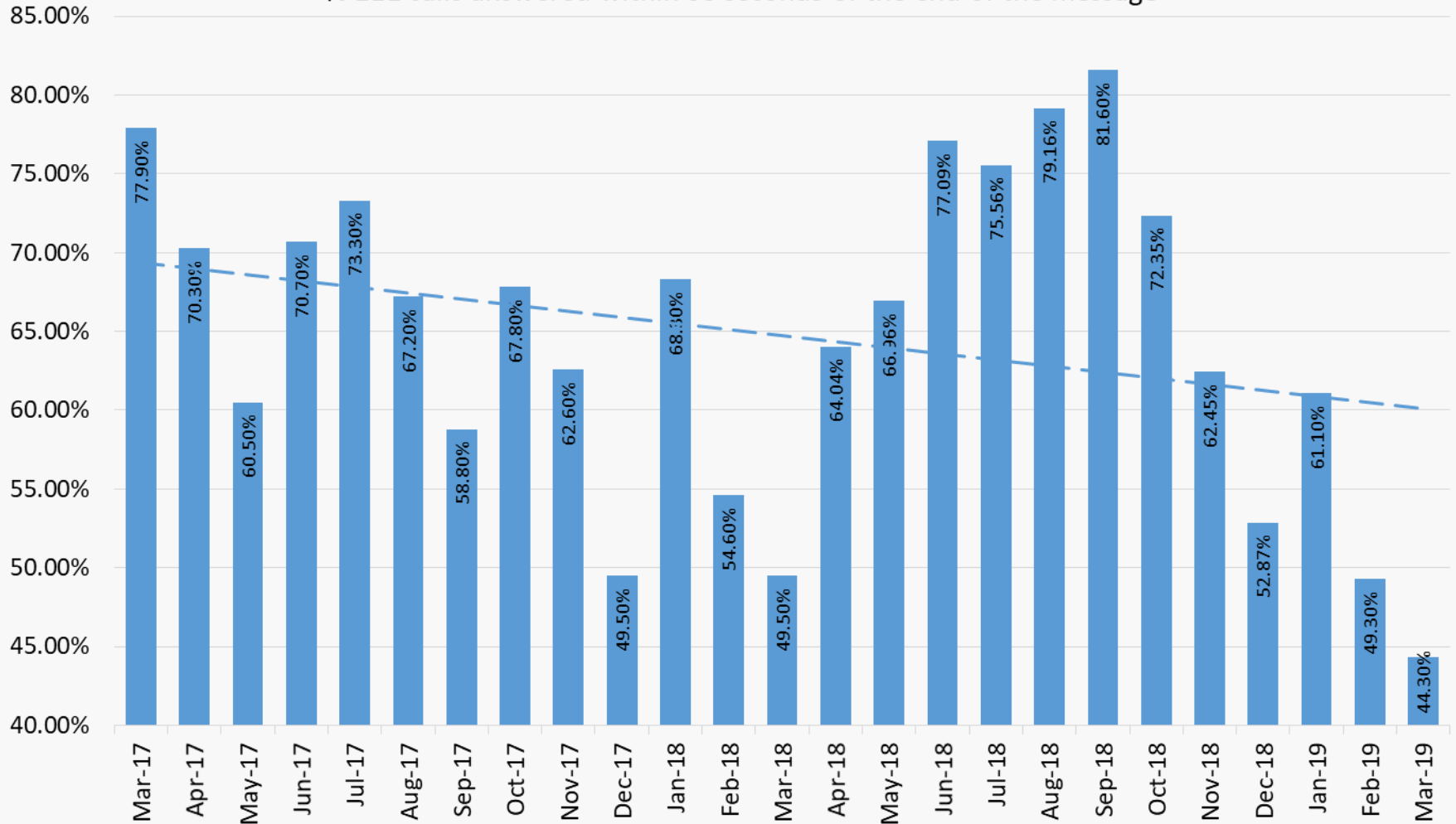
% NHSDW calls answered within 90 seconds of the welcome message



## OUR GOAL, DELIVERING EXCELLENCE

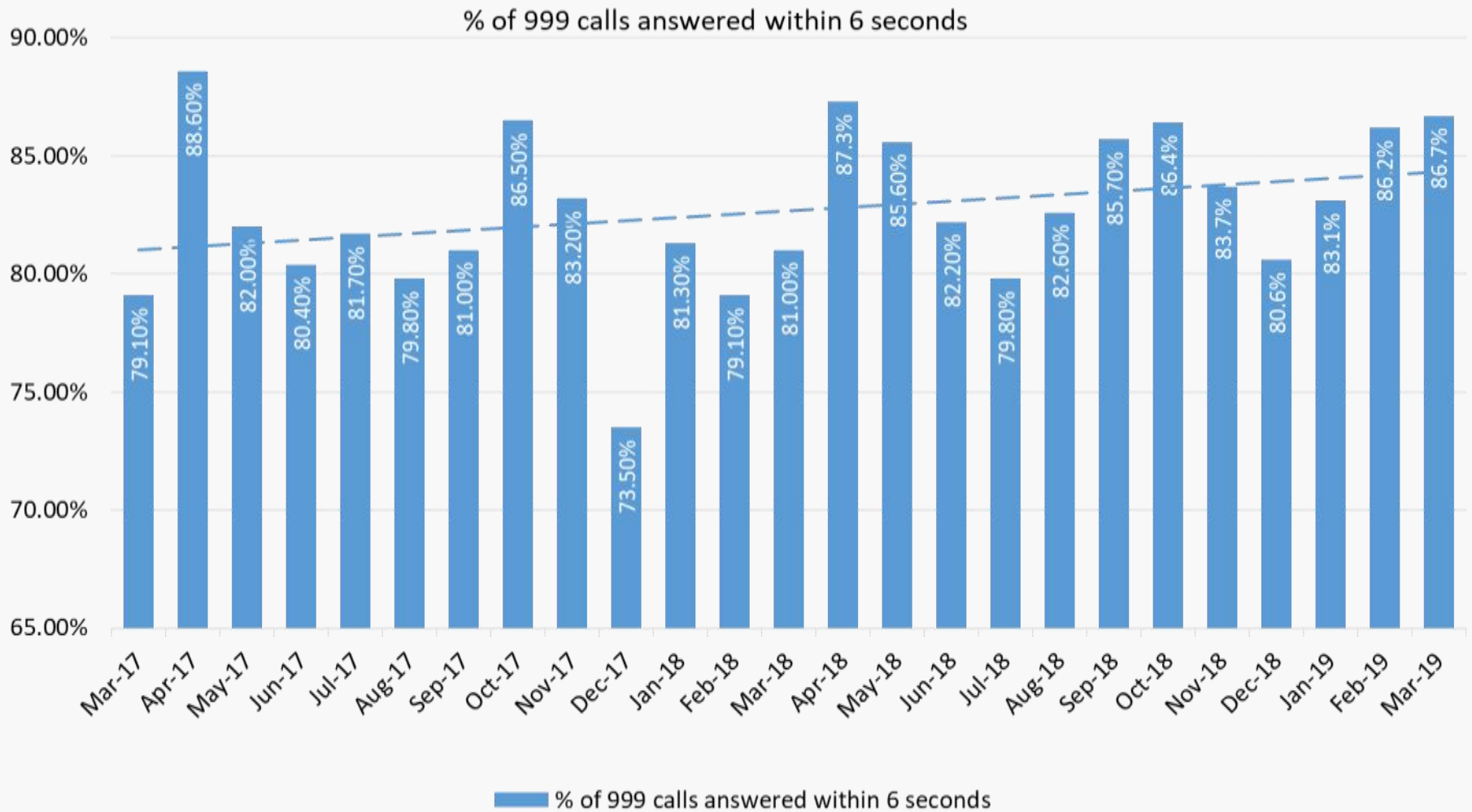
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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



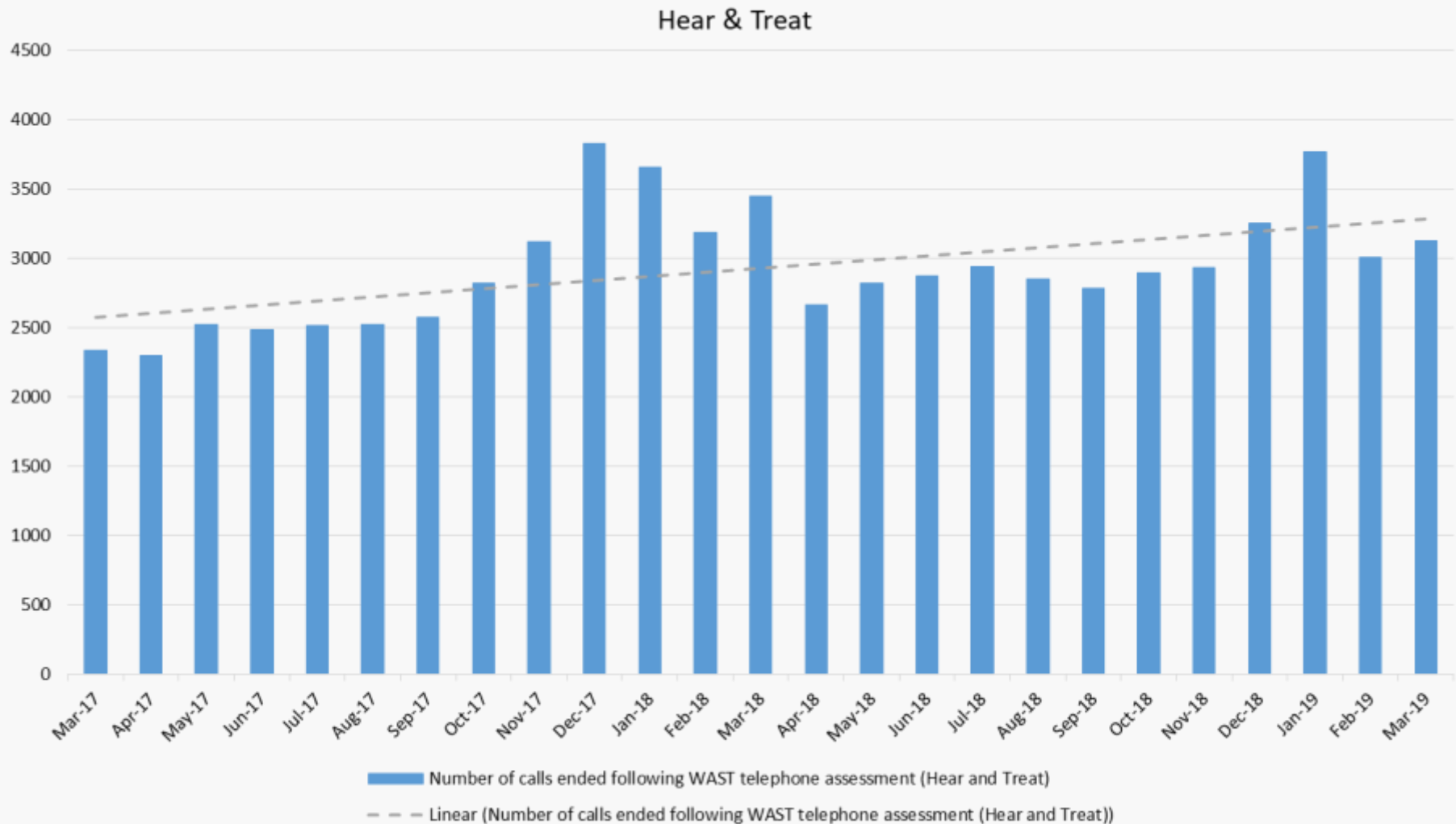
## OUR GOAL, DELIVERING EXCELLENCE

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



## OUR GOAL, DELIVERING EXCELLENCE

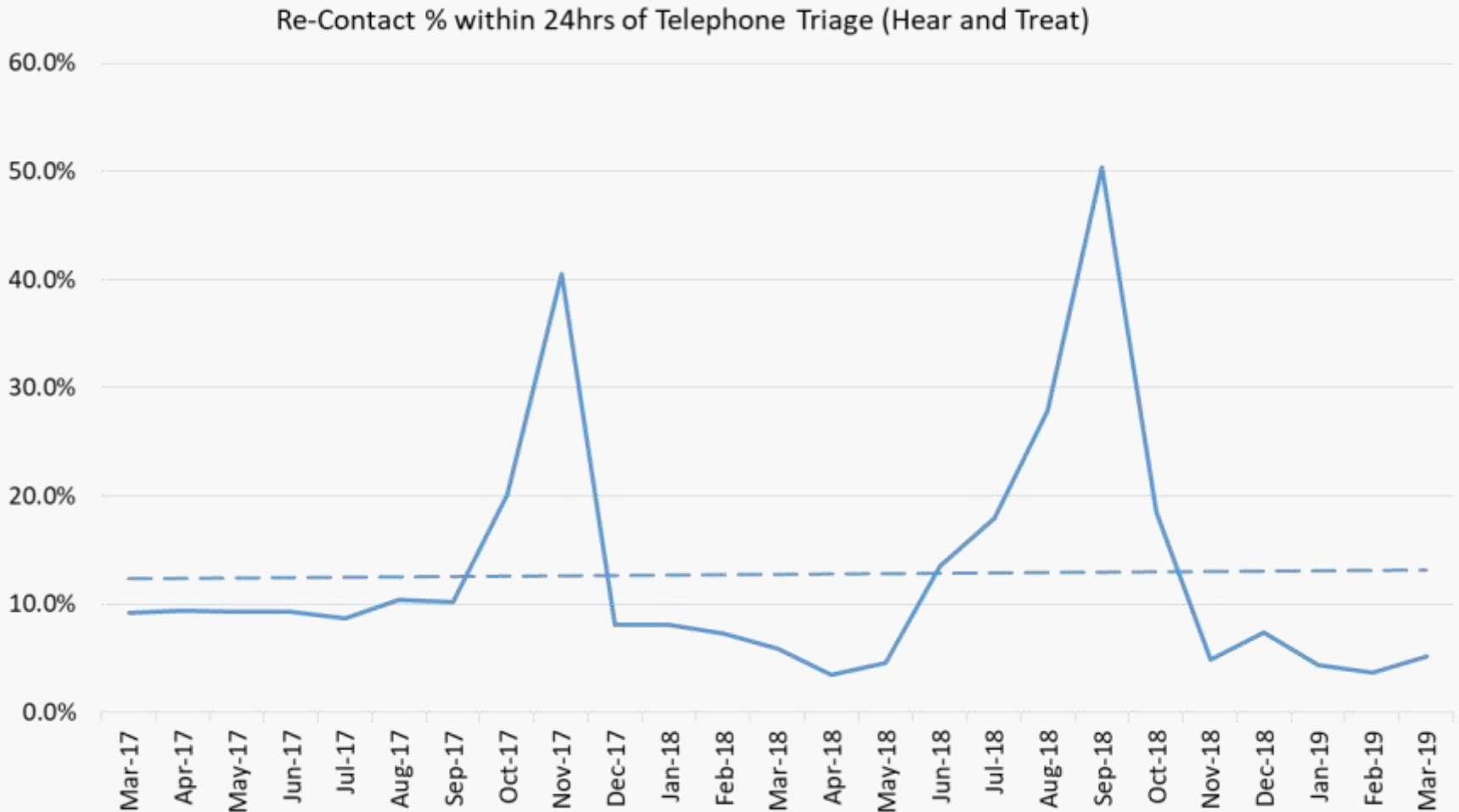
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED





## OUR GOAL, DELIVERING EXCELLENCE

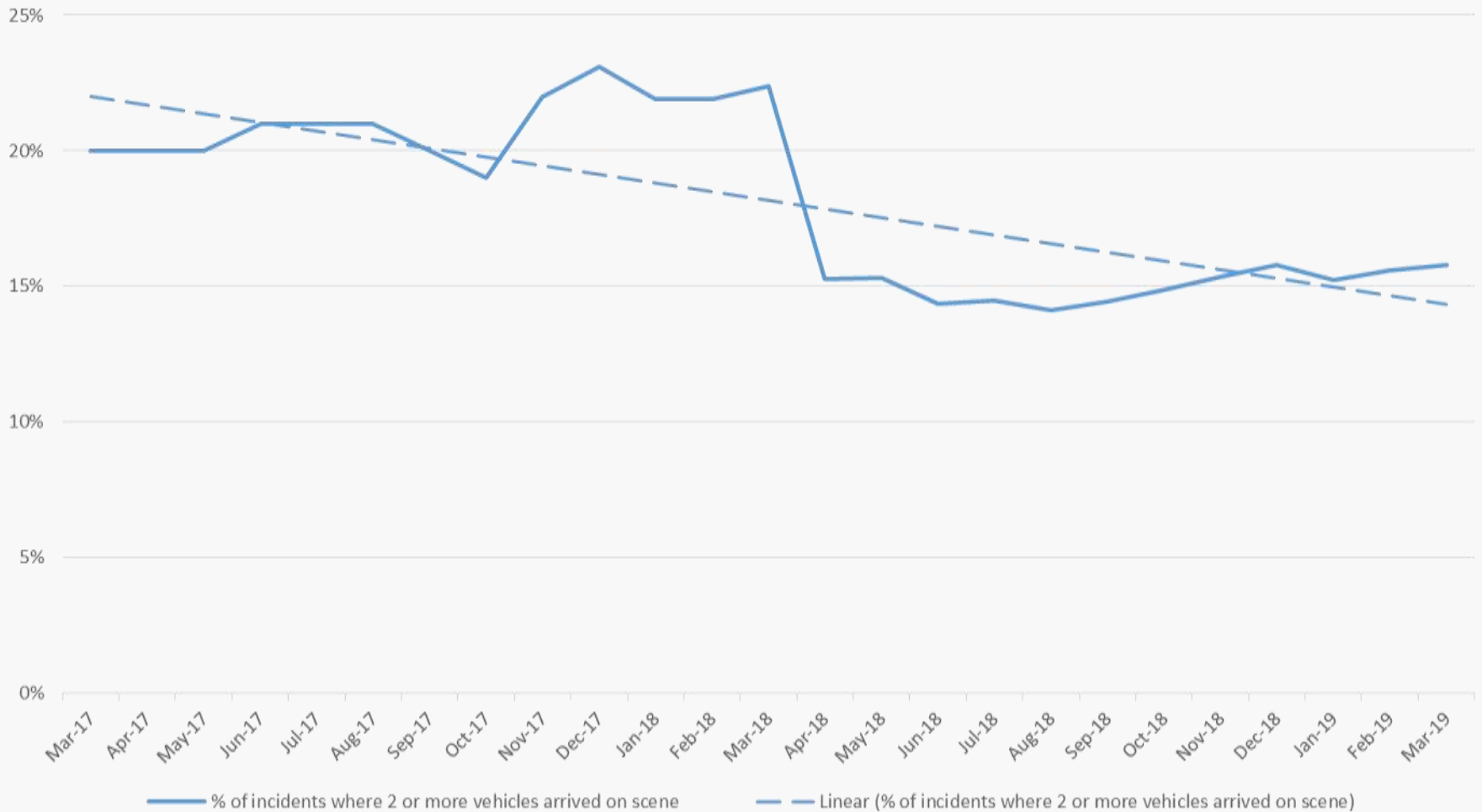
PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



## OUR GOAL, DELIVERING EXCELLENCE

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

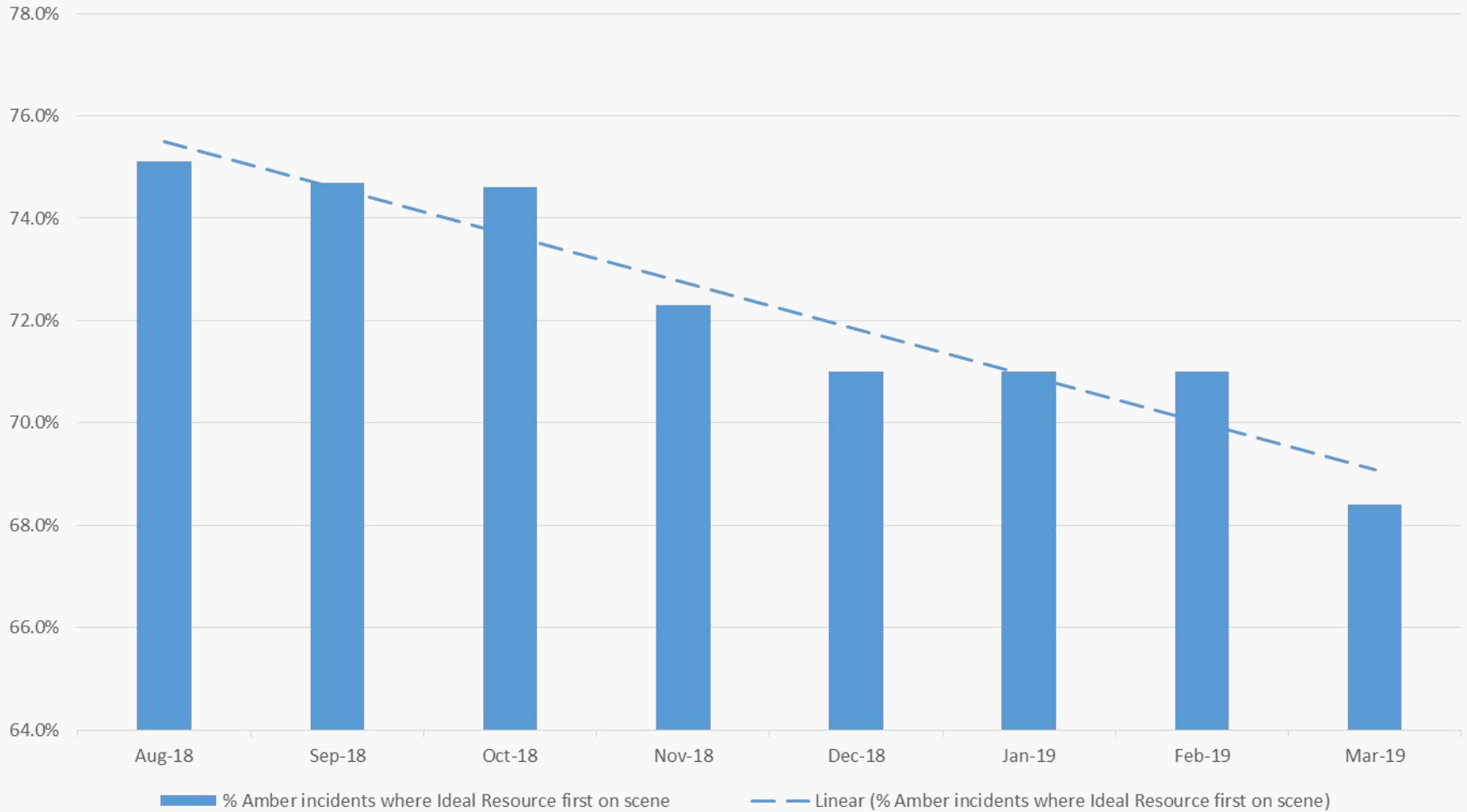
% of incidents where 2 or more vehicles arrived on scene



## OUR GOAL, DELIVERING EXCELLENCE

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

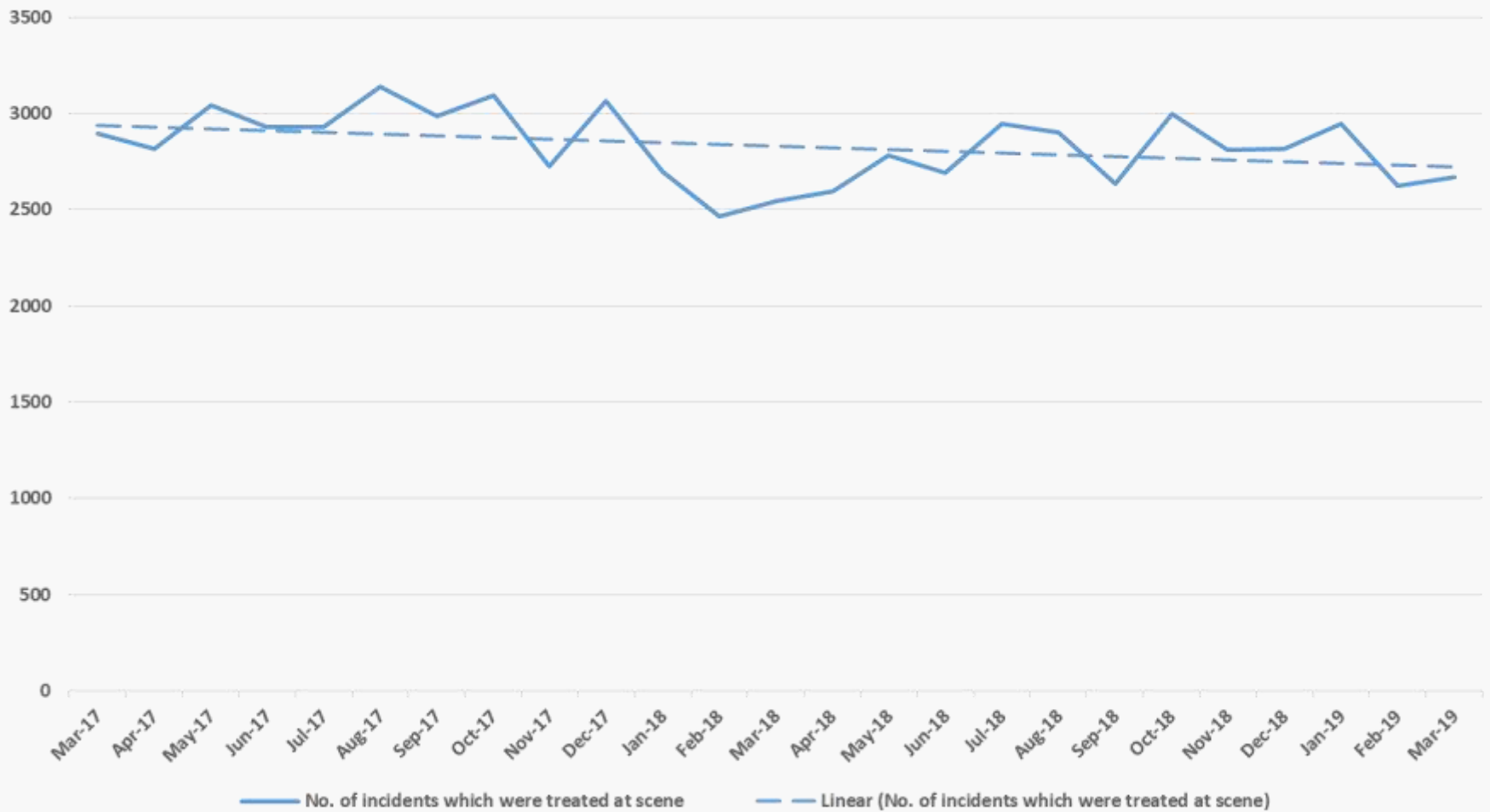
% Amber incidents where Ideal Resource first on scene



## OUR GOAL, DELIVERING EXCELLENCE

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

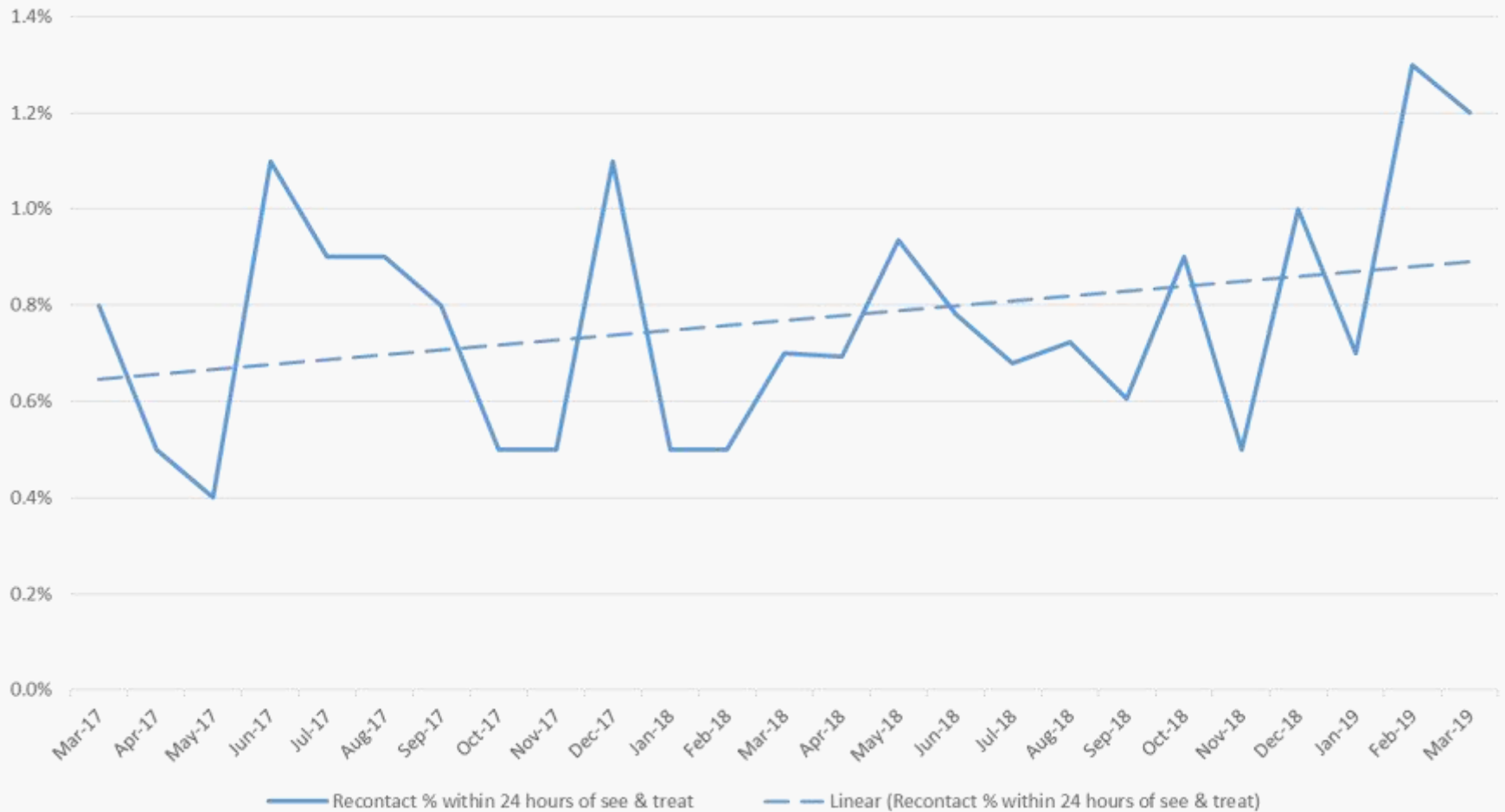
No. of incidents which were treated at scene



## OUR GOAL, DELIVERING EXCELLENCE

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

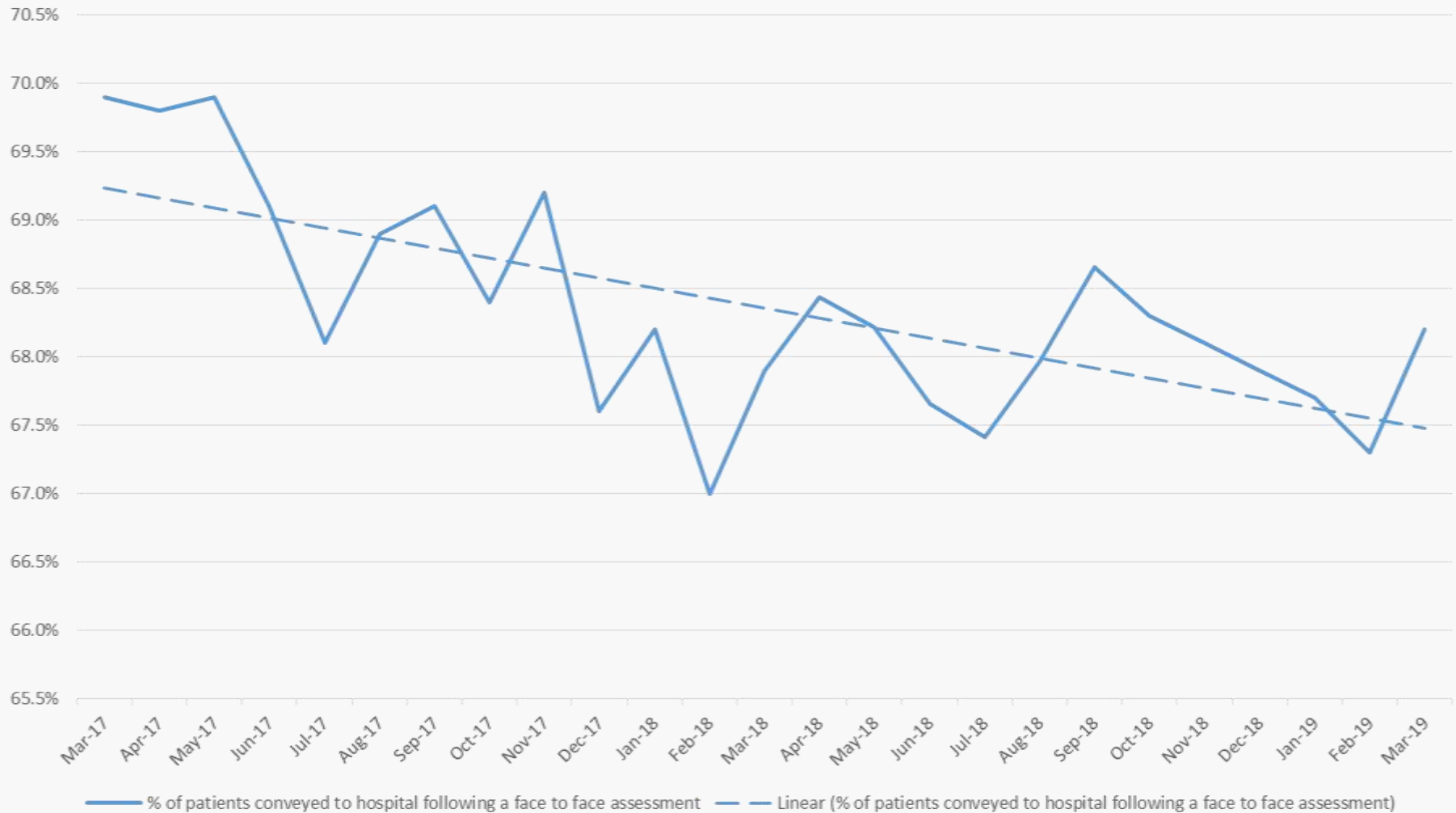
Recontact % within 24 hours of see & treat



## OUR GOAL, DELIVERING EXCELLENCE

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

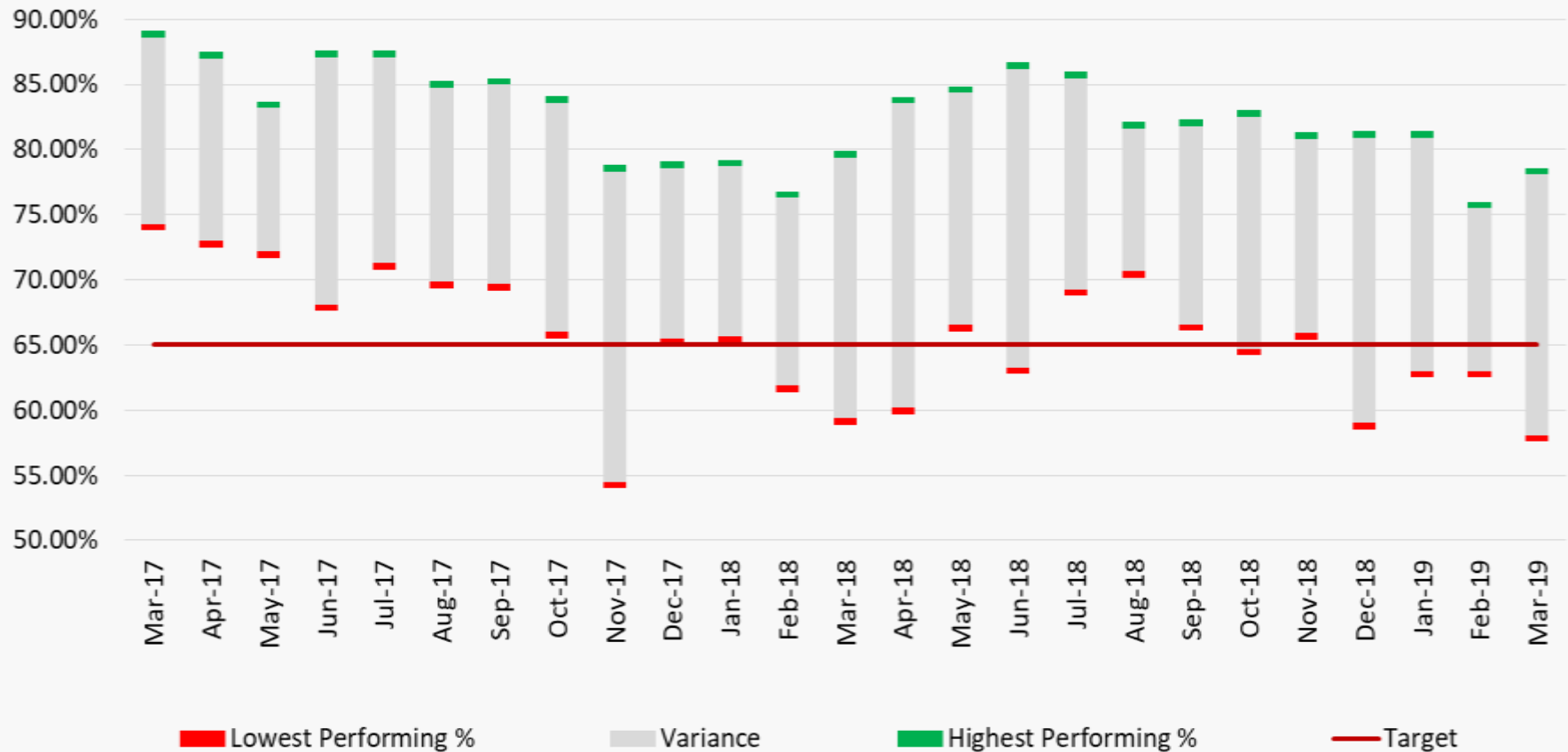
% of patients conveyed to hospital following a face to face assessment



## OUR STRATEGIC ENABLERS

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

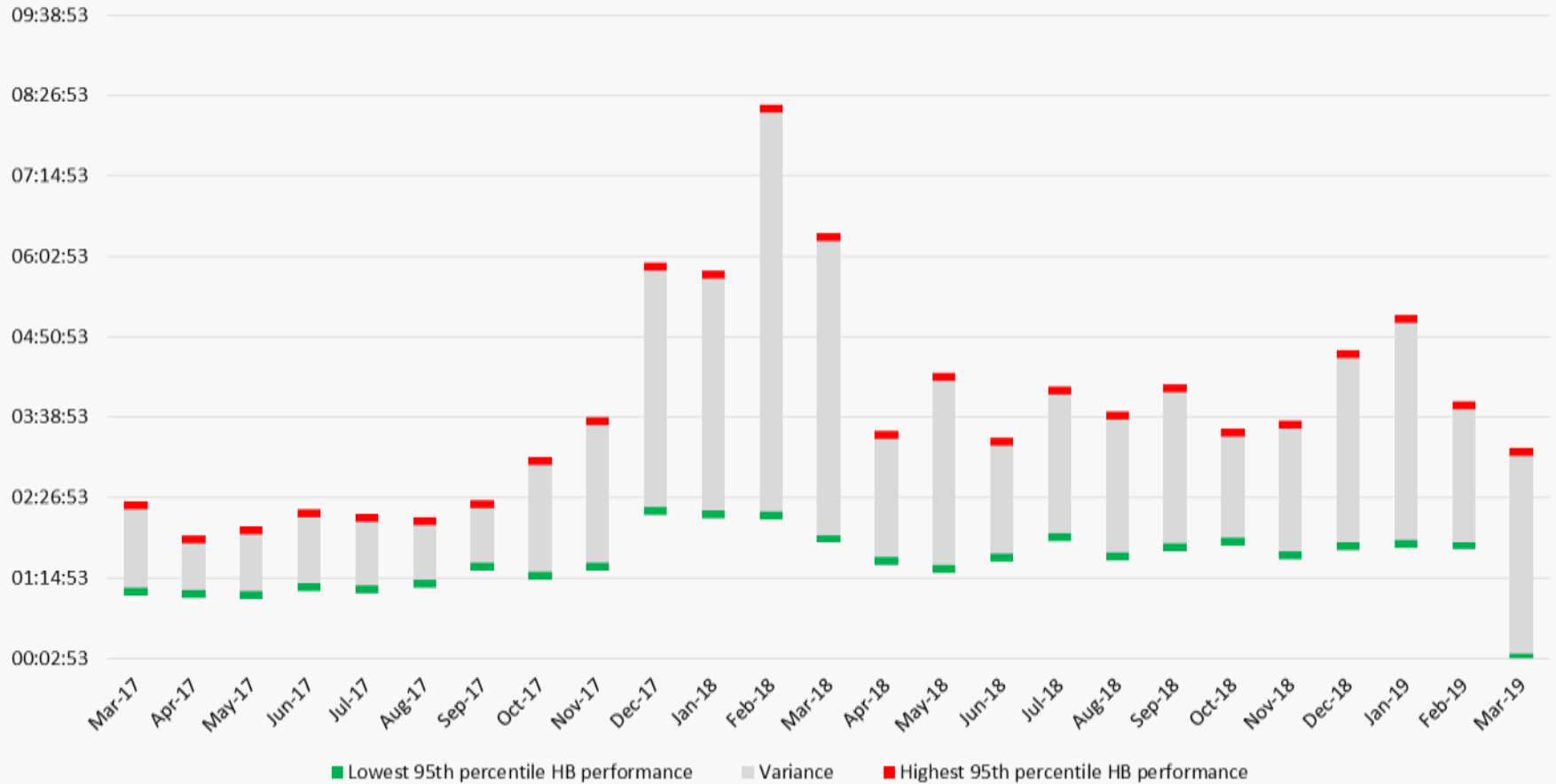
Reduction in the variation in RED call response time performance between the best and worst HB performance



## OUR STRATEGIC ENABLERS

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

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

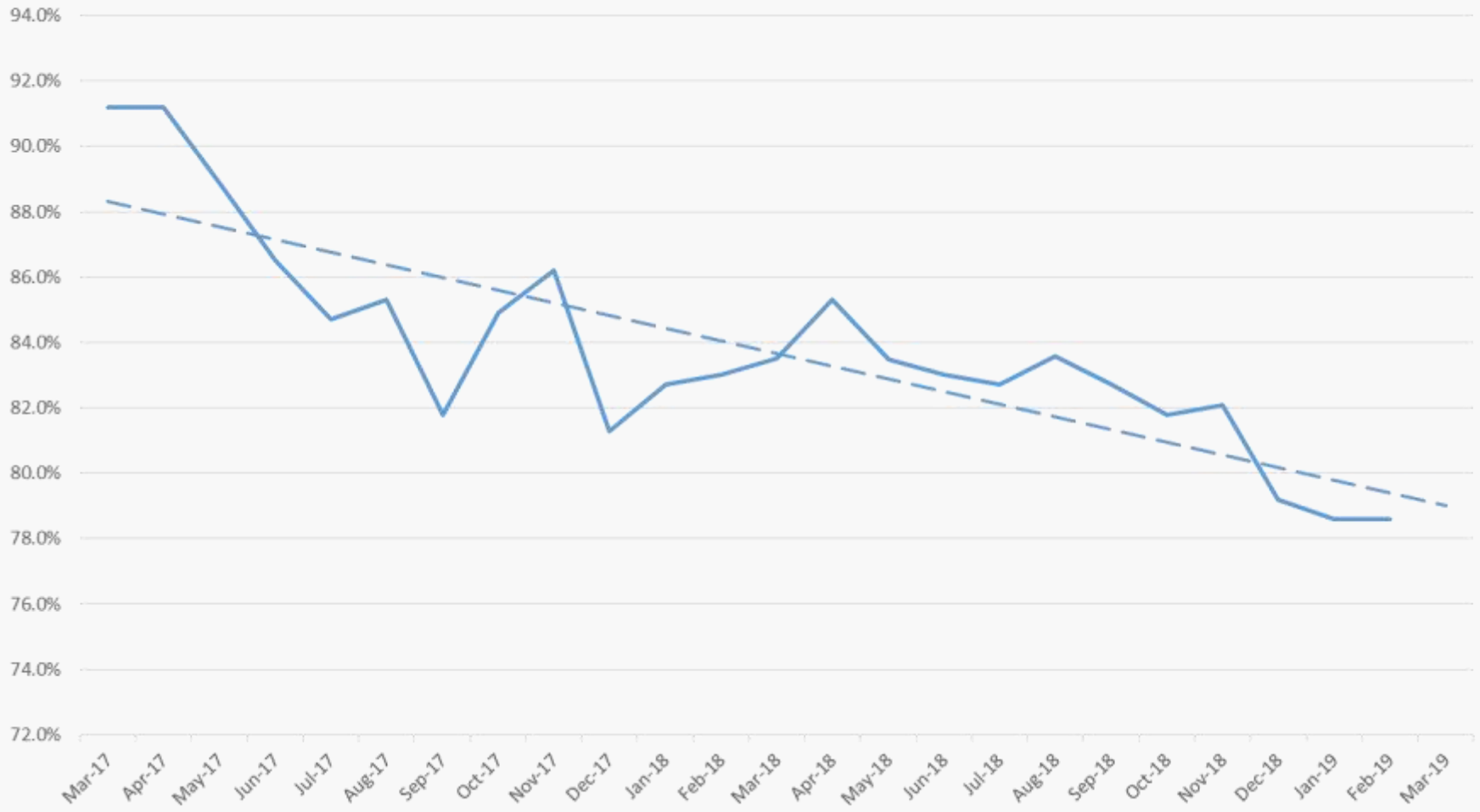




## OUR STRATEGIC ENABLERS

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

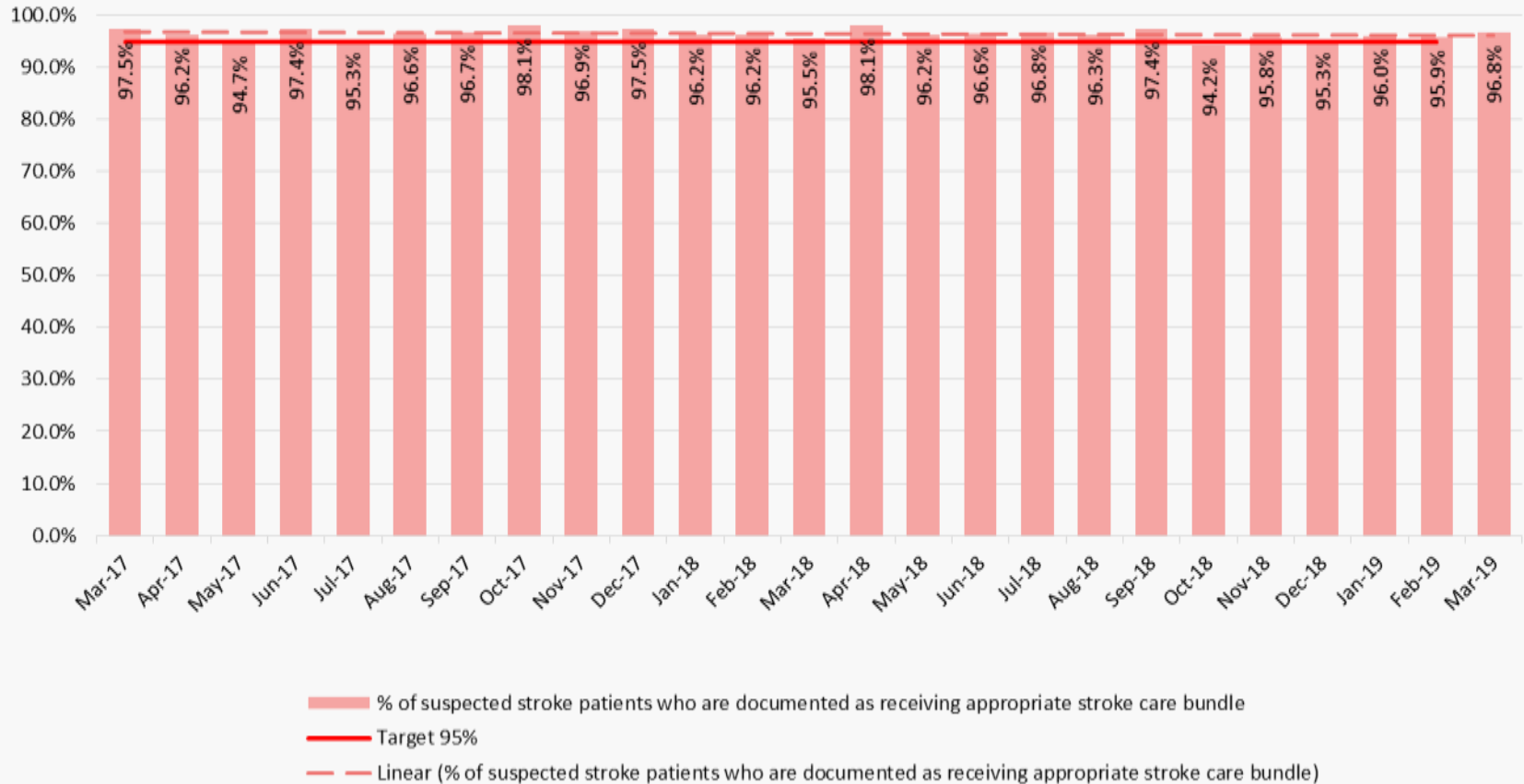
Compliance with HCP time requests to improve across each LHB



## OUR STRATEGIC ENABLERS

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

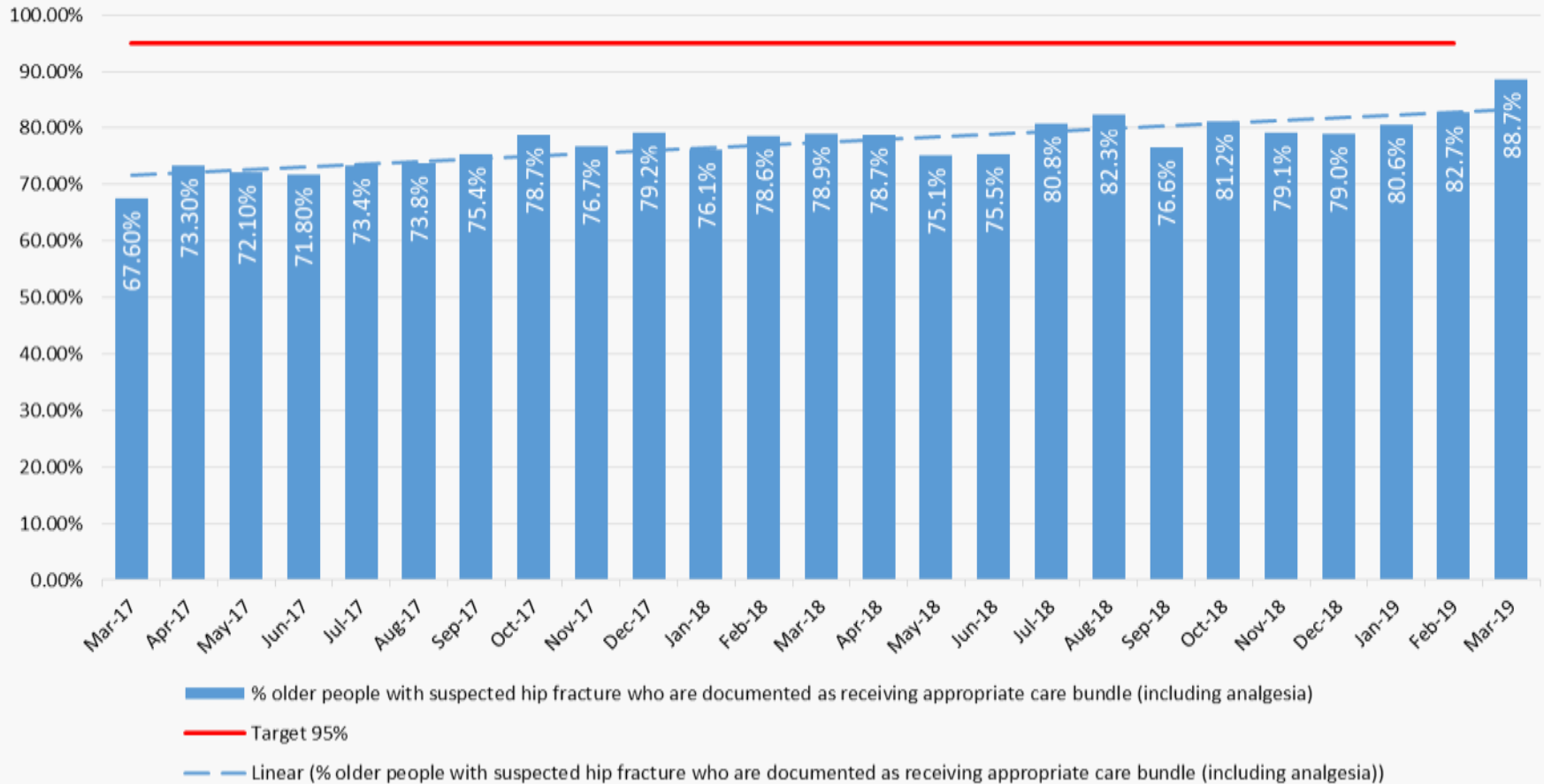
% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



## OUR STRATEGIC ENABLERS

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

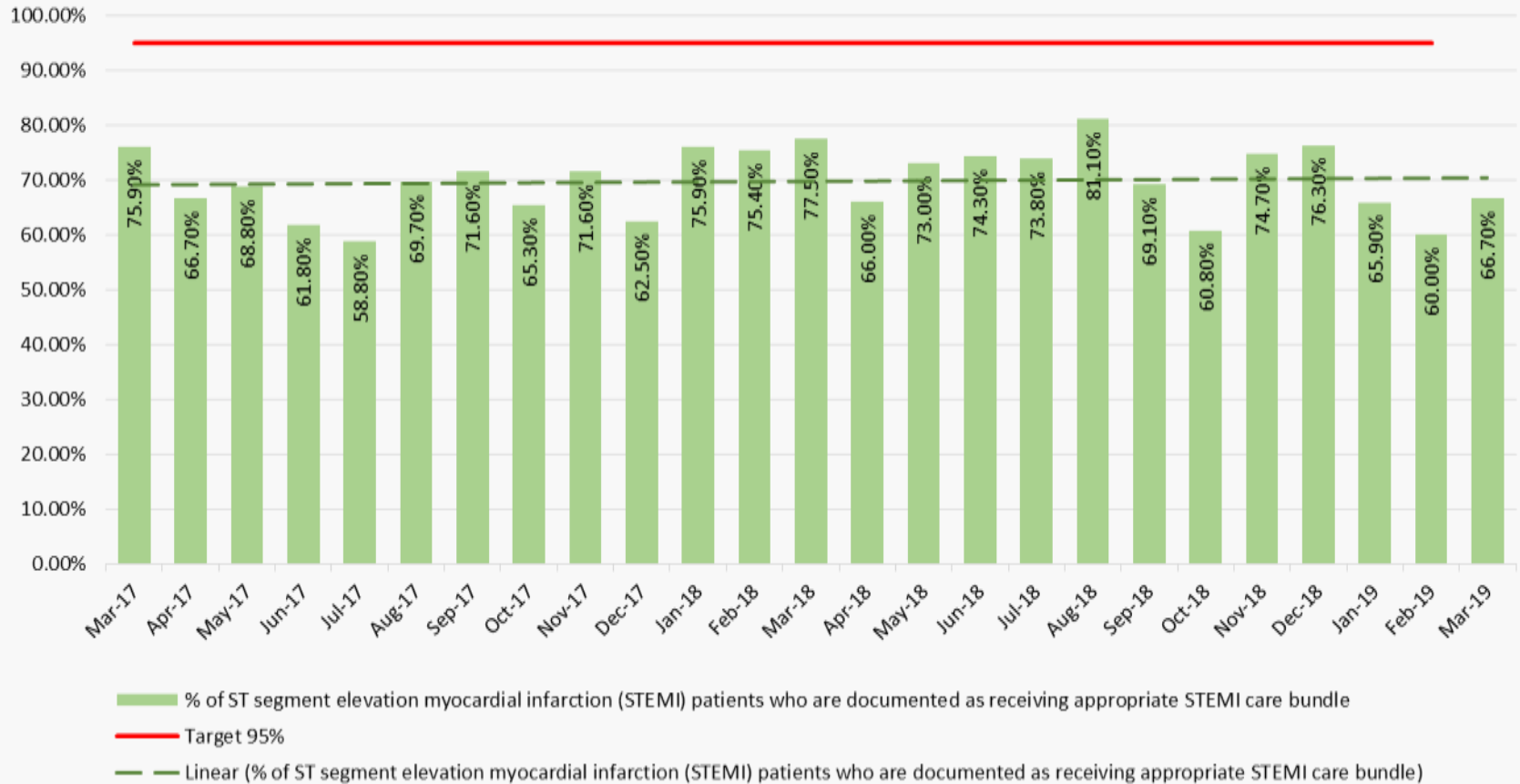
% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)



## OUR STRATEGIC ENABLERS

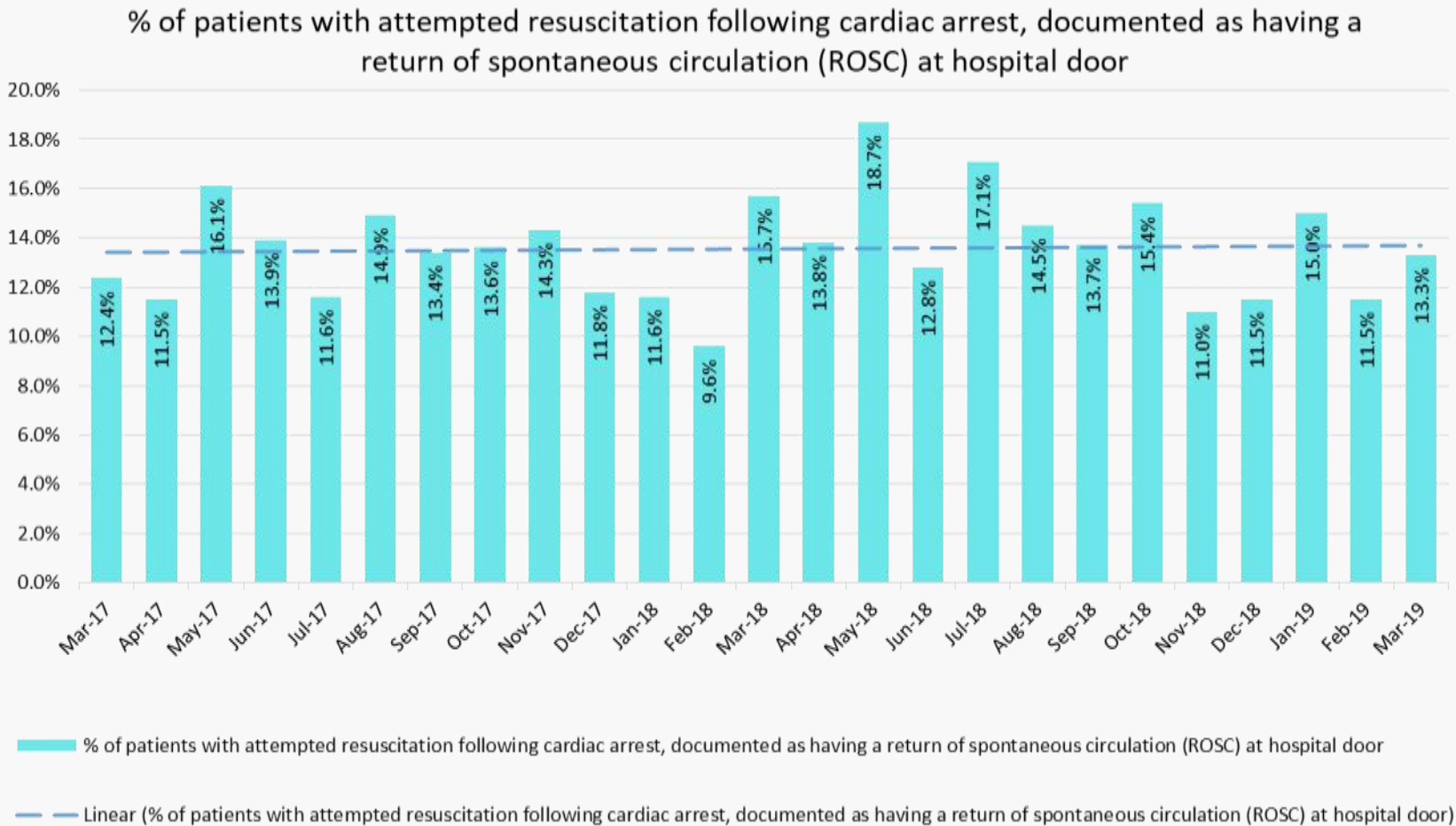
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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



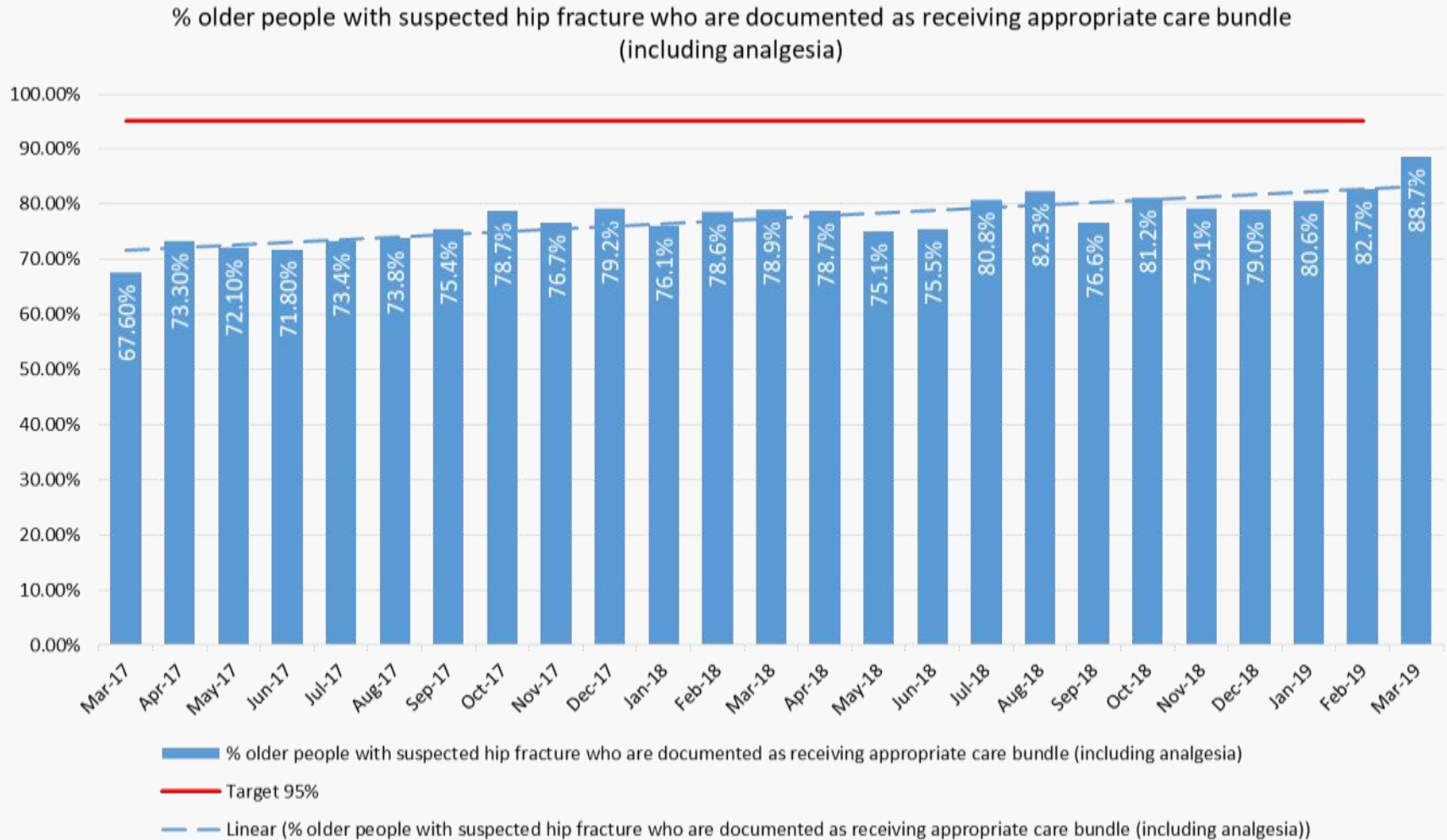
## OUR STRATEGIC ENABLERS

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



## OUR STRATEGIC ENABLERS

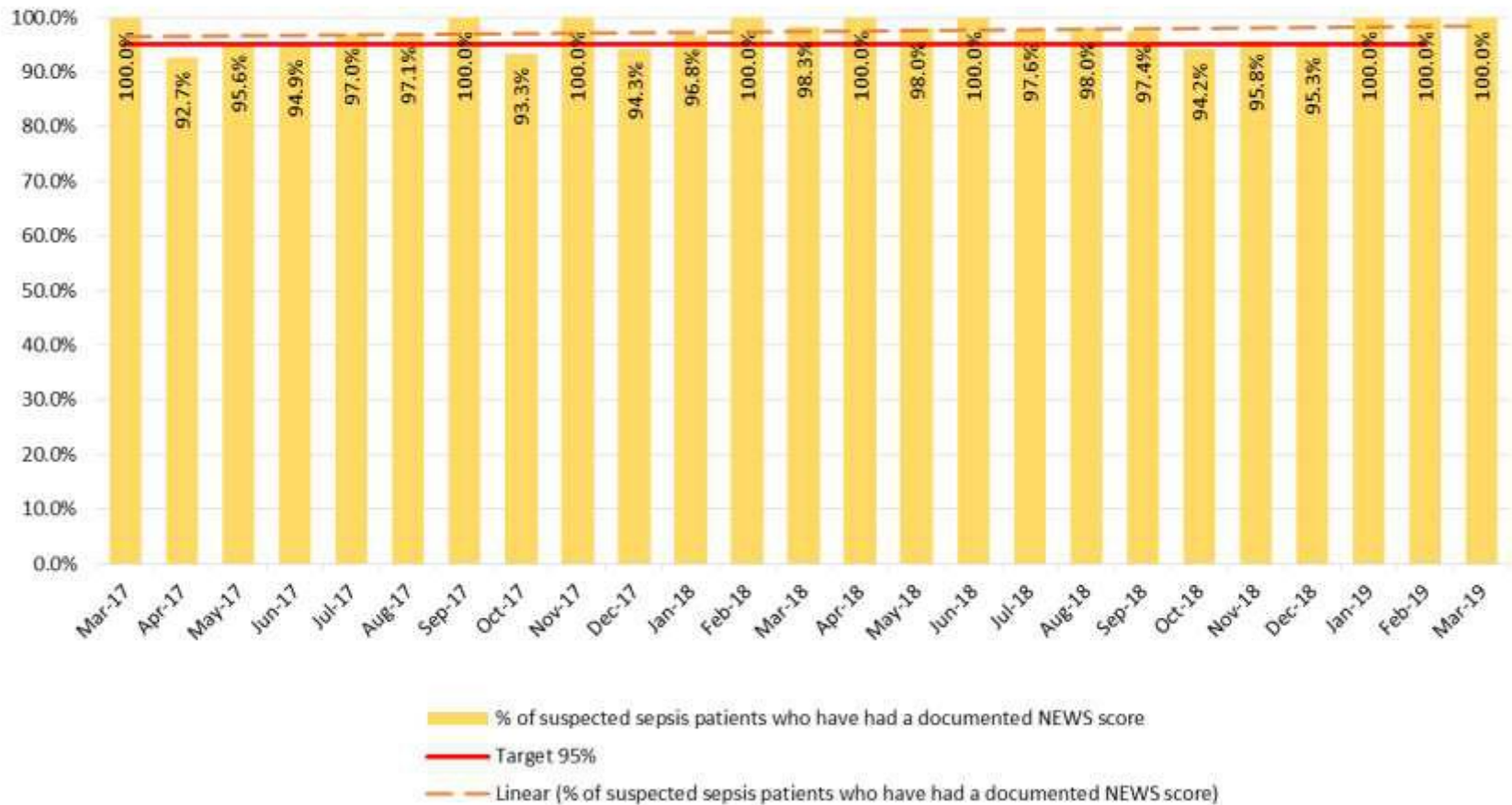
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



## OUR STRATEGIC ENABLERS

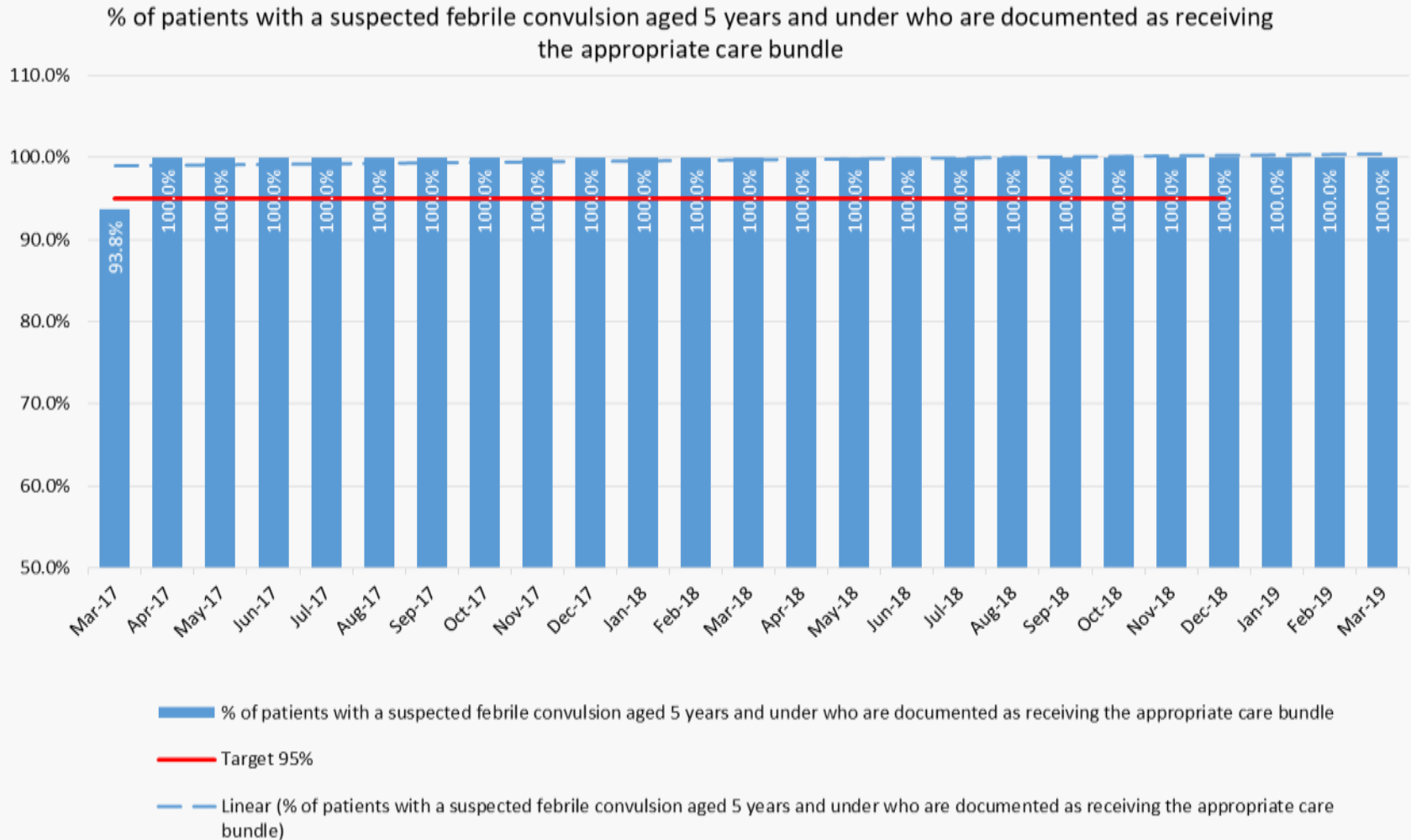
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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



## OUR STRATEGIC ENABLERS

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

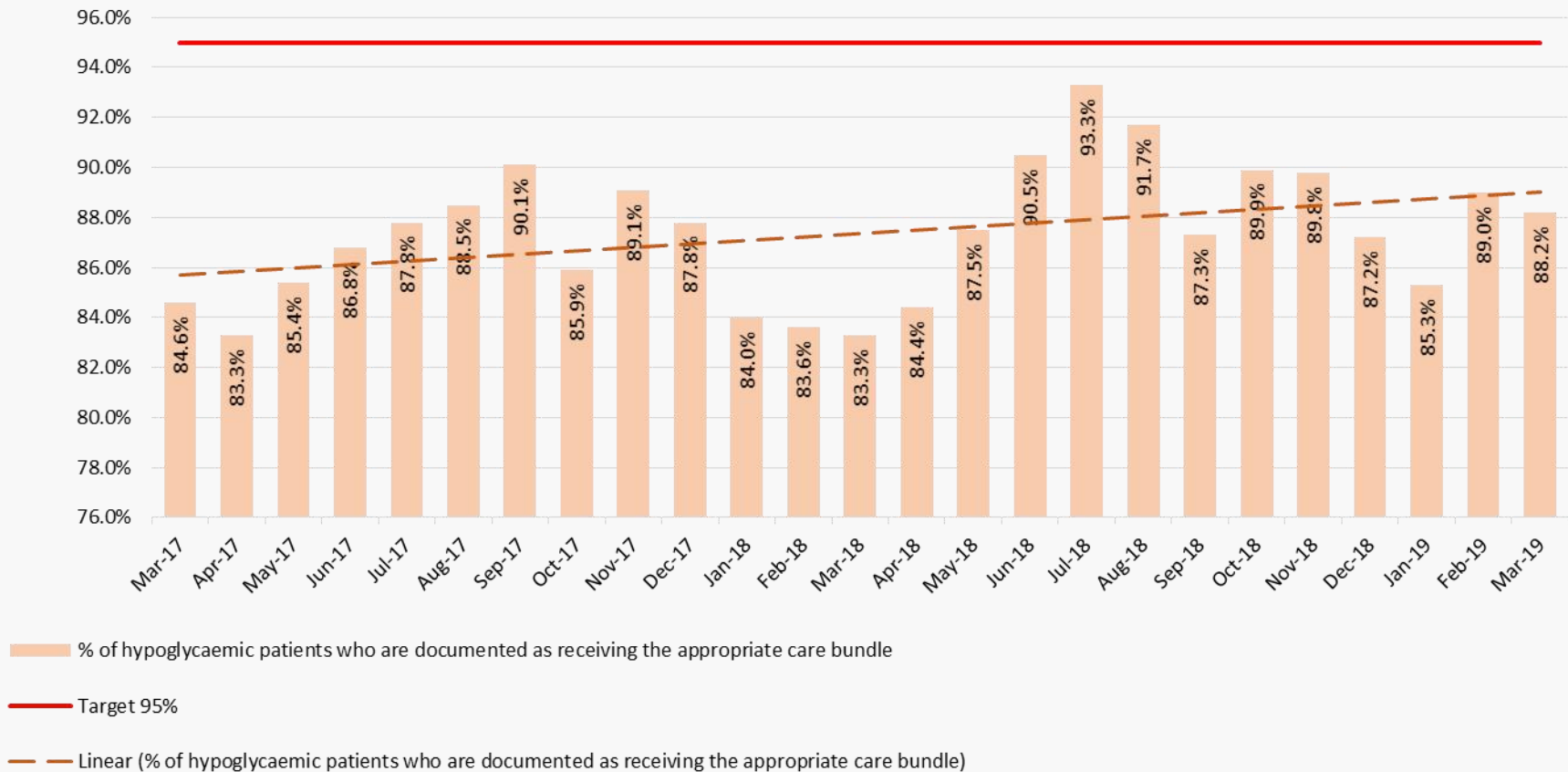




## OUR STRATEGIC ENABLERS

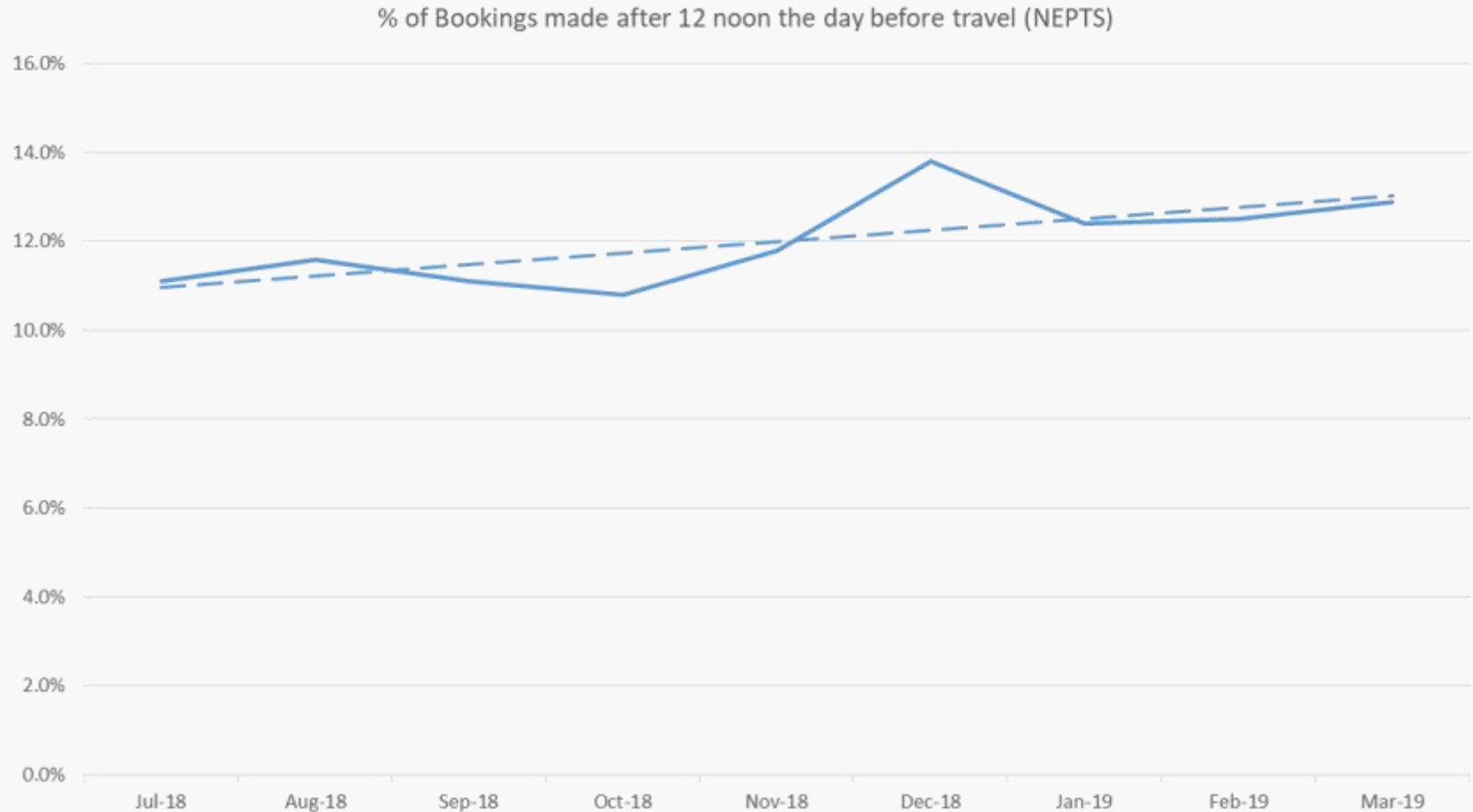
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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



## OUR STRATEGIC ENABLERS

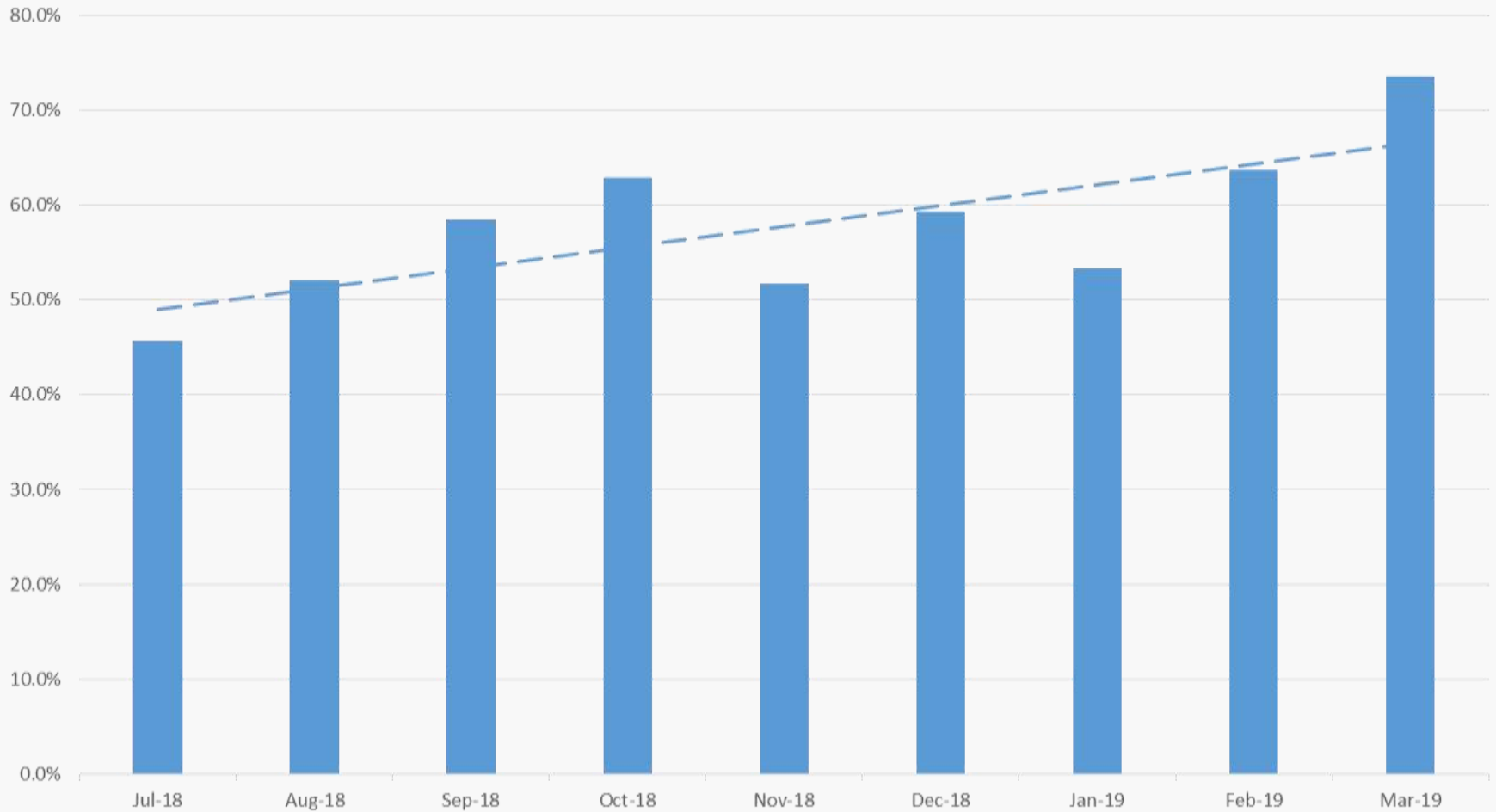
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**



## OUR STRATEGIC ENABLERS

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

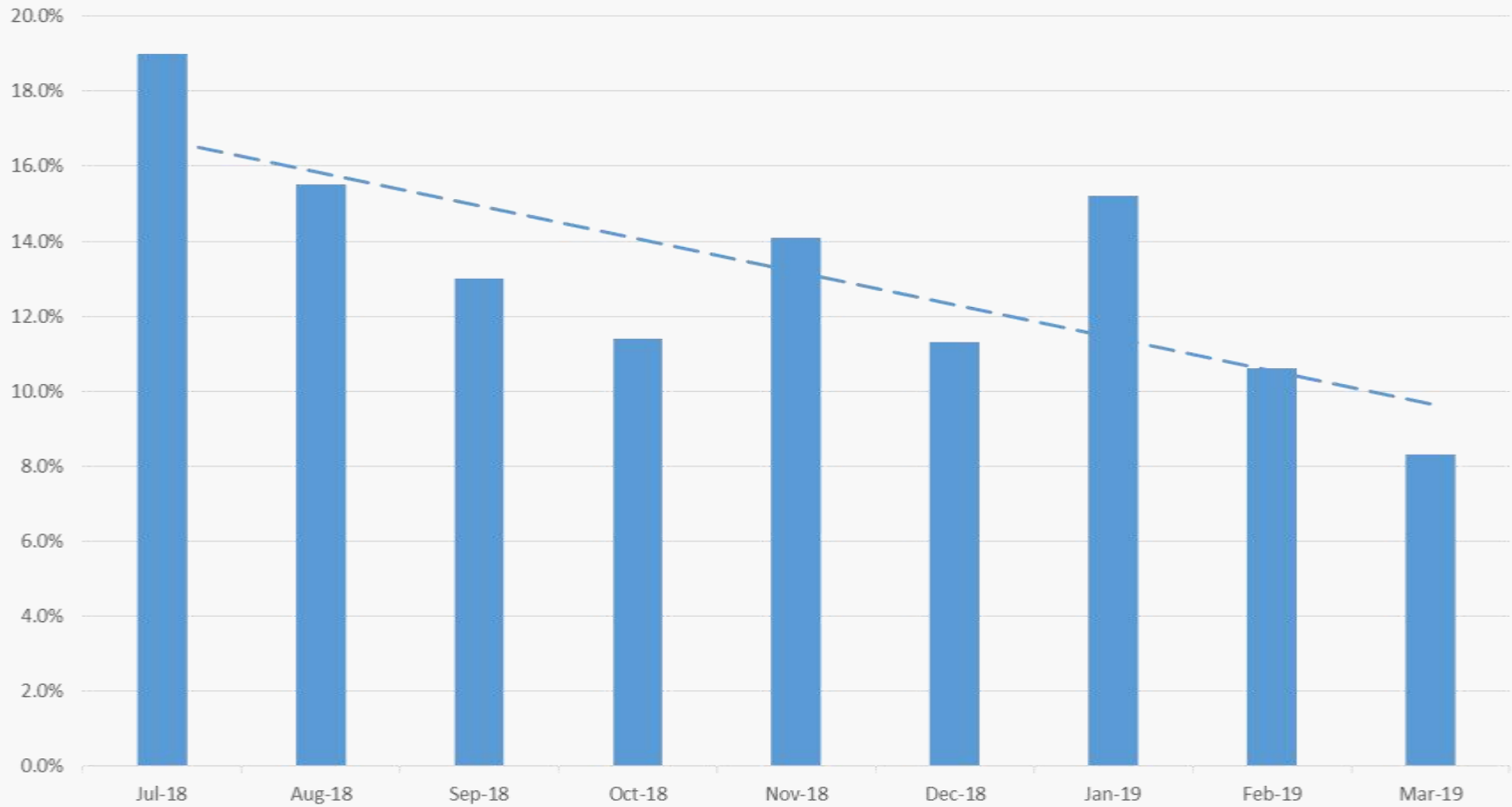
NEPTs Calls Answered within 30 seconds



## OUR STRATEGIC ENABLERS

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

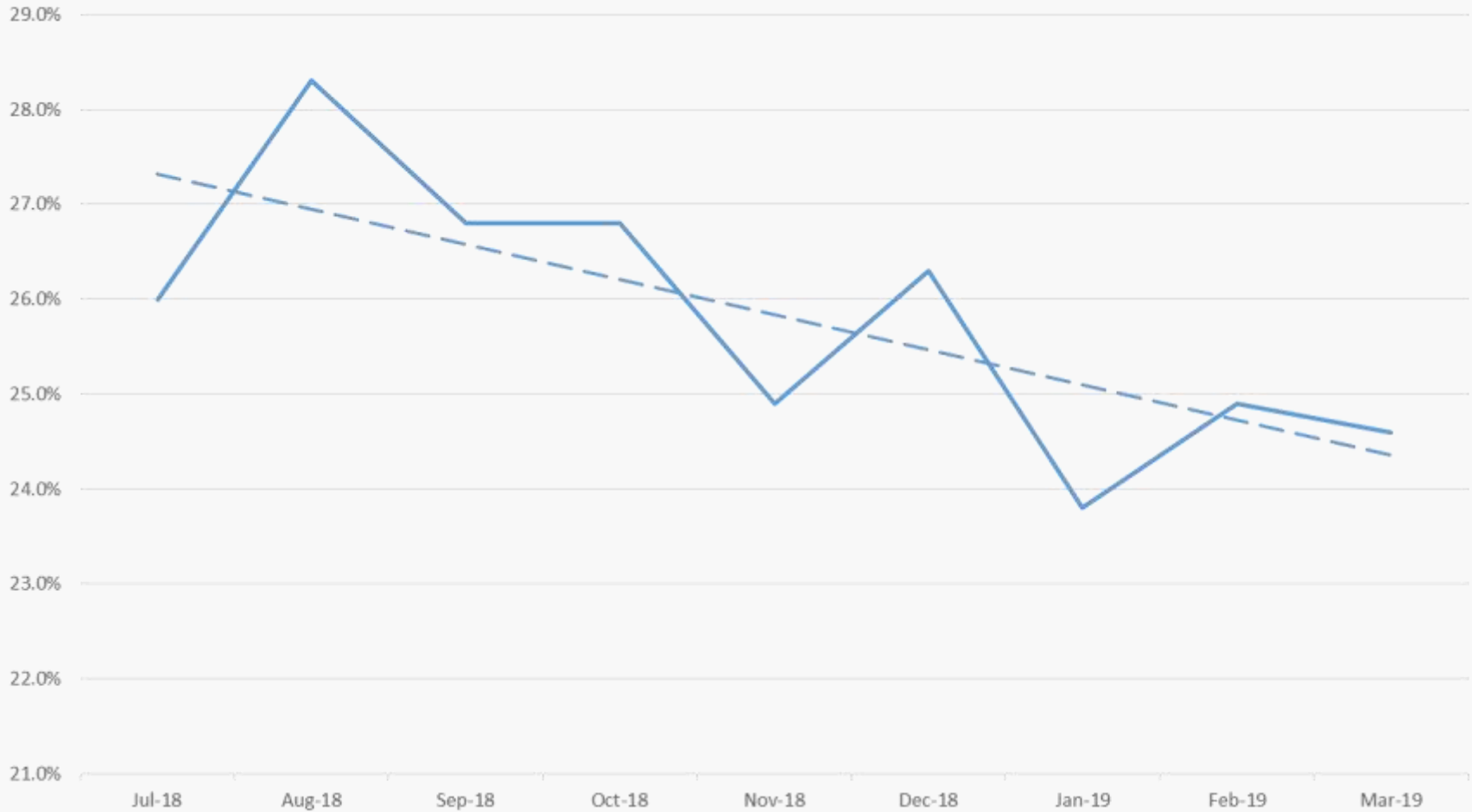
% of Calls Abandoned before being answered



## OUR STRATEGIC ENABLERS

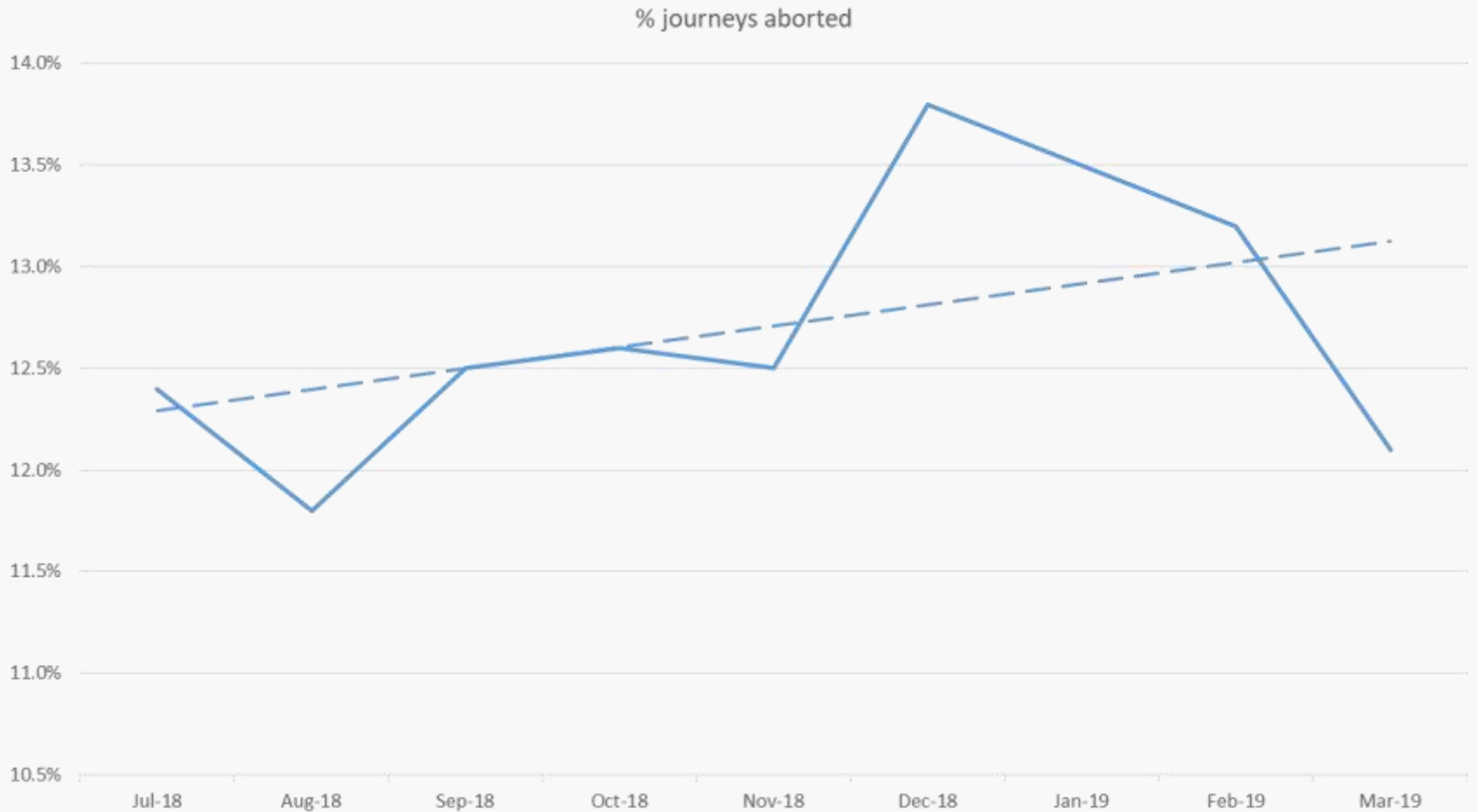
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

% Bookings made by fax/hand/post



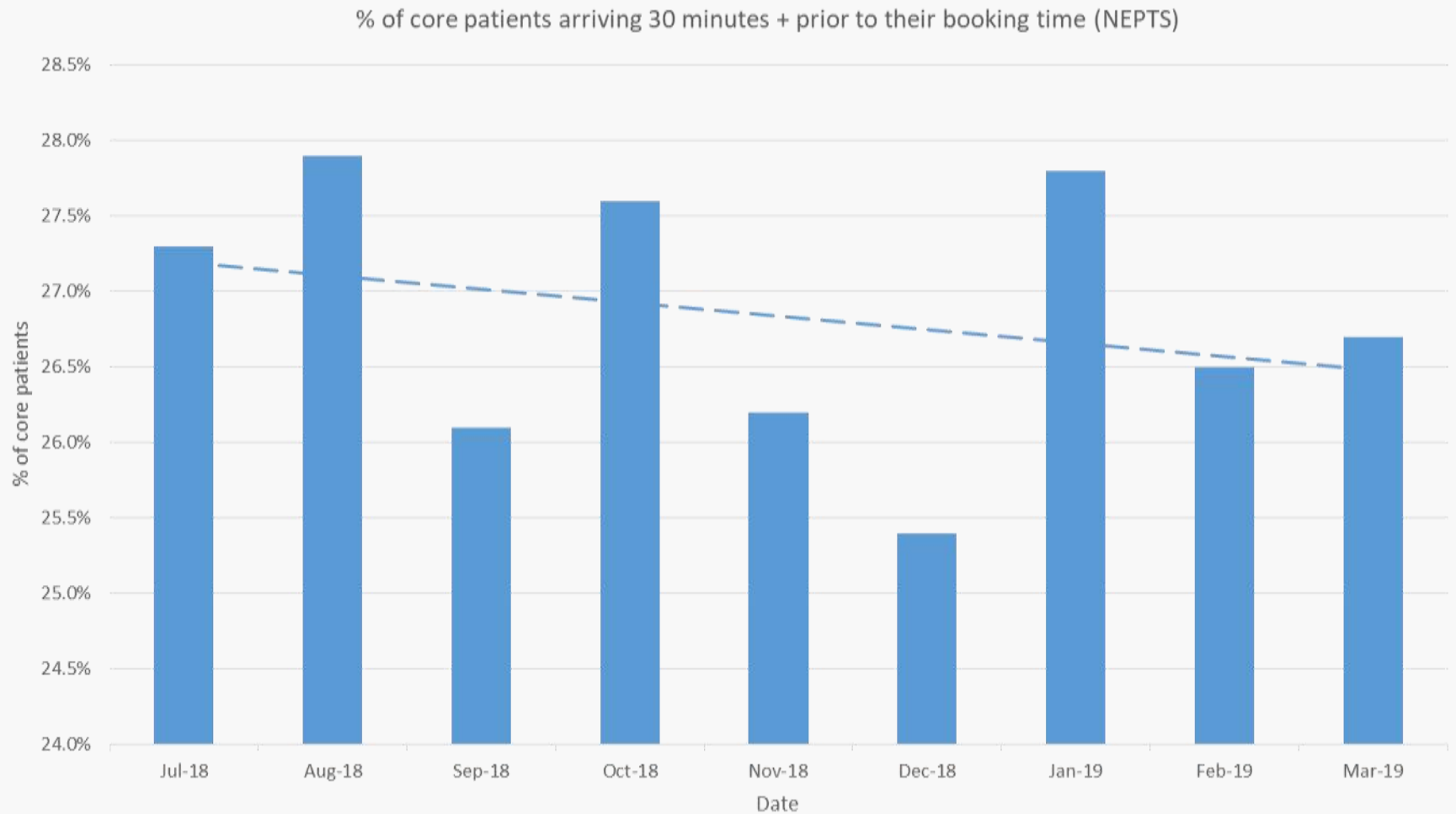
## OUR STRATEGIC ENABLERS

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



## OUR STRATEGIC ENABLERS

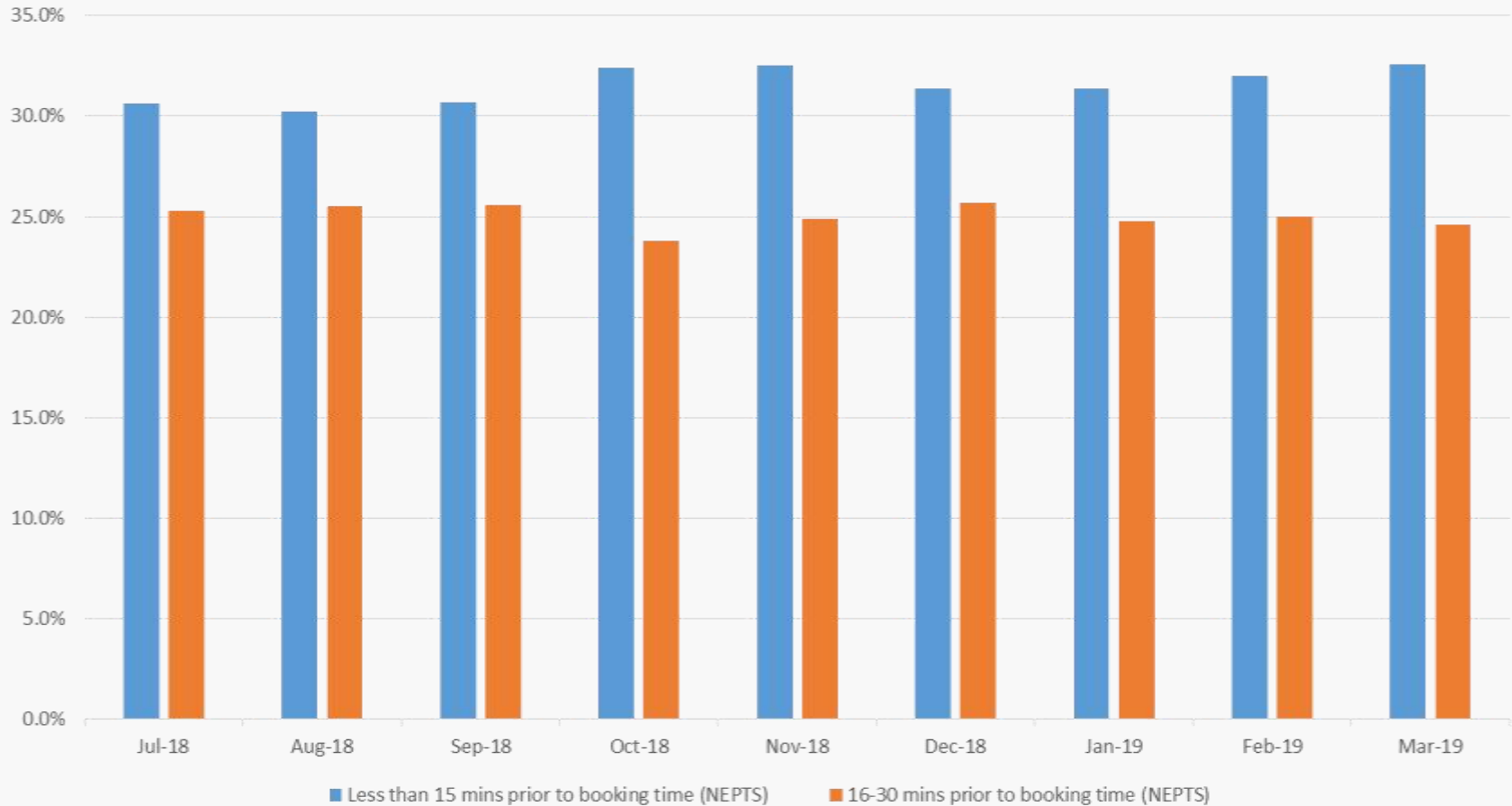
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**



## OUR STRATEGIC ENABLERS

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

% of Core Patients arriving prior to their booked ready time

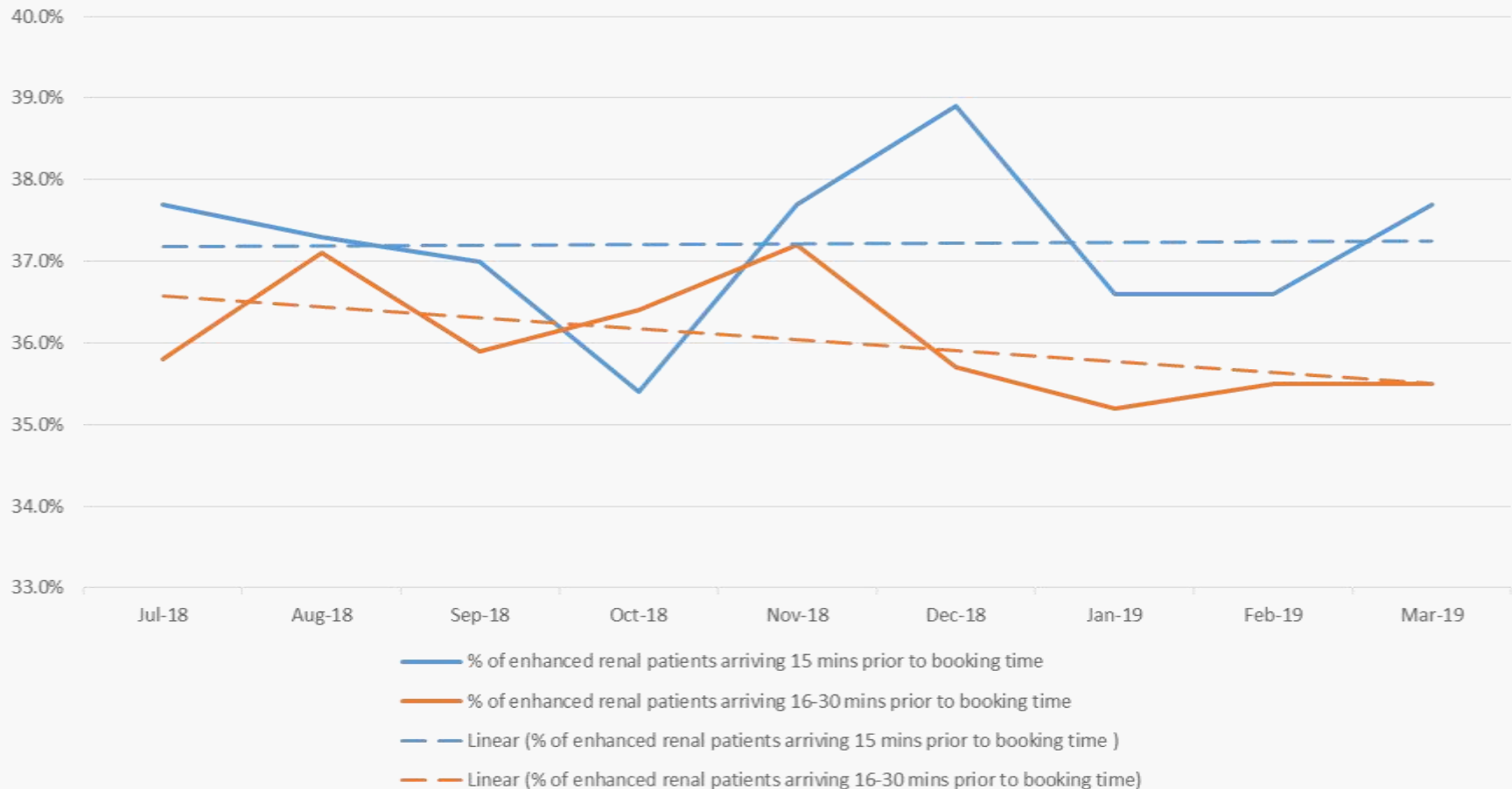




## OUR STRATEGIC ENABLERS

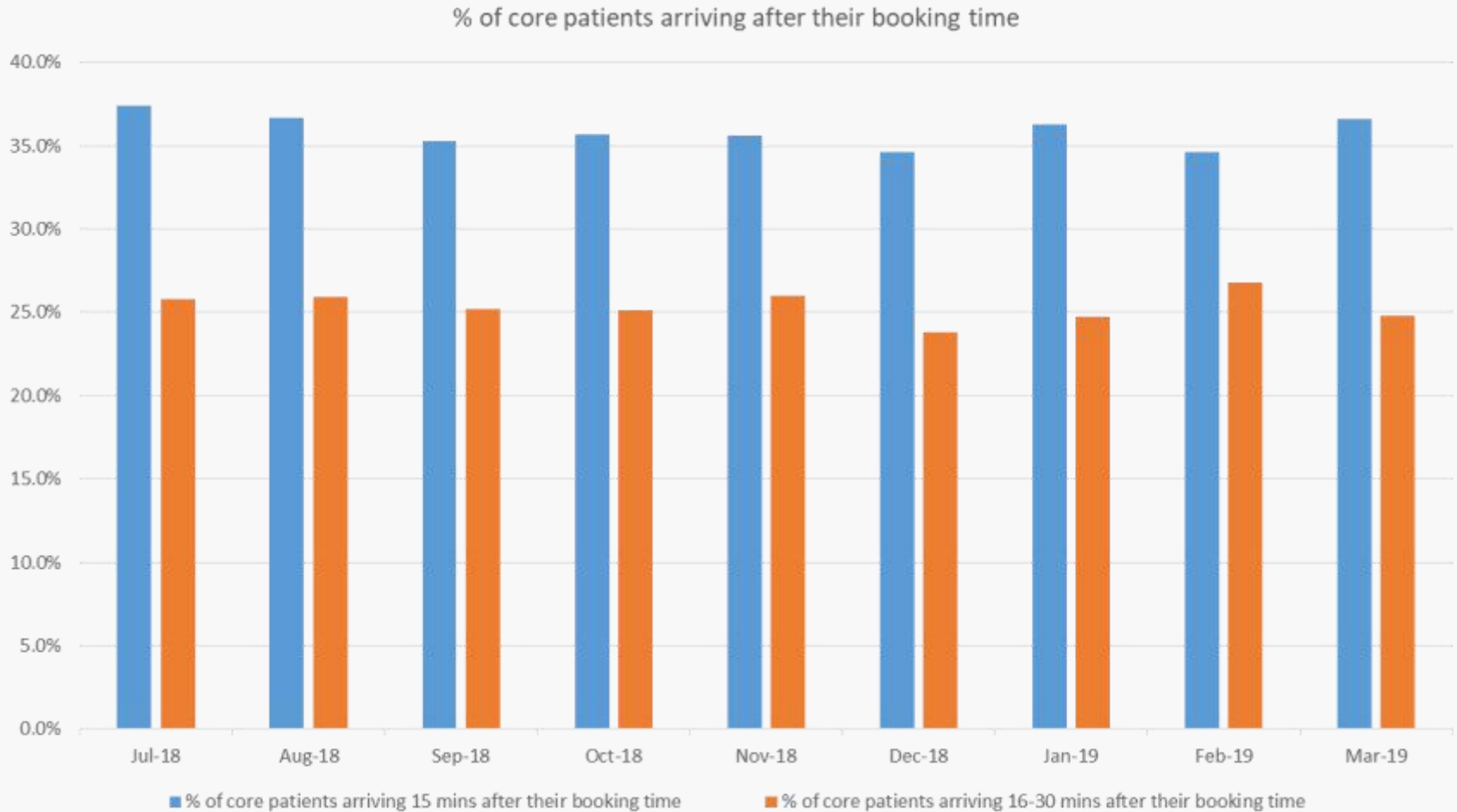
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

% of enhanced patients arriving prior to their booking time



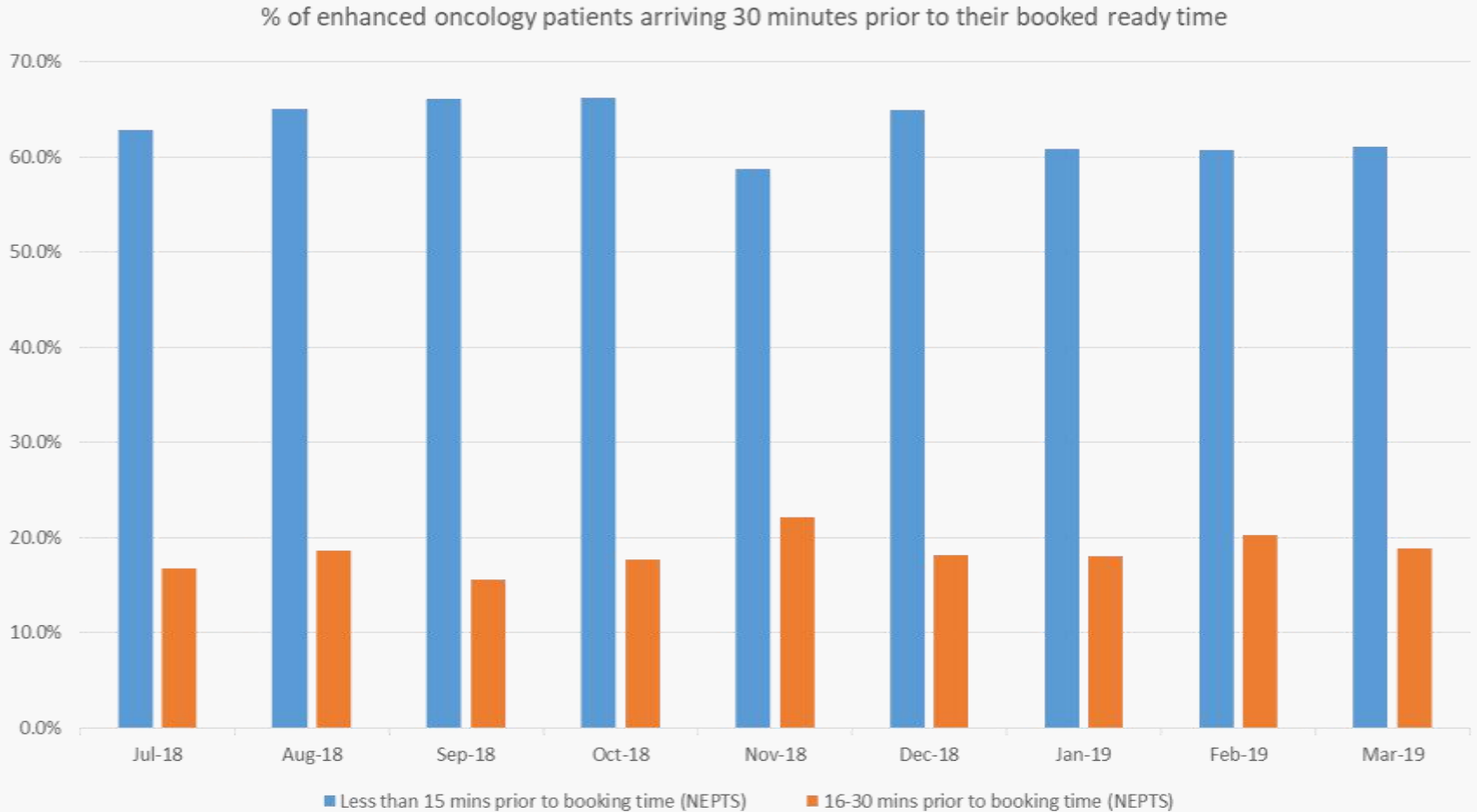
## OUR STRATEGIC ENABLERS

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



## OUR STRATEGIC ENABLERS

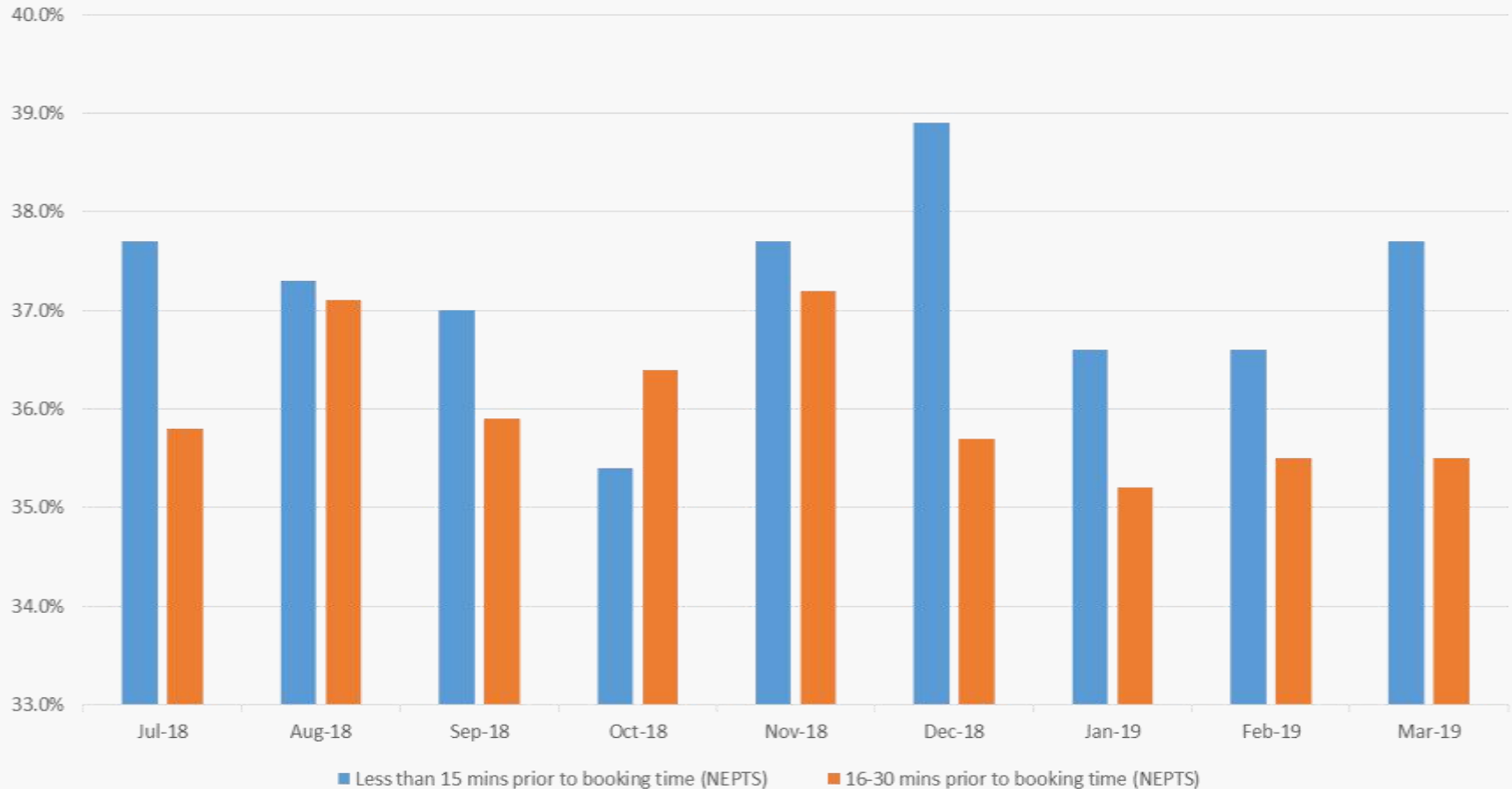
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**



## OUR STRATEGIC ENABLERS

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

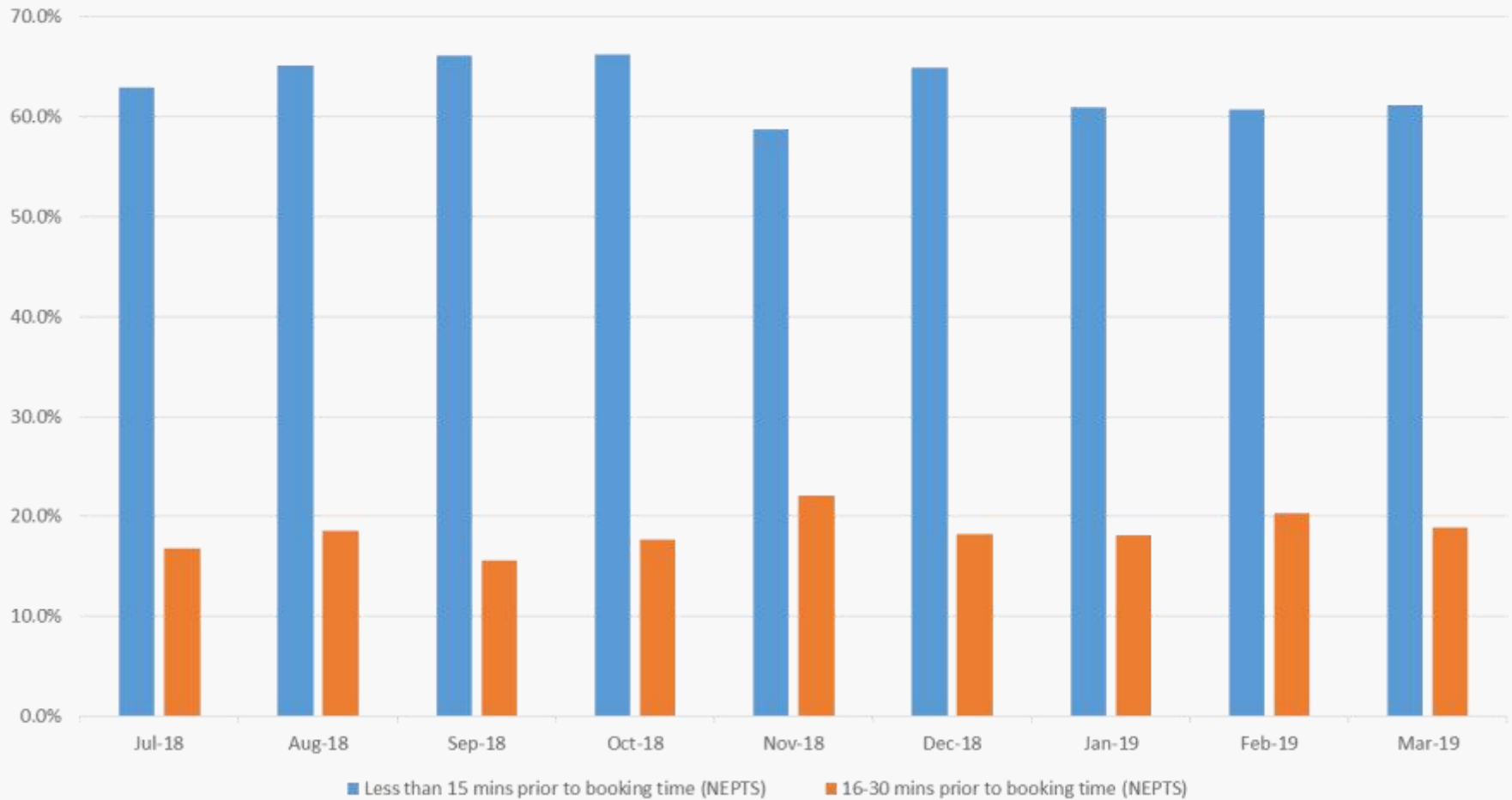
% of enhanced renal patients arriving 30 minutes prior to their booked ready time



## OUR STRATEGIC ENABLERS

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

% of enhanced oncology patients arriving prior to their booked ready time



## OUR STRATEGIC ENABLERS

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

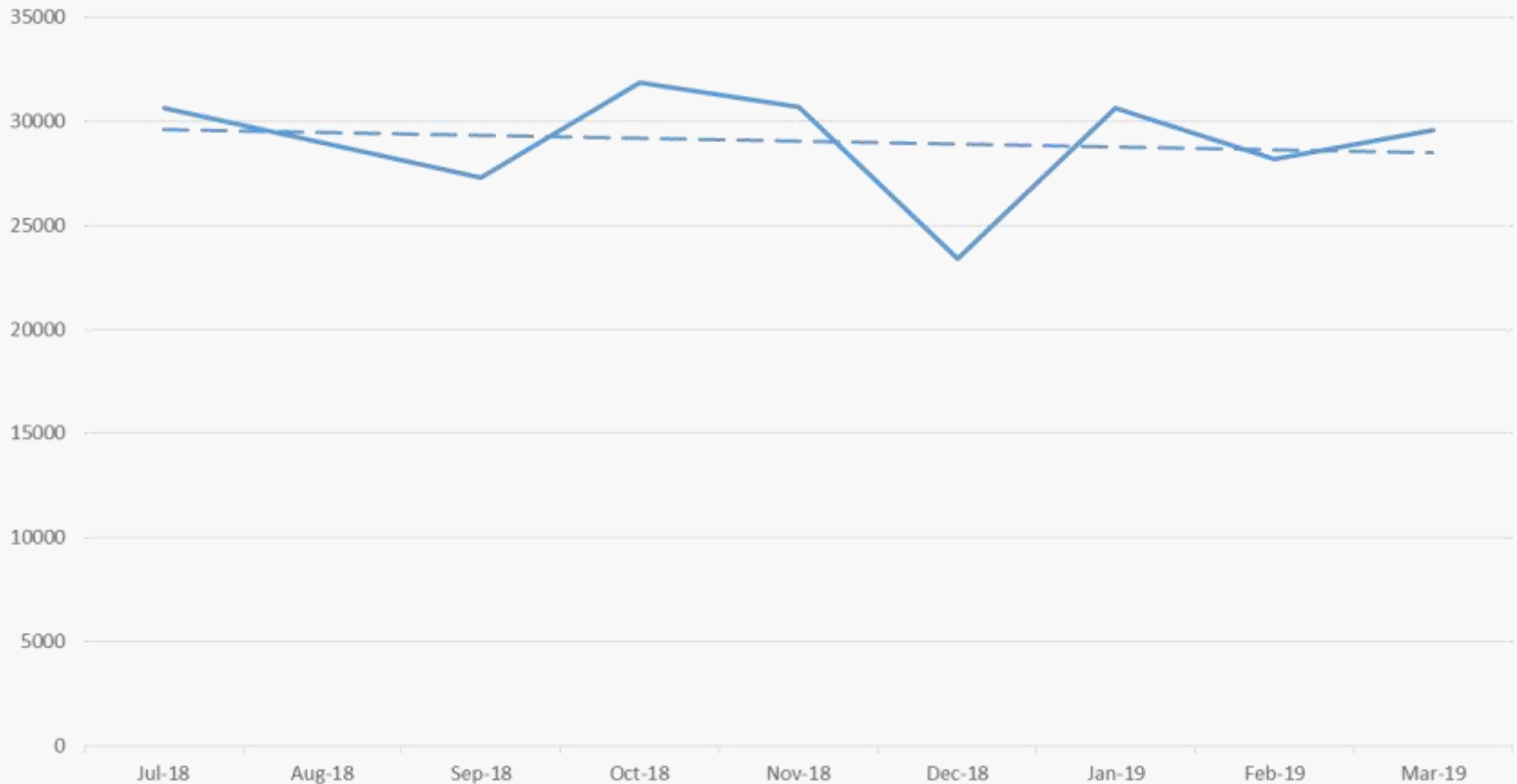
Number of Core Patient Journeys - Core Patient Journeys - Discharge & Transfer



## OUR STRATEGIC ENABLERS

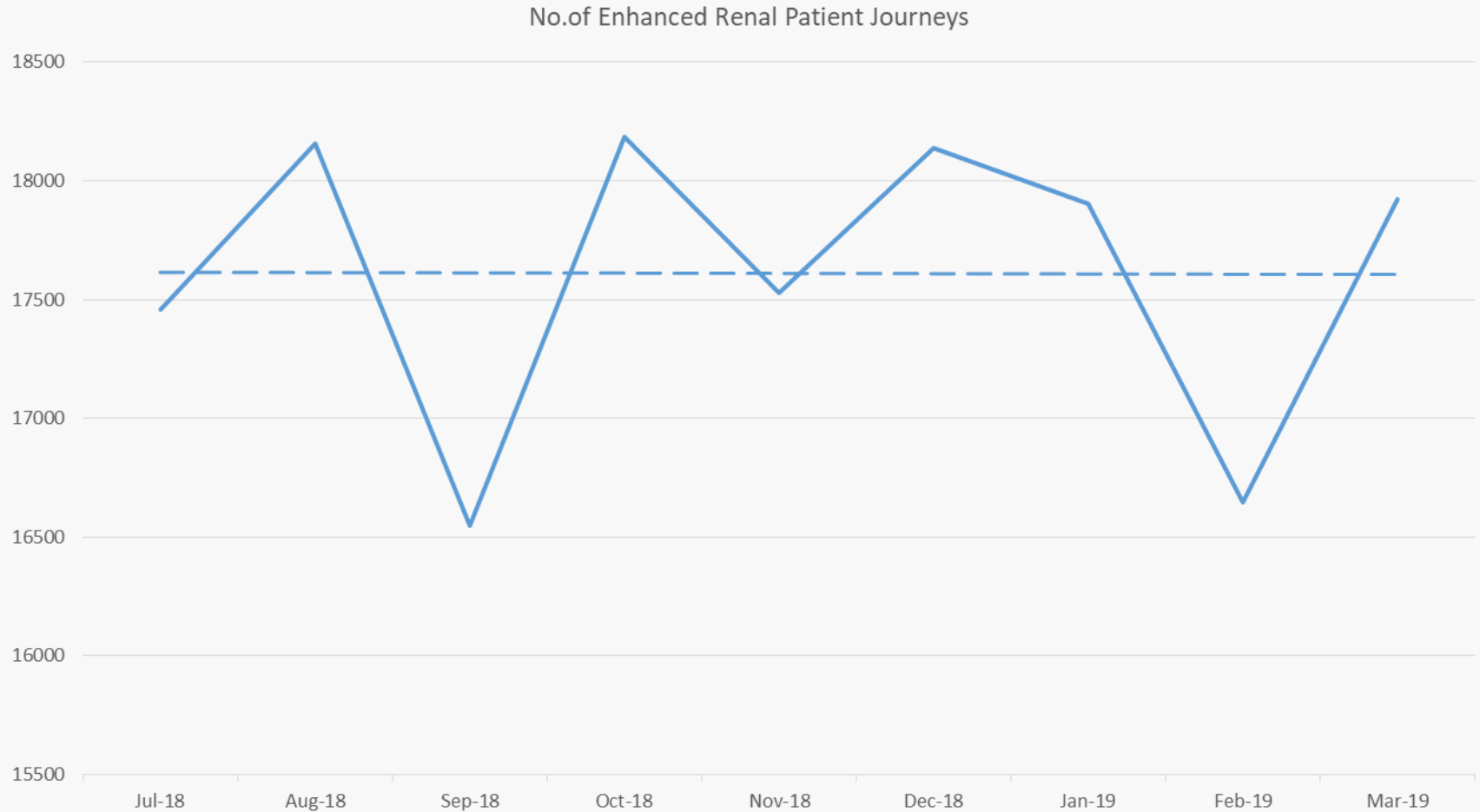
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.)



## OUR STRATEGIC ENABLERS

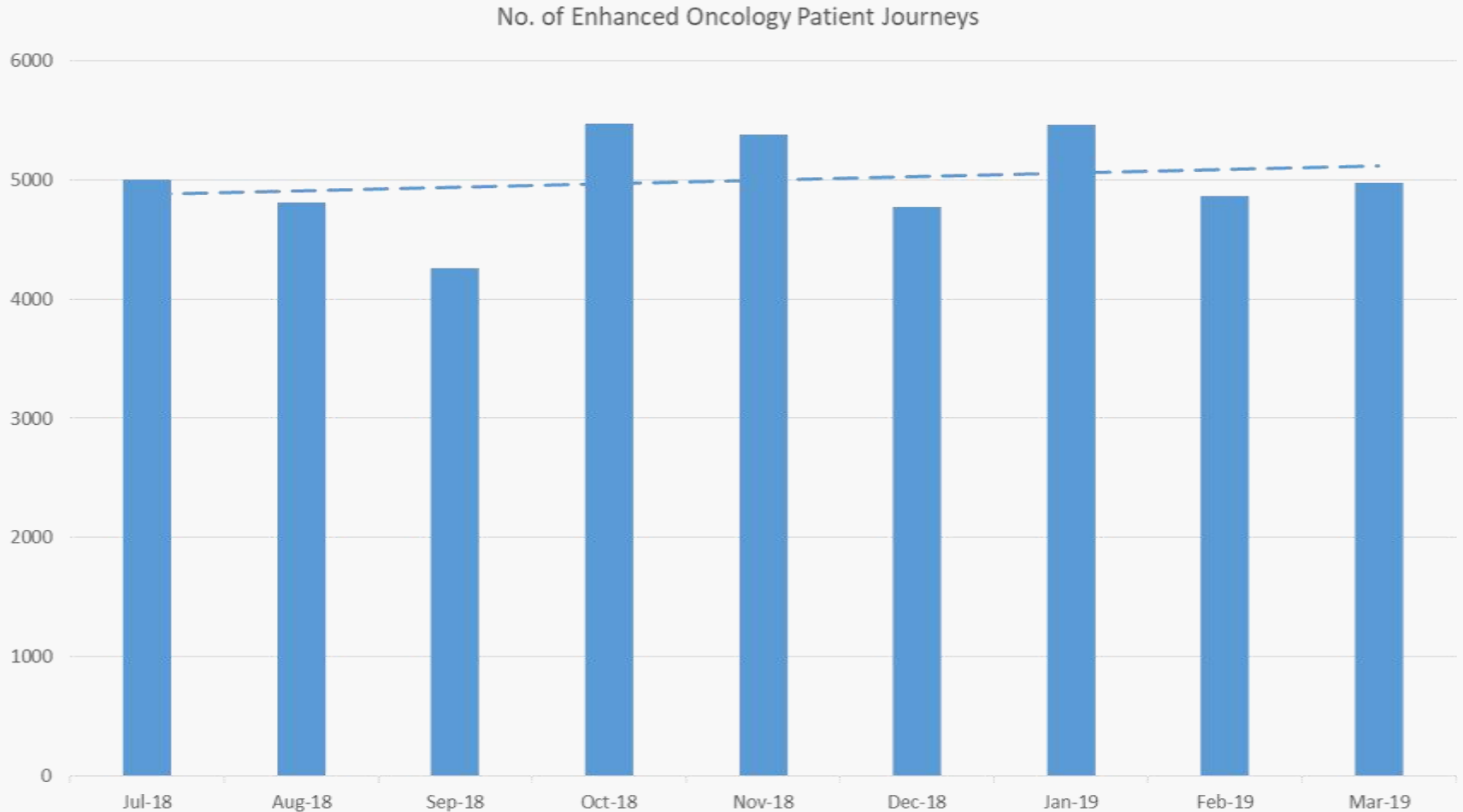
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**





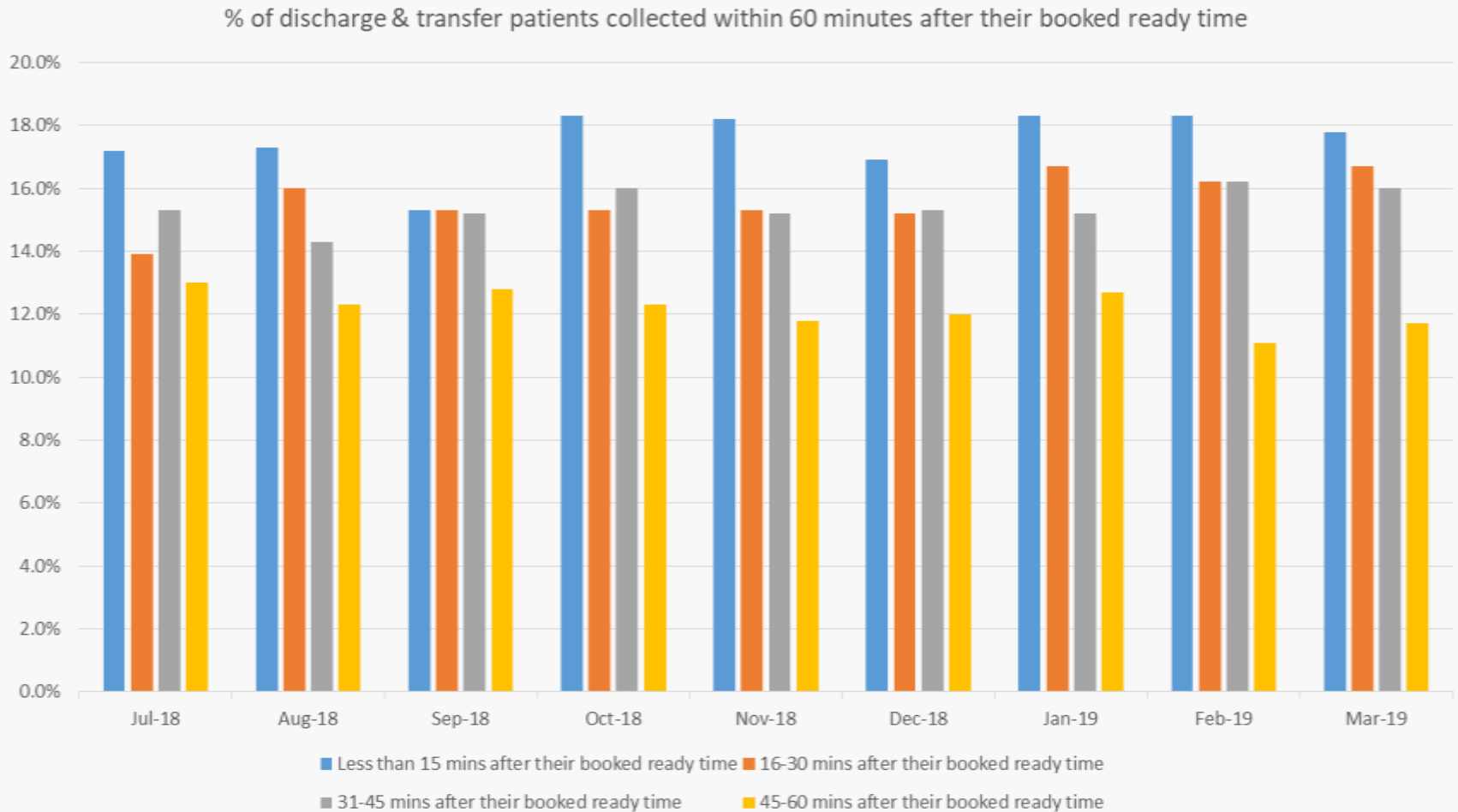
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## OUR STRATEGIC ENABLERS

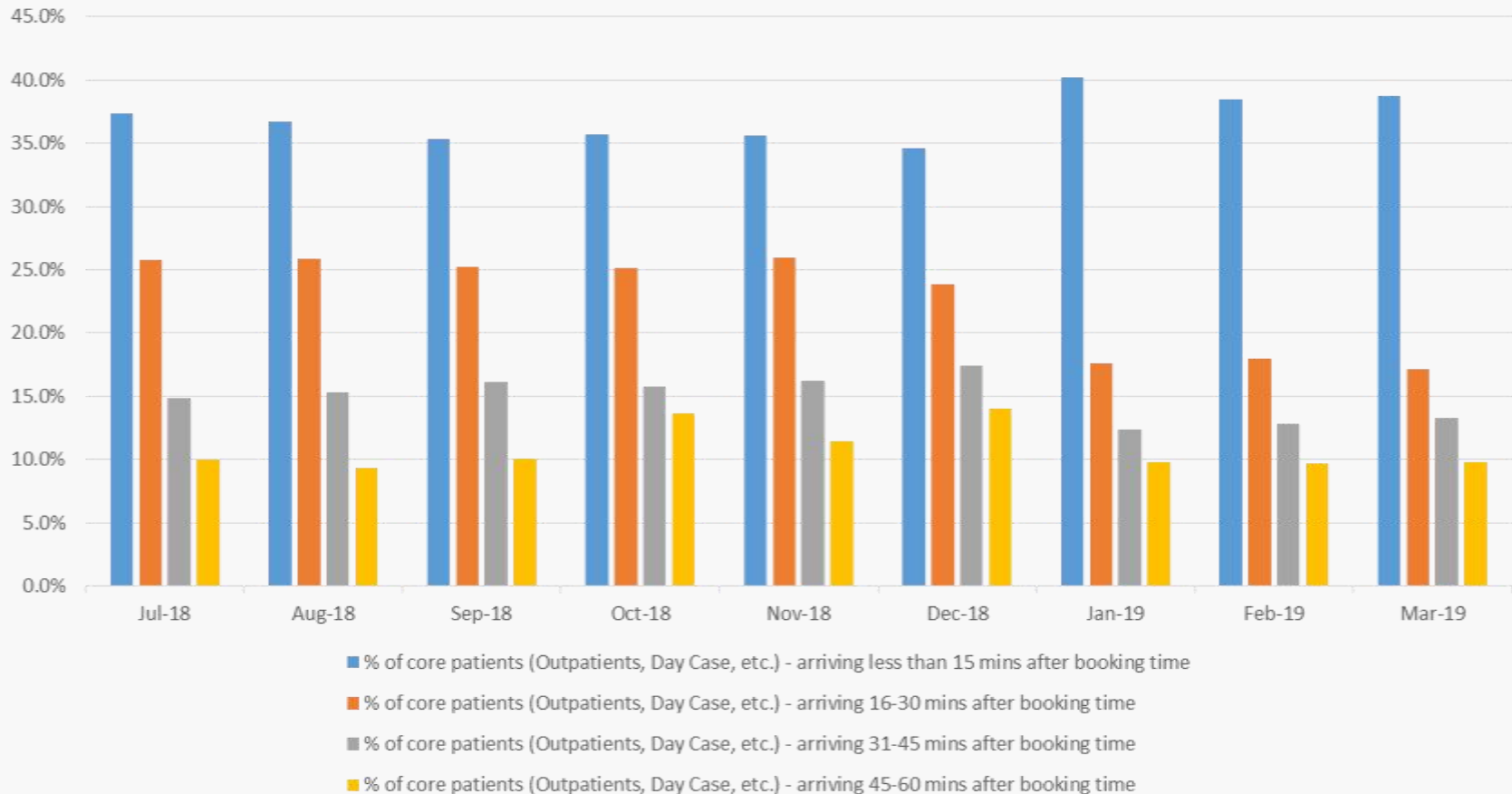
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## OUR STRATEGIC ENABLERS

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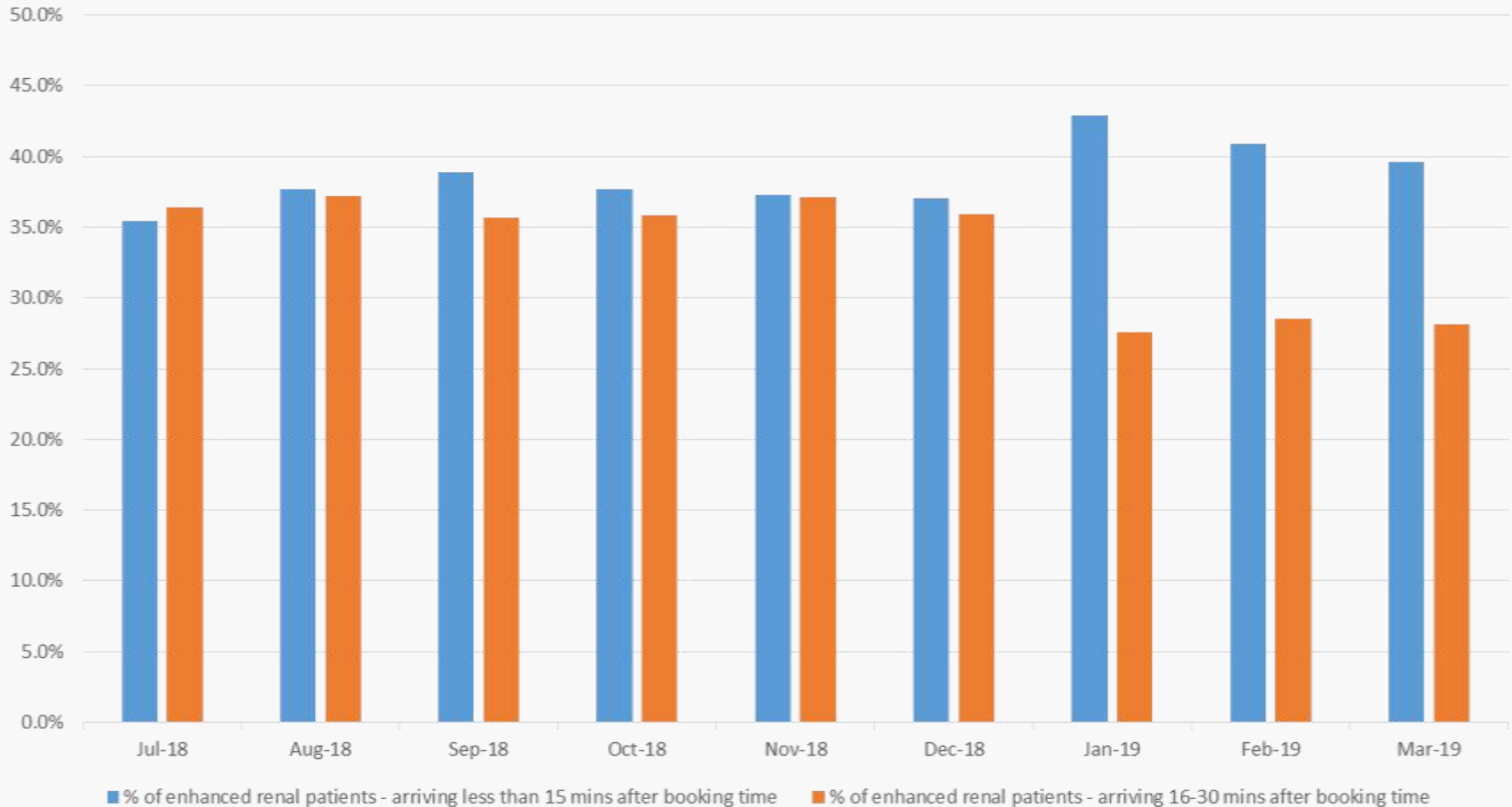
% of Core Patients (outpatients, day case etc.) arriving after their booked ready time



## OUR STRATEGIC ENABLERS

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

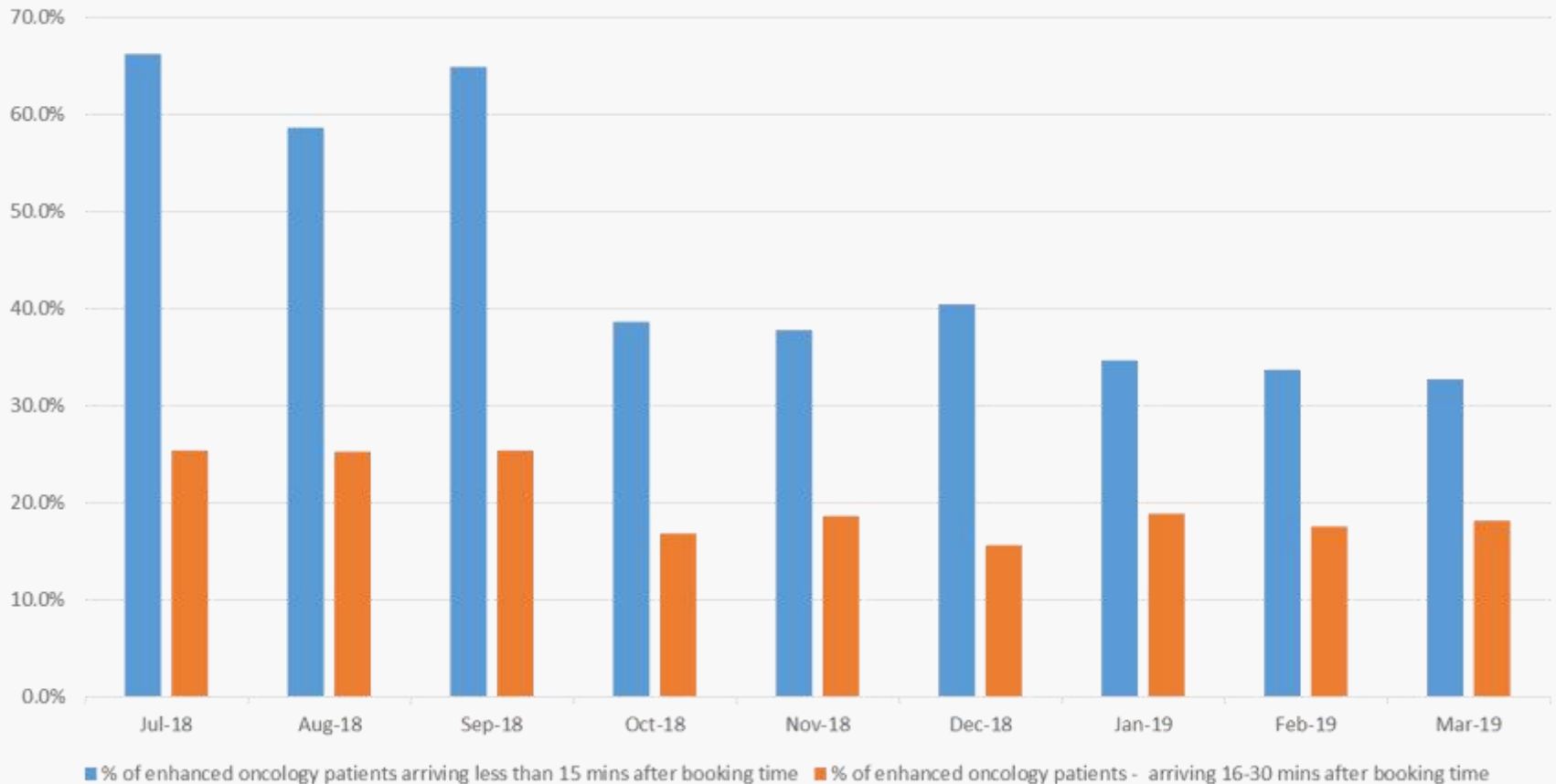
% of enhanced renal patients arriving after their booking time



## OUR STRATEGIC ENABLERS

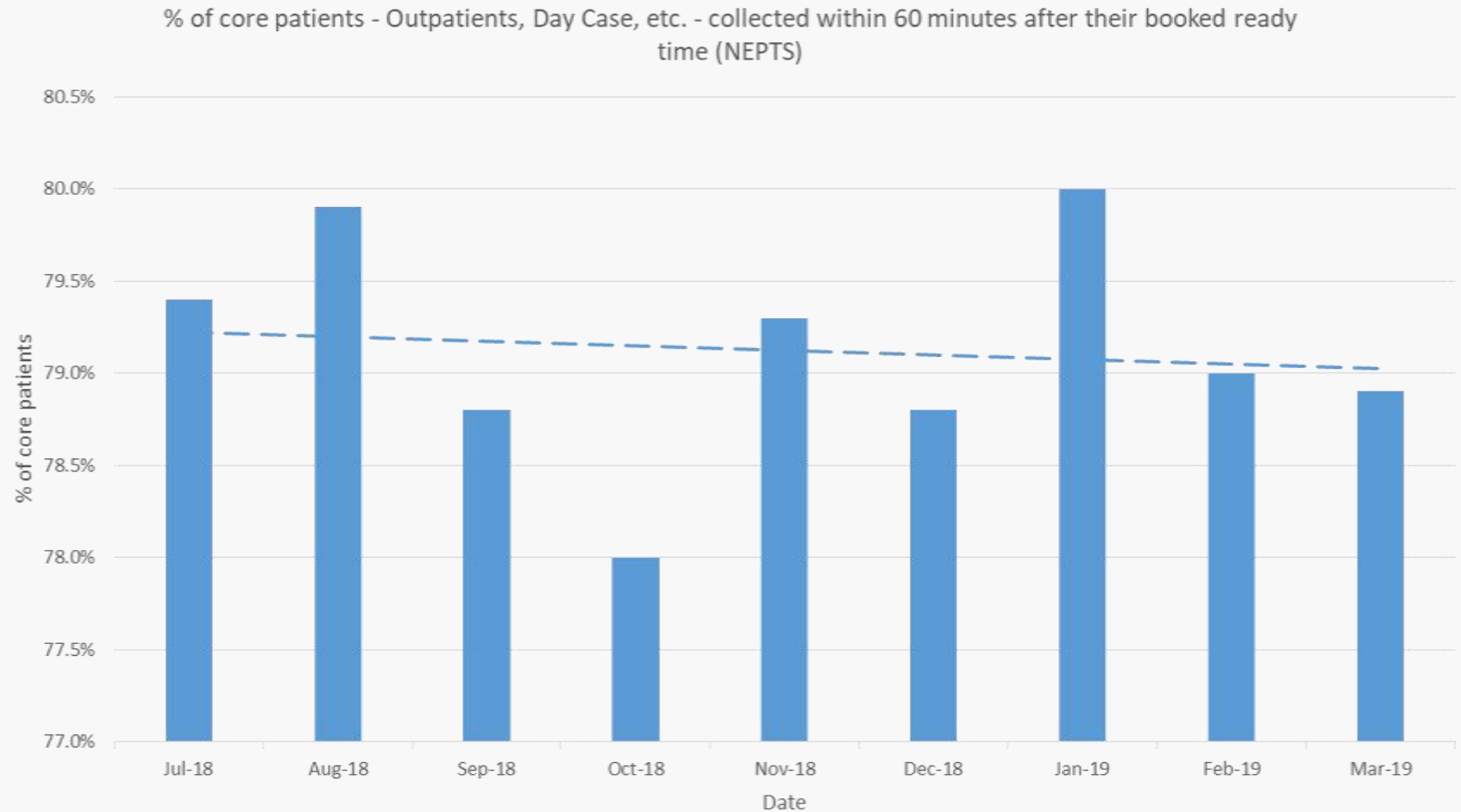
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

% of enhanced oncology patients arriving after their booking time



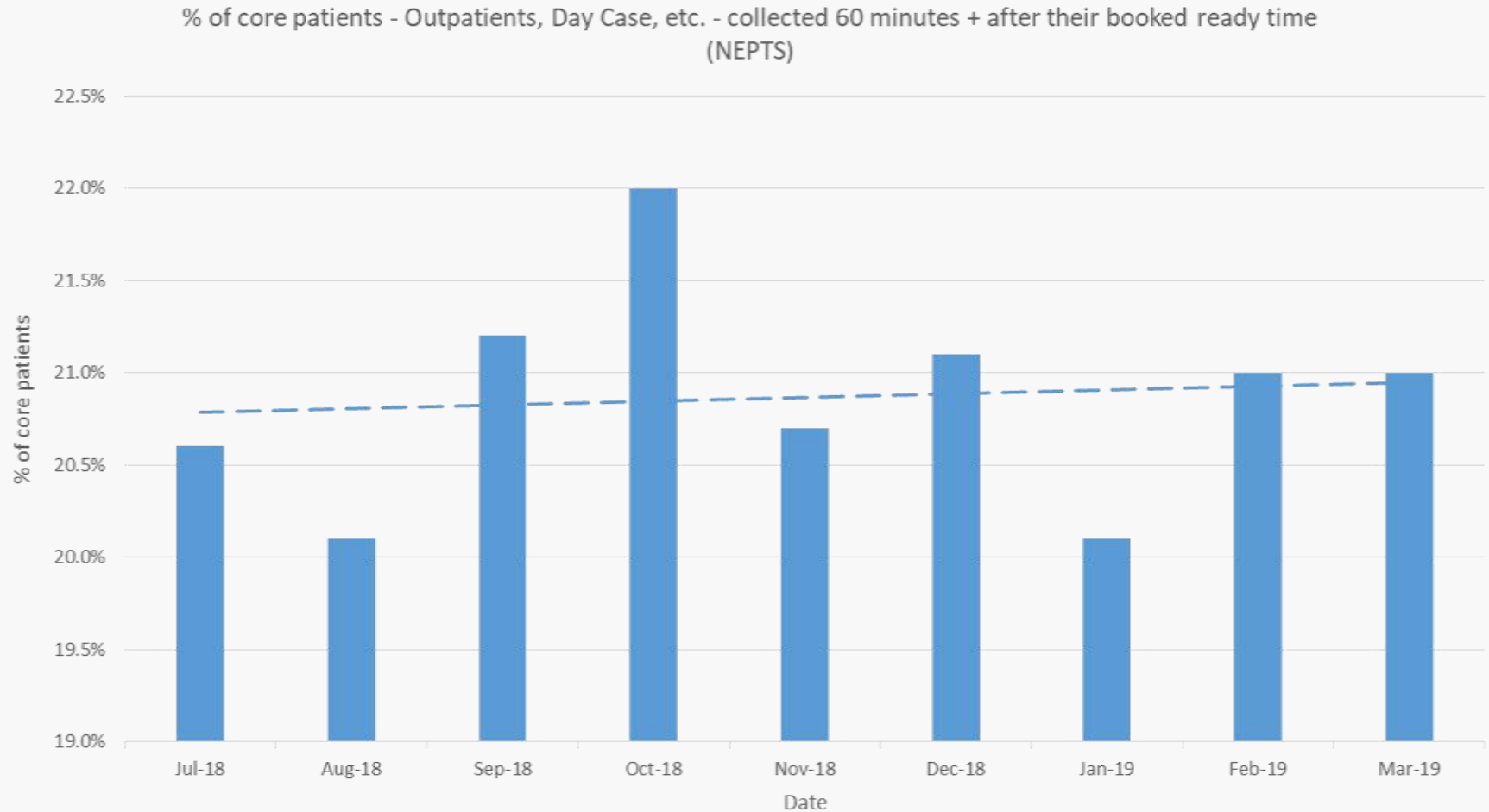
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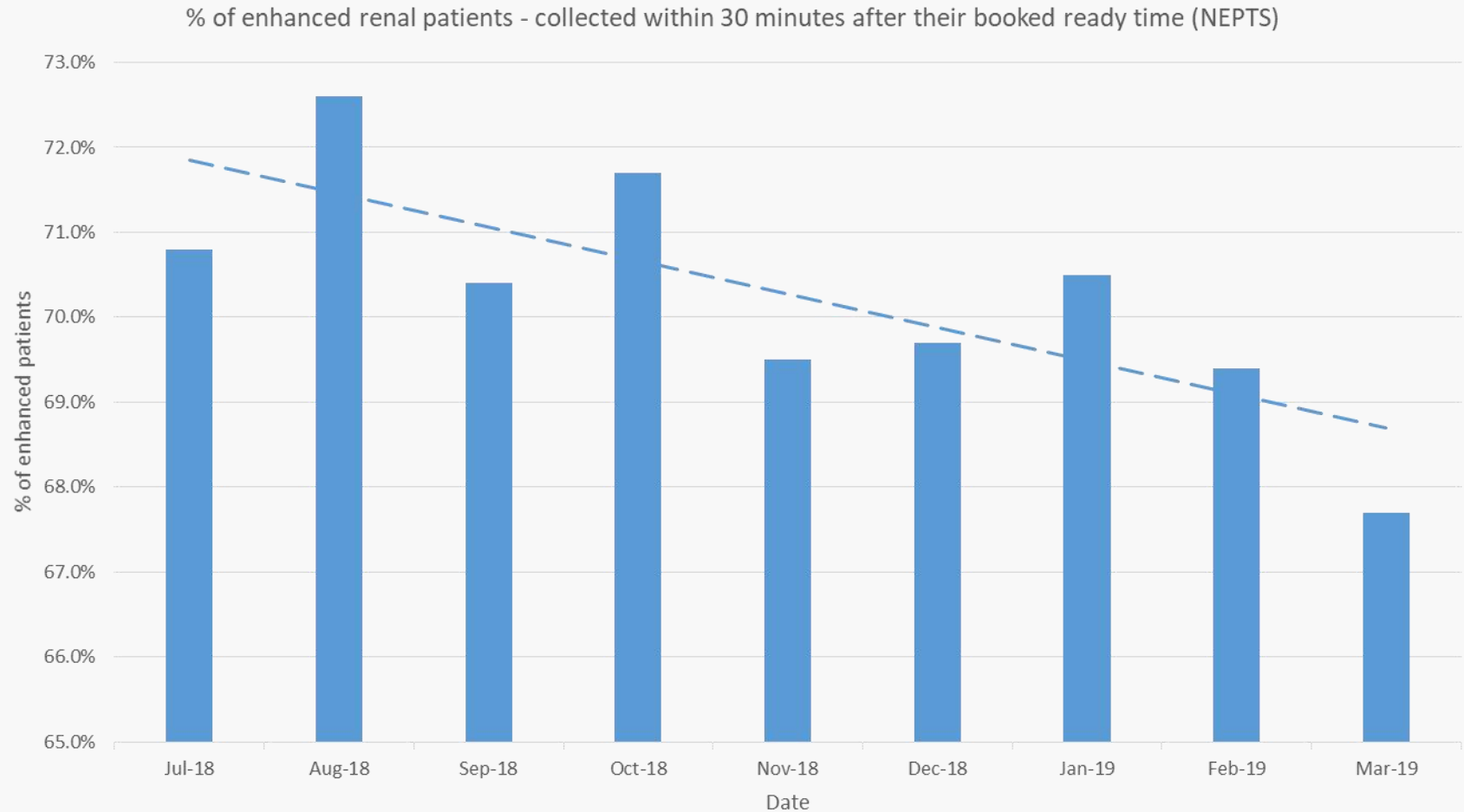
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## OUR STRATEGIC ENABLERS

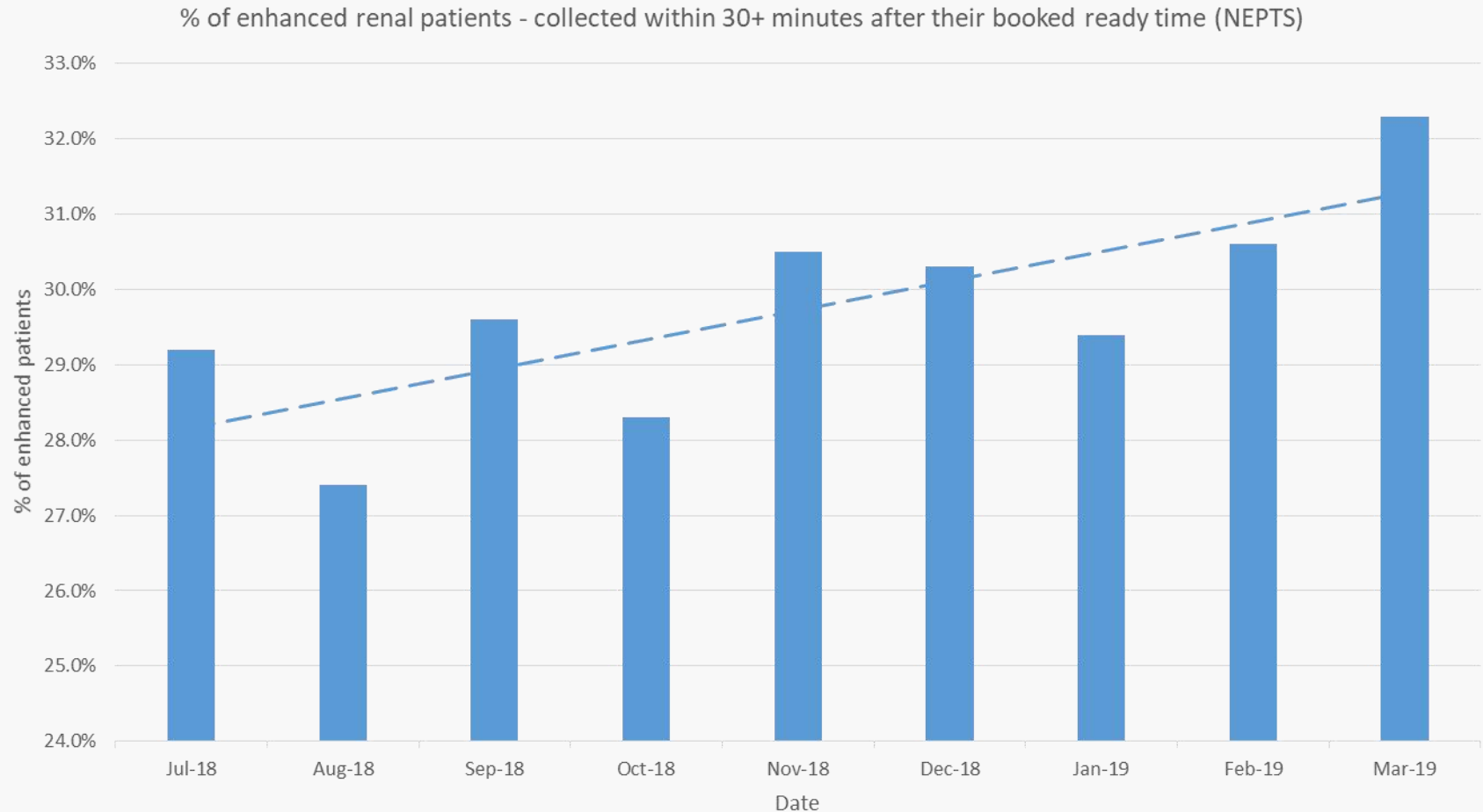
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**





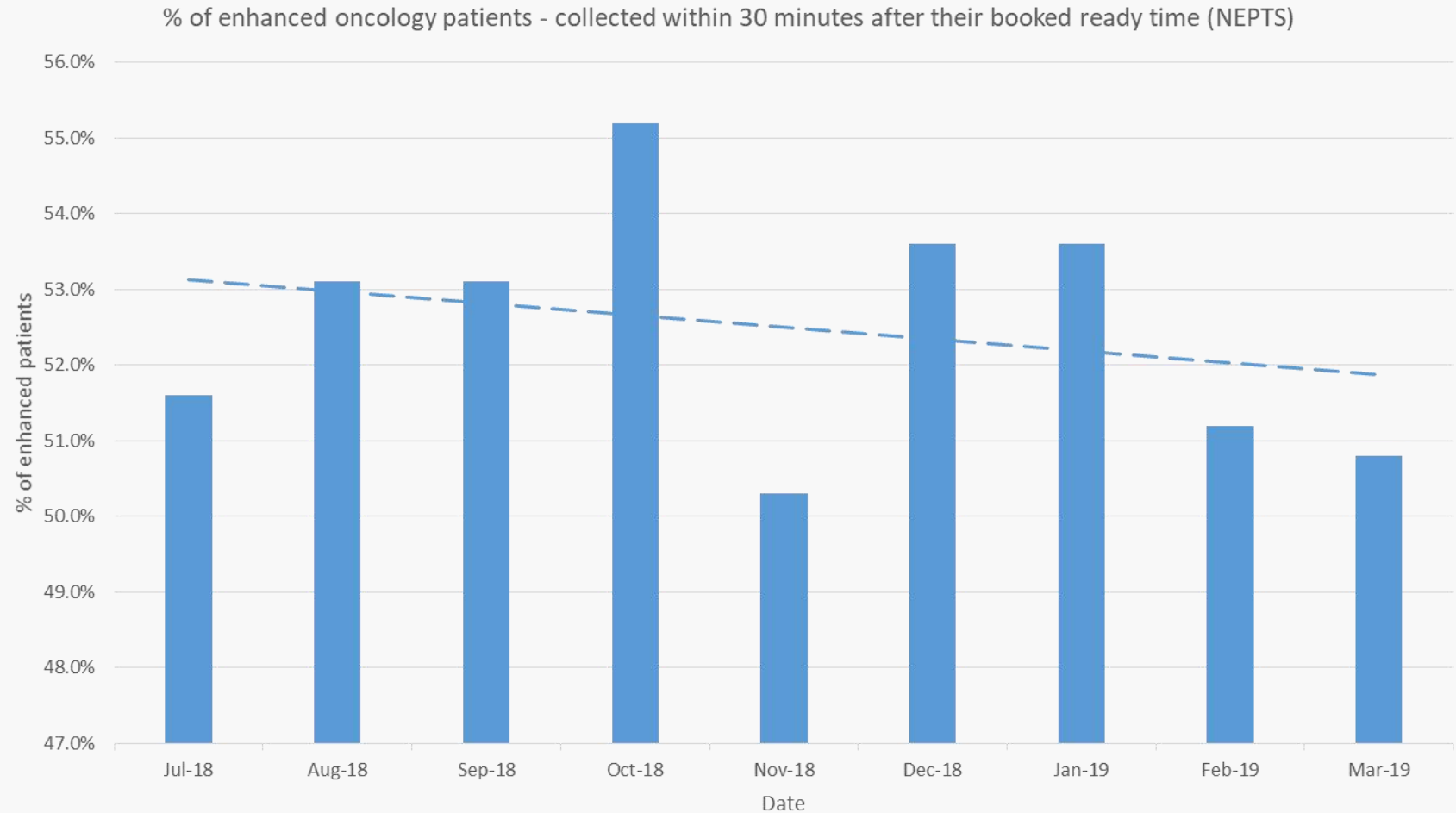
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**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**



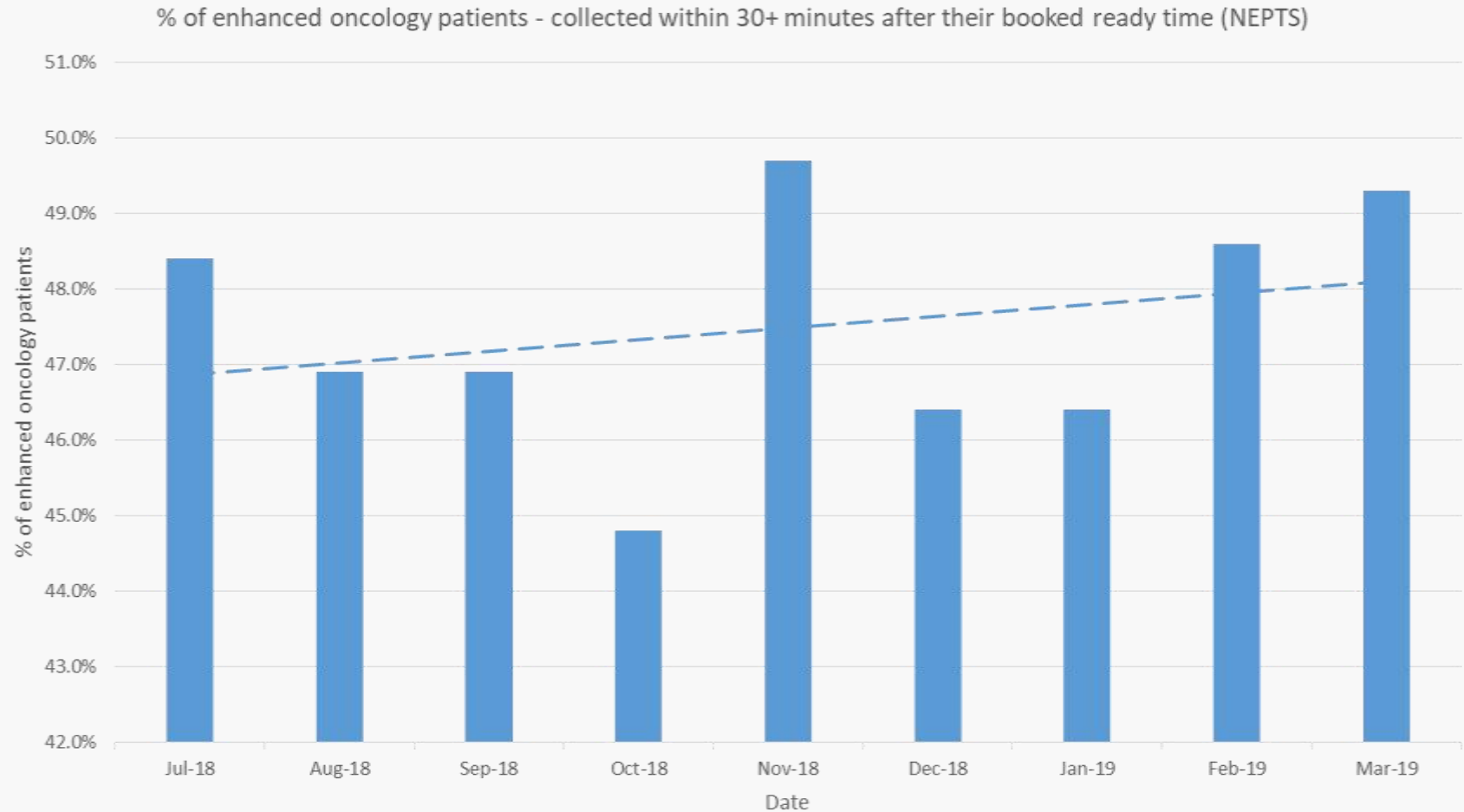
## OUR STRATEGIC ENABLERS

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



## OUR STRATEGIC ENABLERS

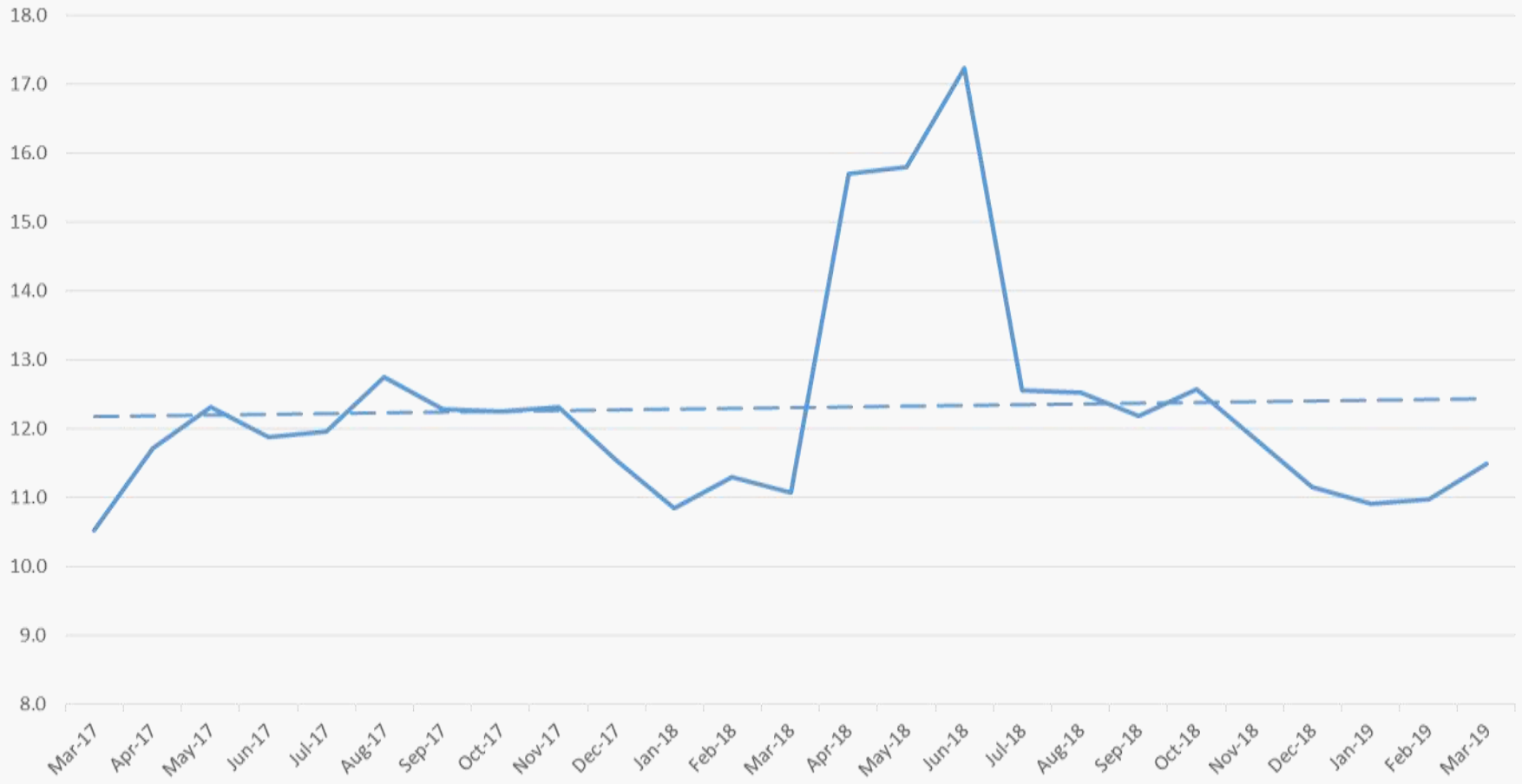
**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**



## OUR STRATEGIC ENABLERS

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

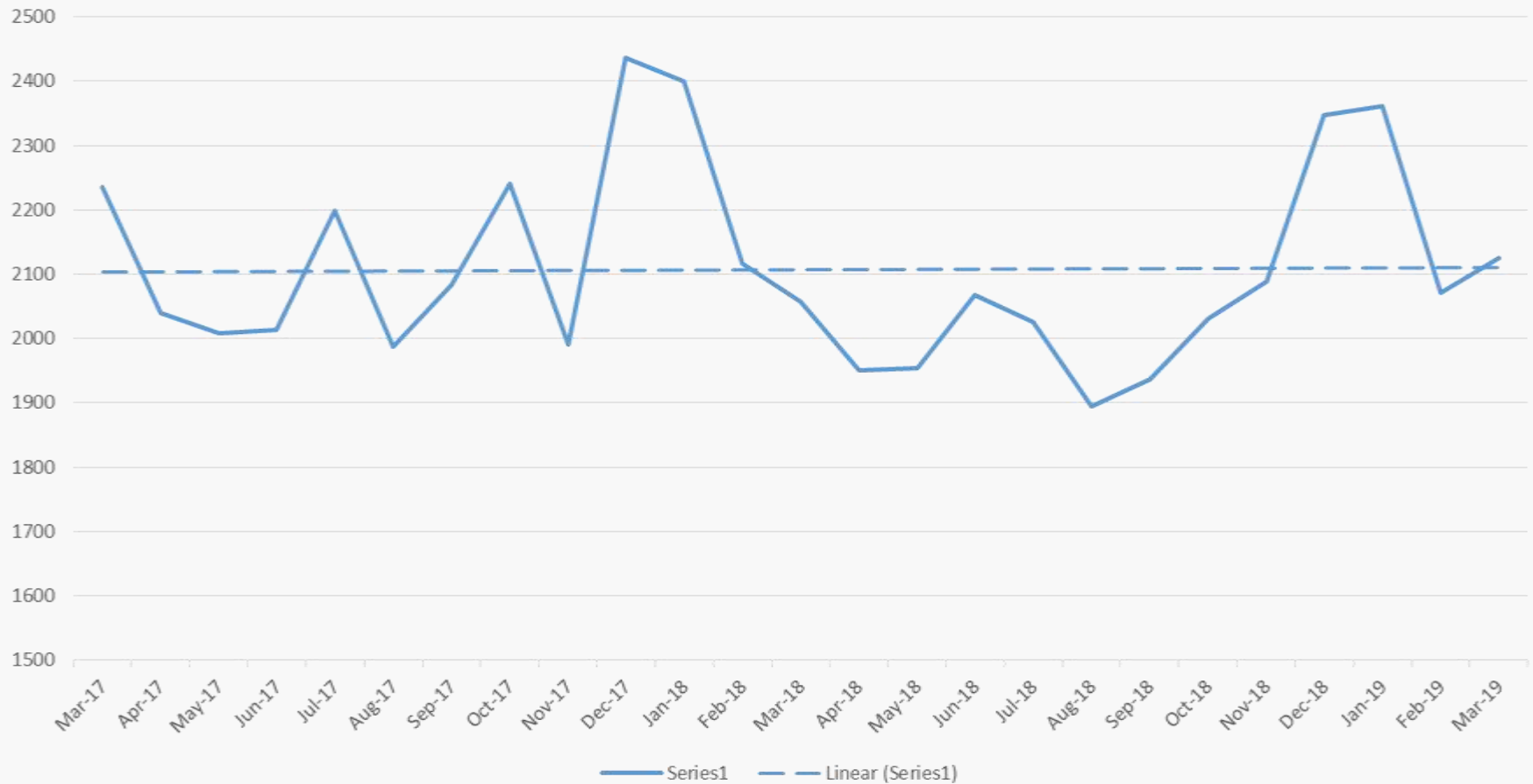
Proportion of total verified incidents referred to alternative pathways/services to increase following "hear & treat" and "see & treat"



# OUR STRATEGIC ENABLERS

## WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

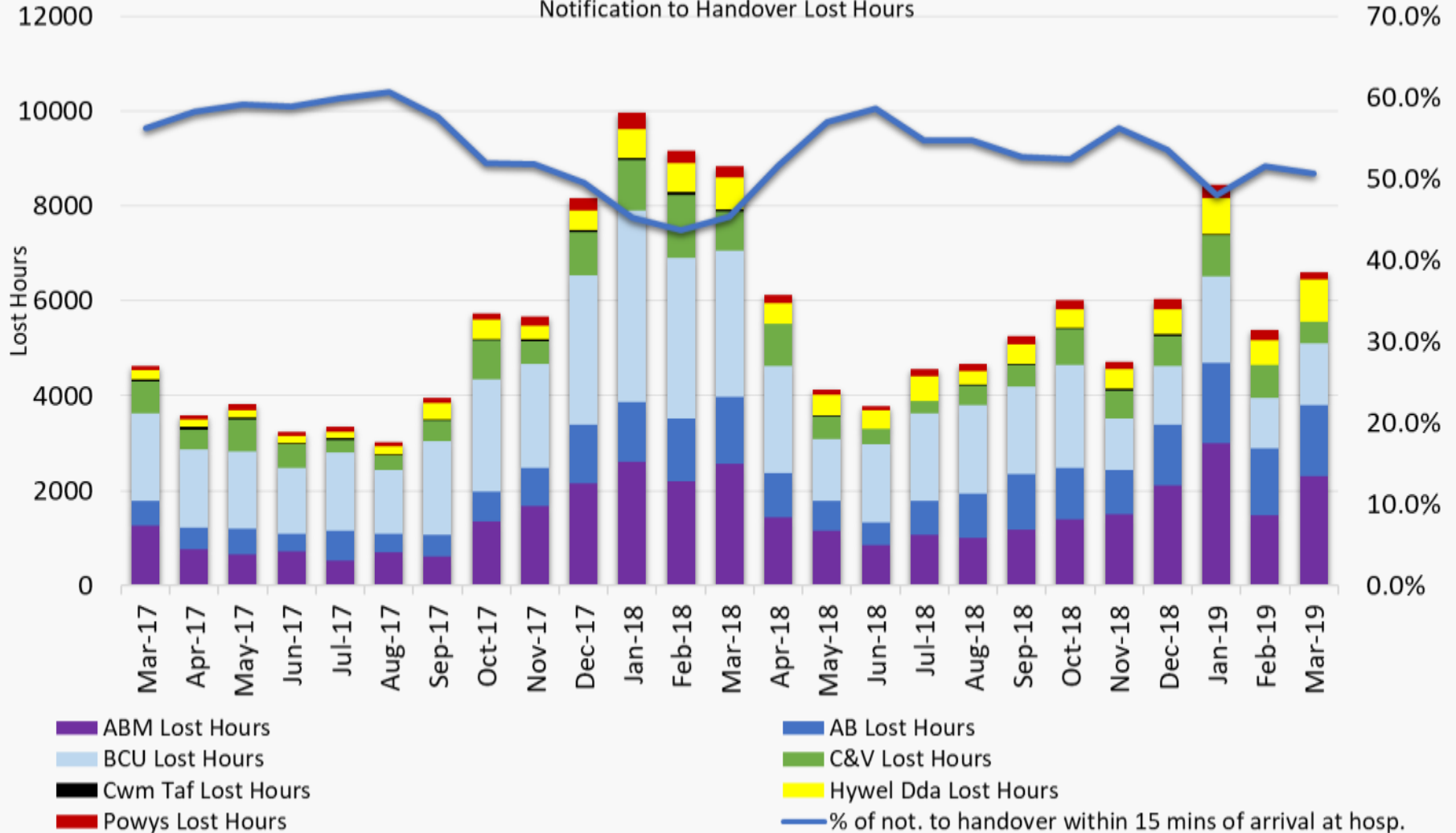
Number of Incidents that resulted in non conveyance to hospital



# OUR STRATEGIC ENABLERS

## WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

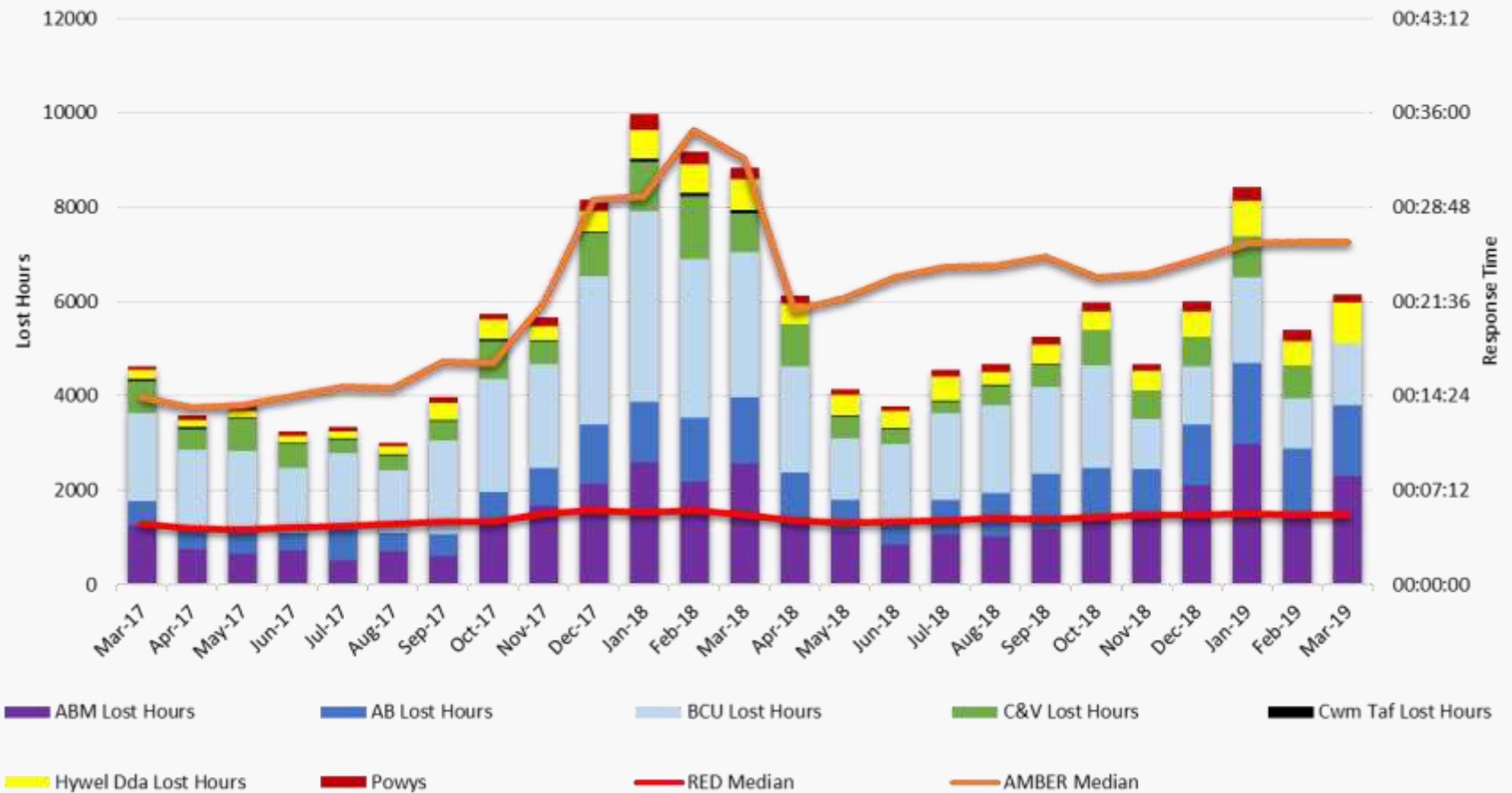
% of Notification to Handover within 15 minutes against  
Notification to Handover Lost Hours



# OUR STRATEGIC ENABLERS

## WHOLE SYSTEM PARTNERSHIP & ENGAGEMENT

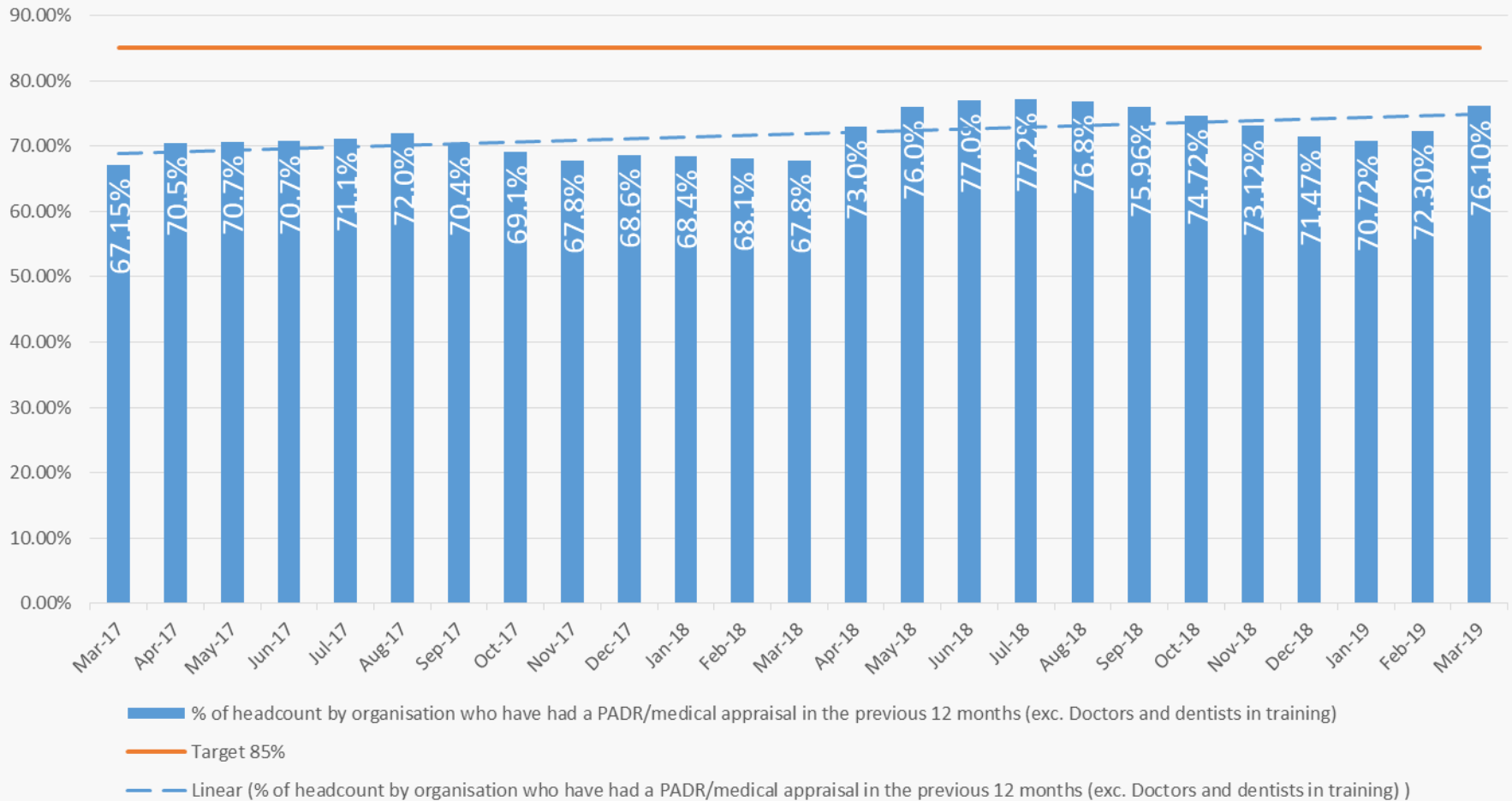
Response Times against Lost Hours to Notification to Handover Delays



## OUR STRATEGIC ENABLERS

### SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

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





# OUR STRATEGIC ENABLERS

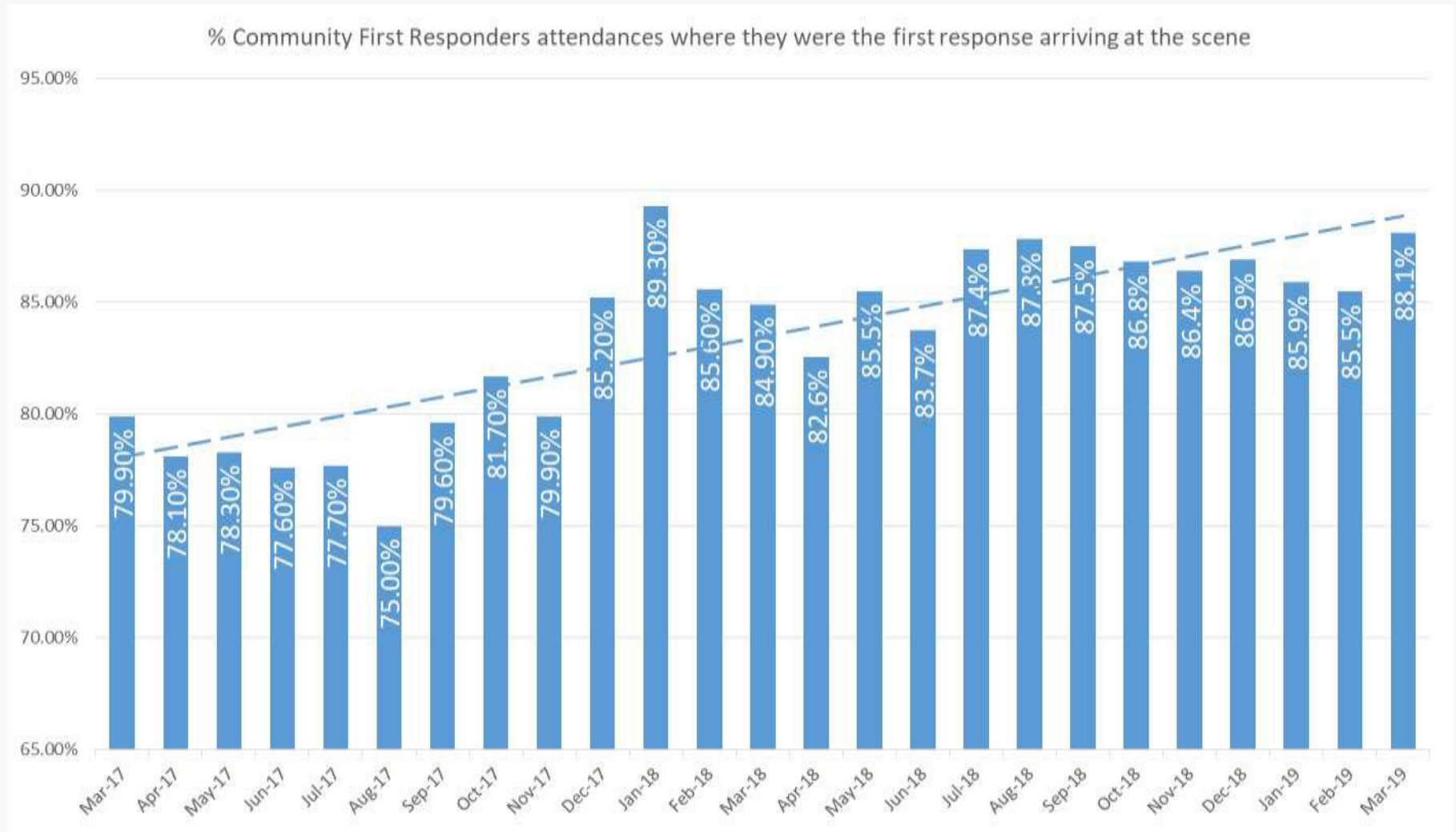
## SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE

% compliance for each completed Level 1 competency within Core Skills & Training framework



## OUR STRATEGIC ENABLERS

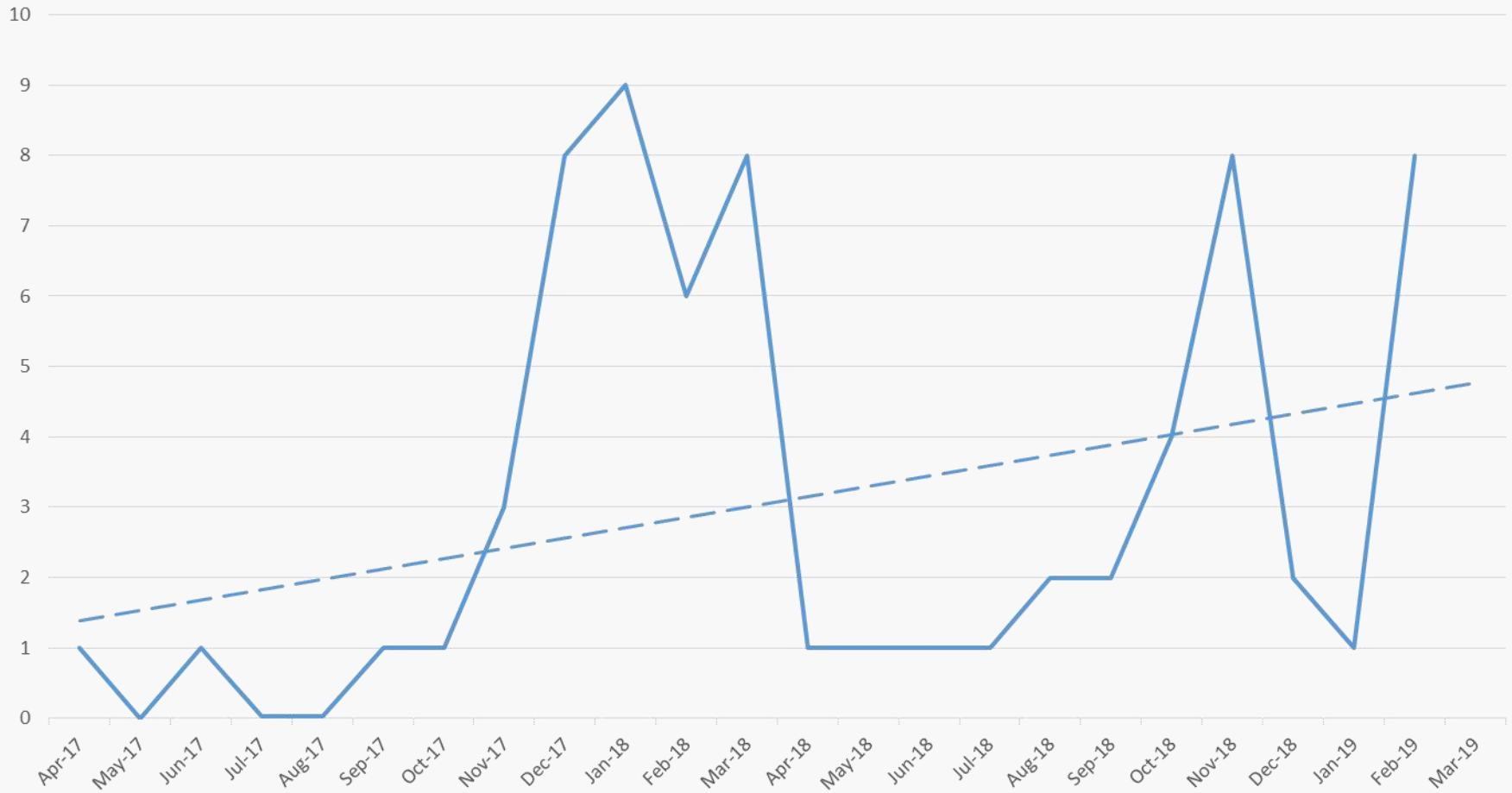
SUPPORT OUR PEOPLE TO BE THE BEST THAT THEY CAN BE



# OUR STRATEGIC ENABLERS

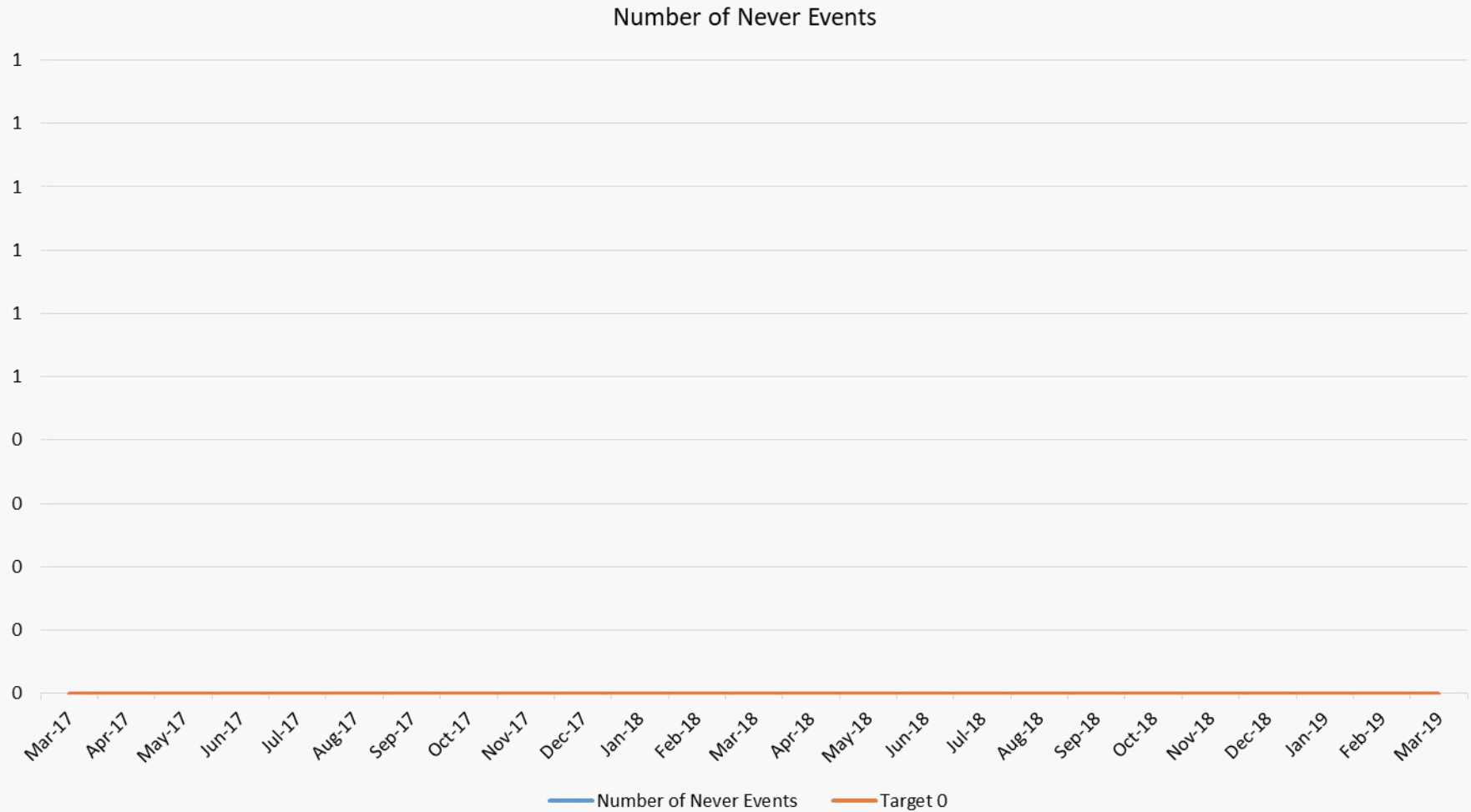
## QUALITY AT THE HEART OF EVERYTHING WE DO

Number of Serious Adverse Incidents



# OUR STRATEGIC ENABLERS

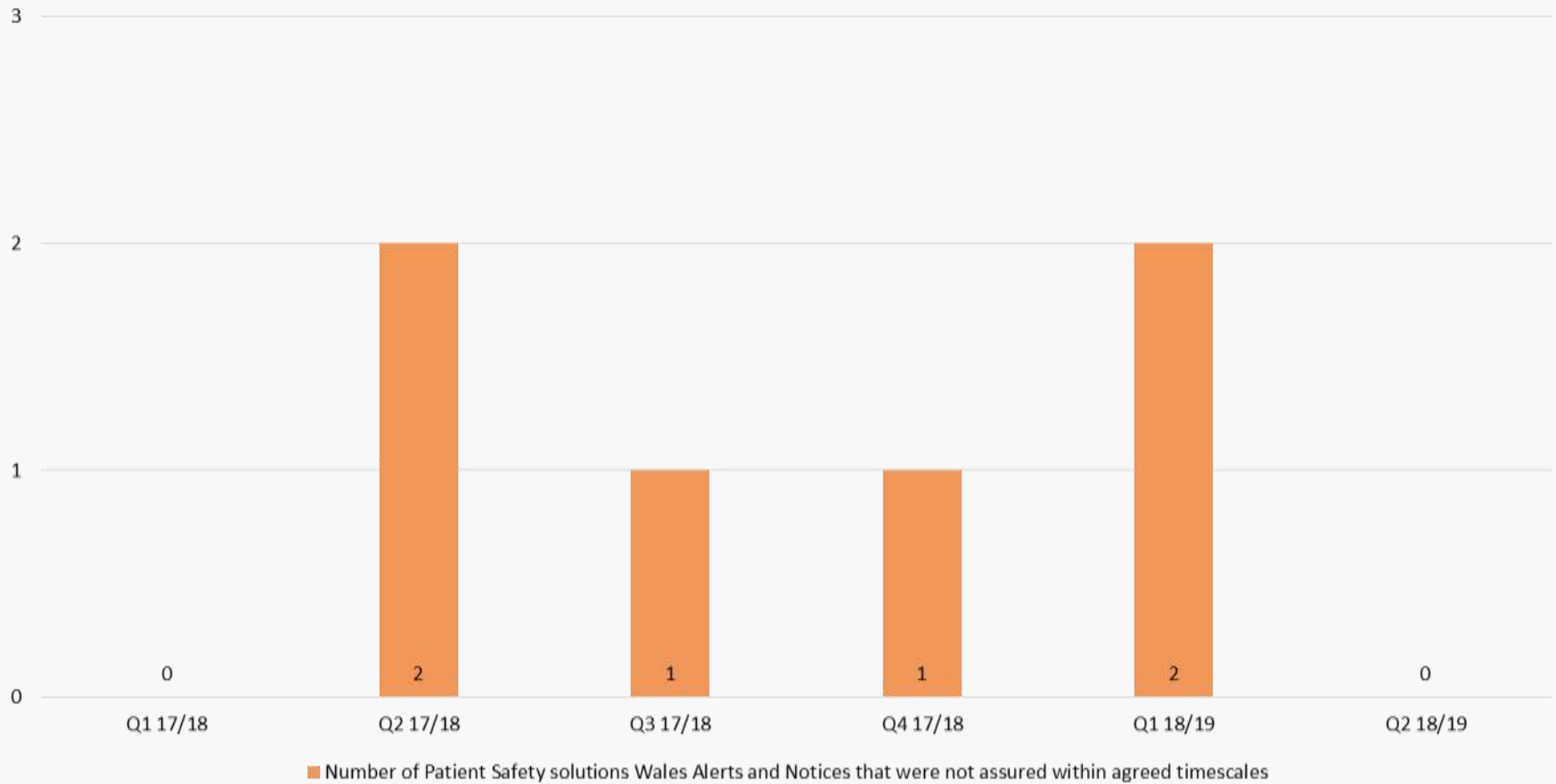
## QUALITY AT THE HEART OF EVERYTHING WE DO



## OUR STRATEGIC ENABLERS

### QUALITY AT THE HEART OF EVERYTHING WE DO

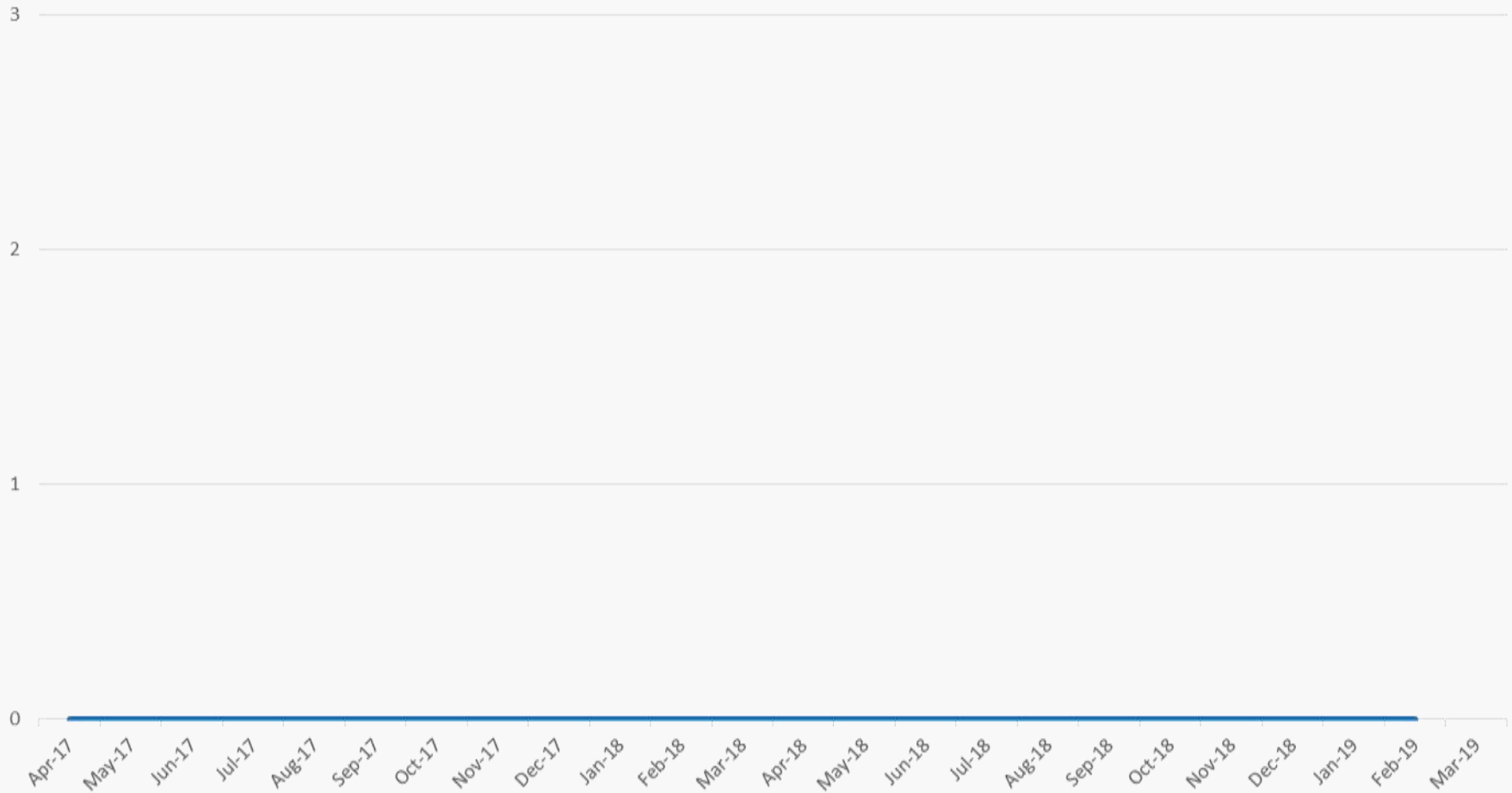
Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales



## OUR STRATEGIC ENABLERS

### QUALITY AT THE HEART OF EVERYTHING WE DO

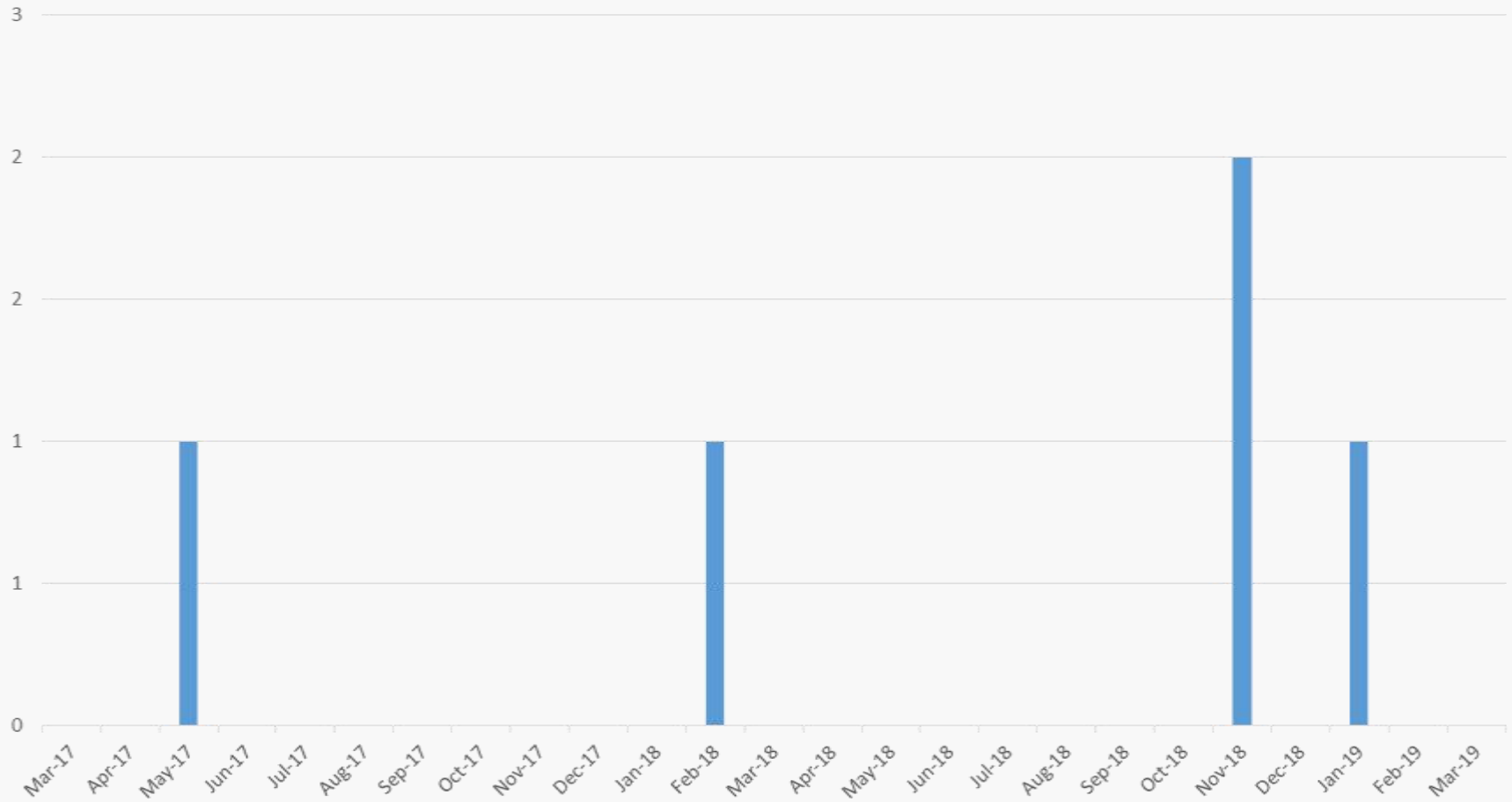
Number of administration, dispensing, and prescribing medication errors reported as serious incidents



# OUR GOLDEN THREADS

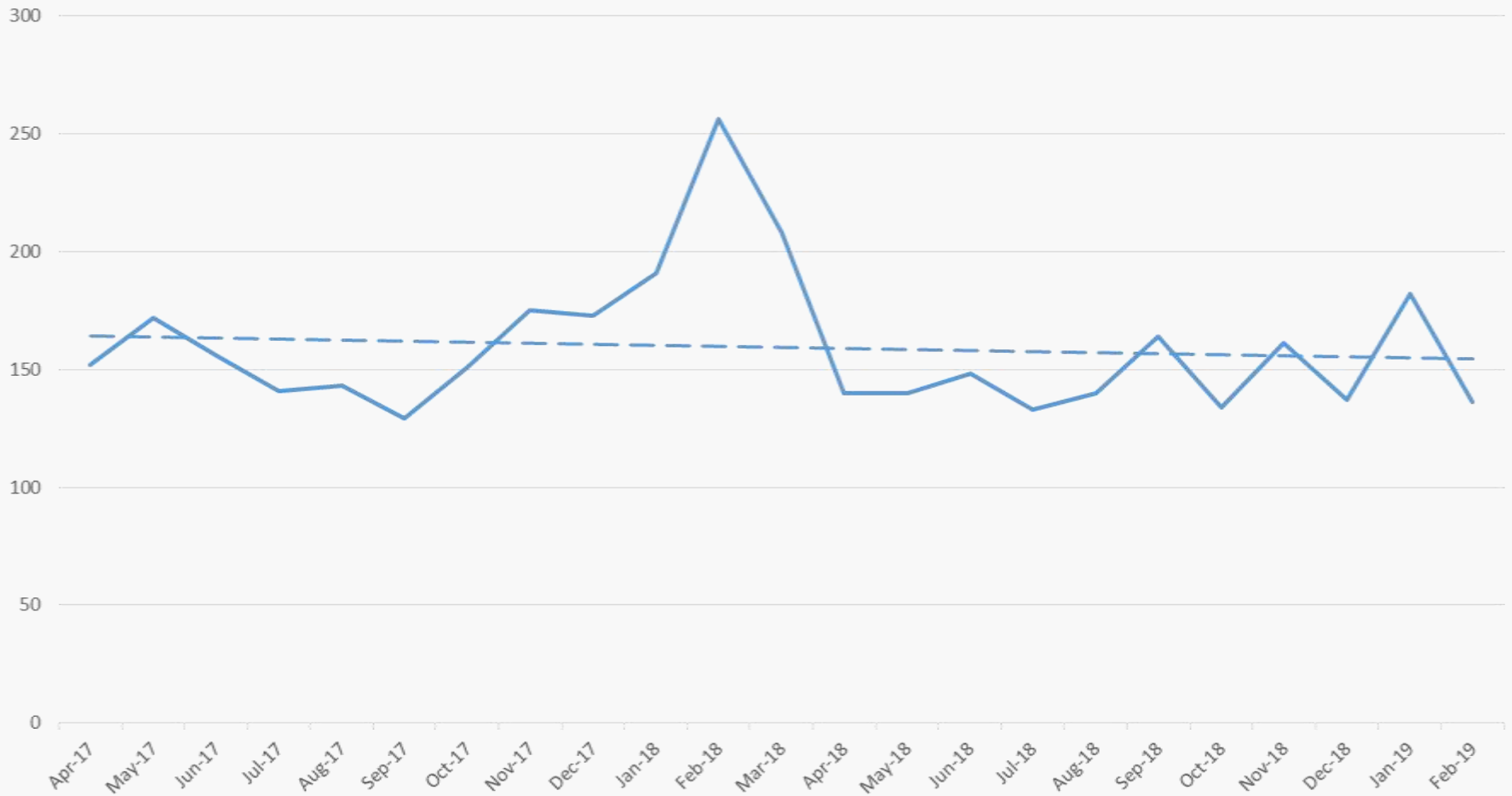
## VALUE IN EVERYTHING WE DO

Number of patient falls reported as serious incidents



# ACTIVITY

Patient Safety Incidents, Near Misses and Hazards





## ACTIVITY

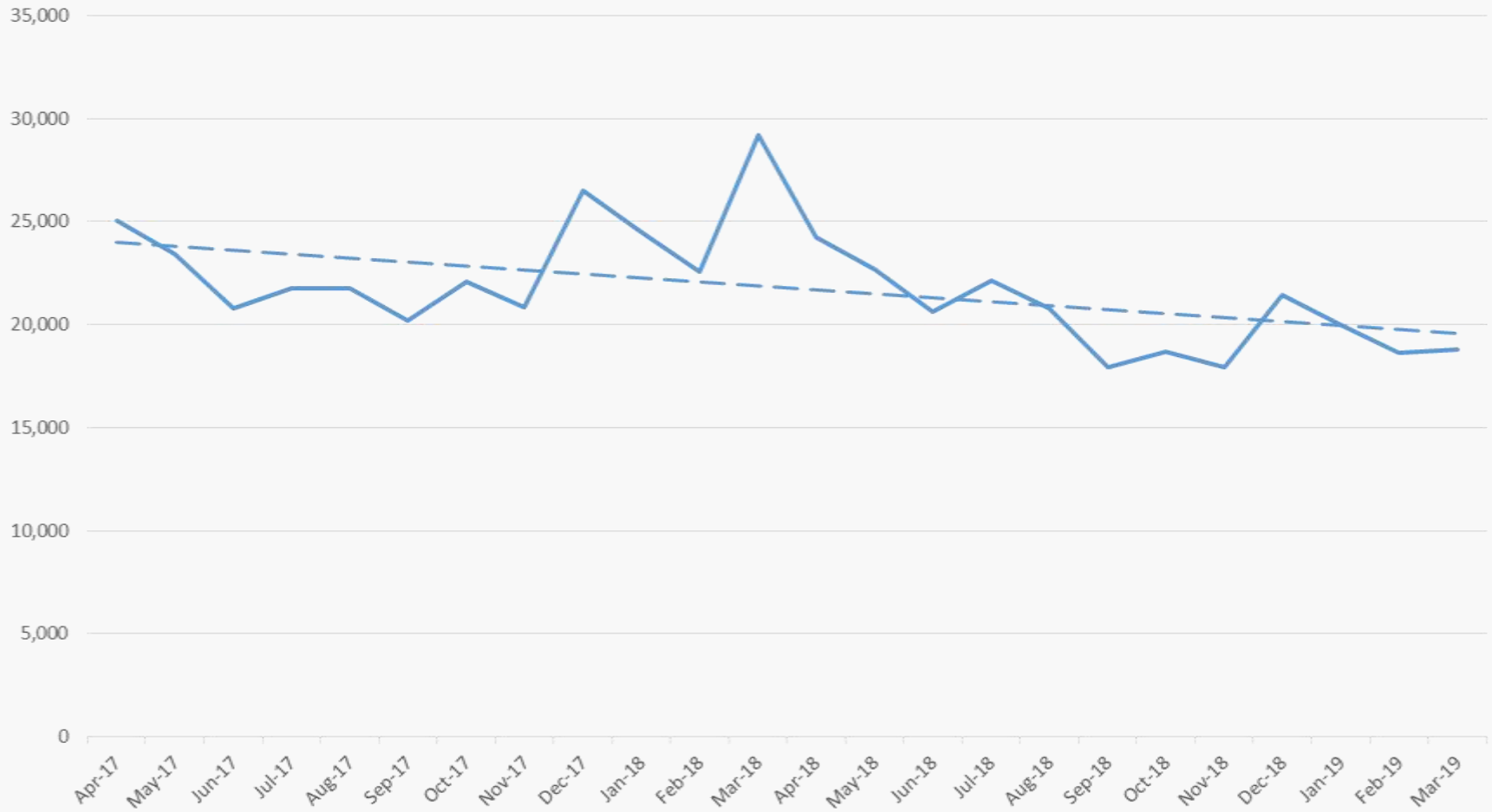
### SAI Volumes

ACTIVITY

CONCERNS VOLUME

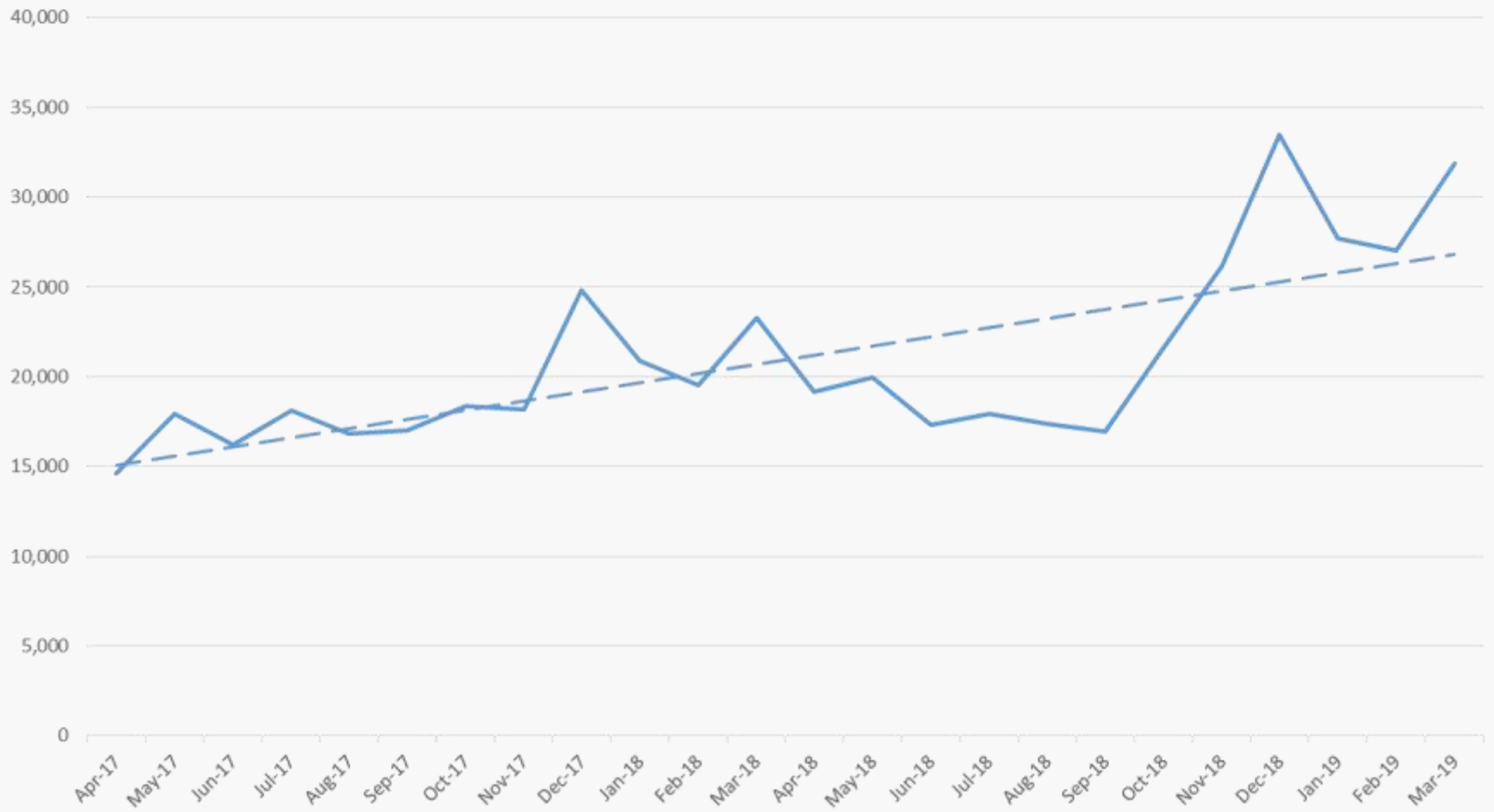
# ACTIVITY

Total NHSDW Calls



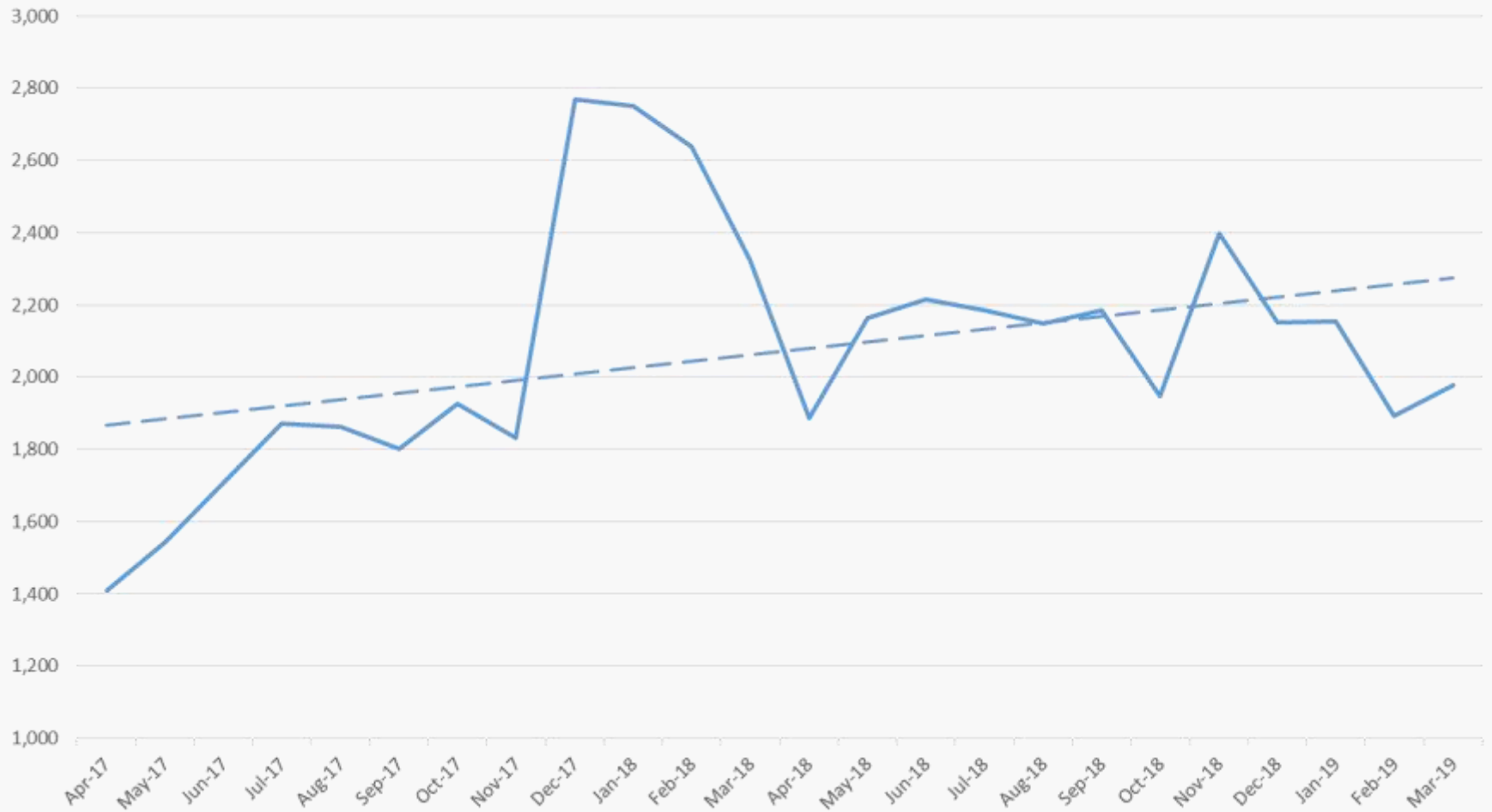
# ACTIVITY

Total 111 Calls



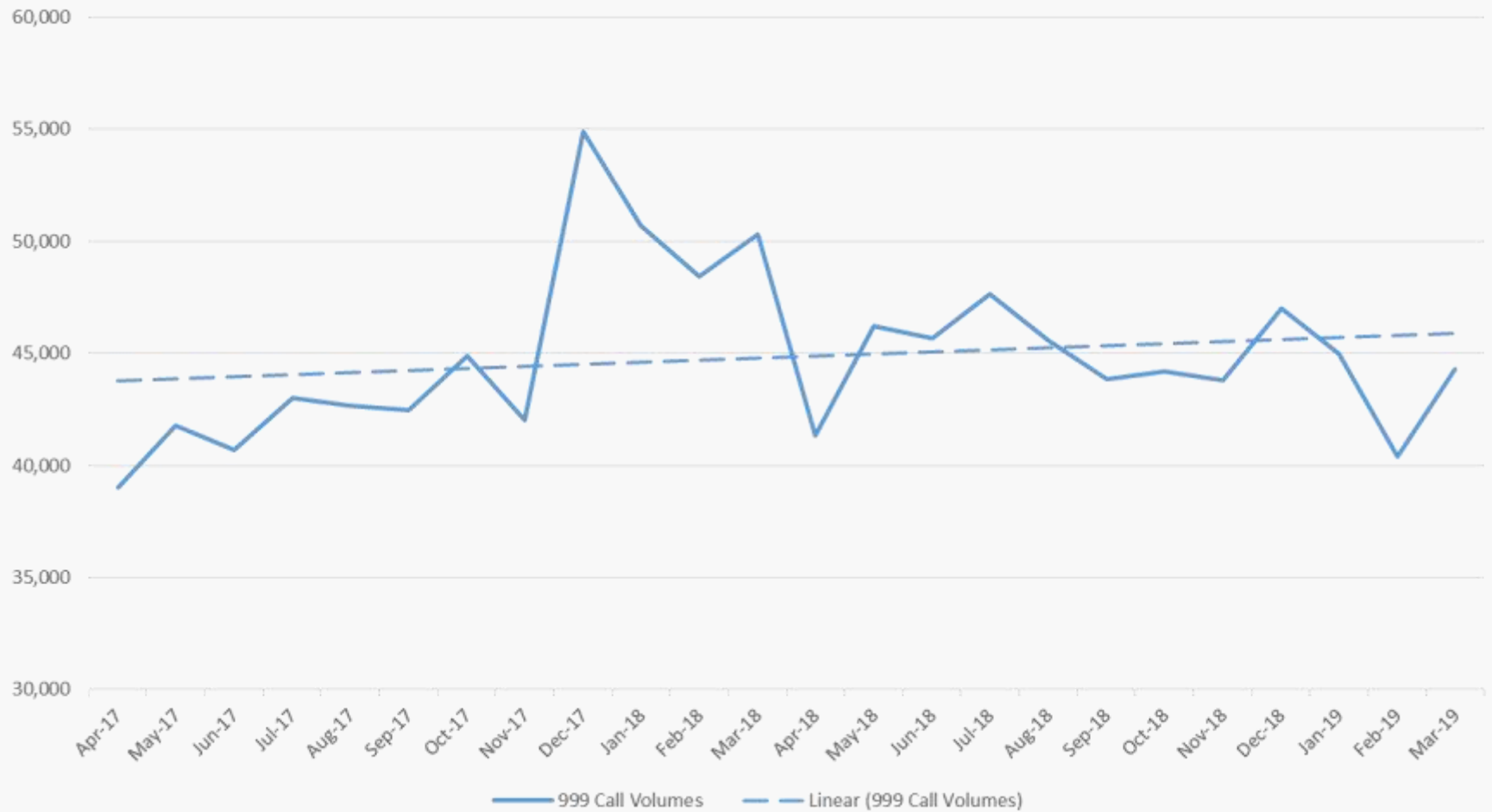
# ACTIVITY

Frequent Caller Call Volumes



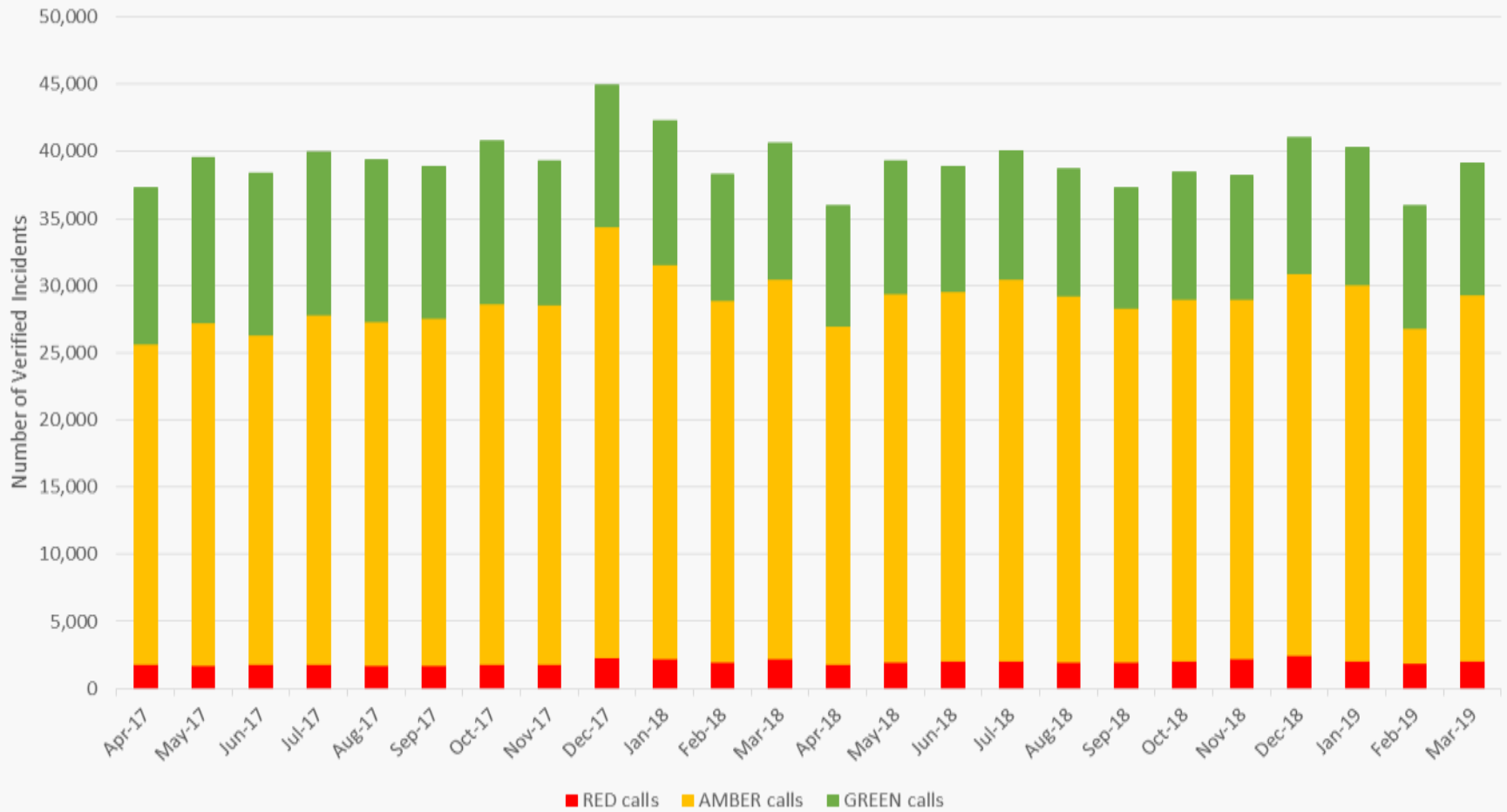
# ACTIVITY

999 Call Volumes



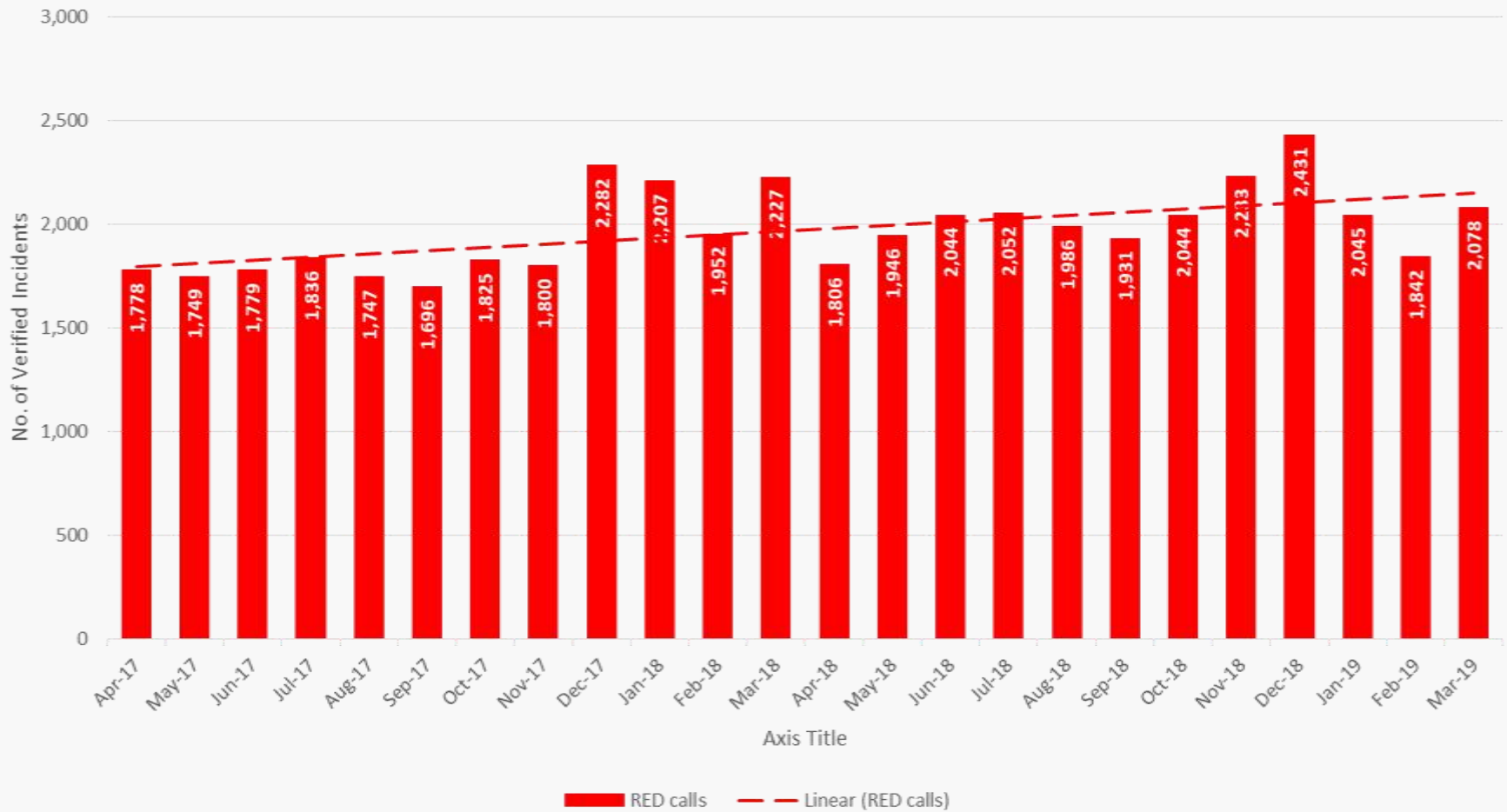
# ACTIVITY

Total Verified Demand split by RED, AMBER, GREEN



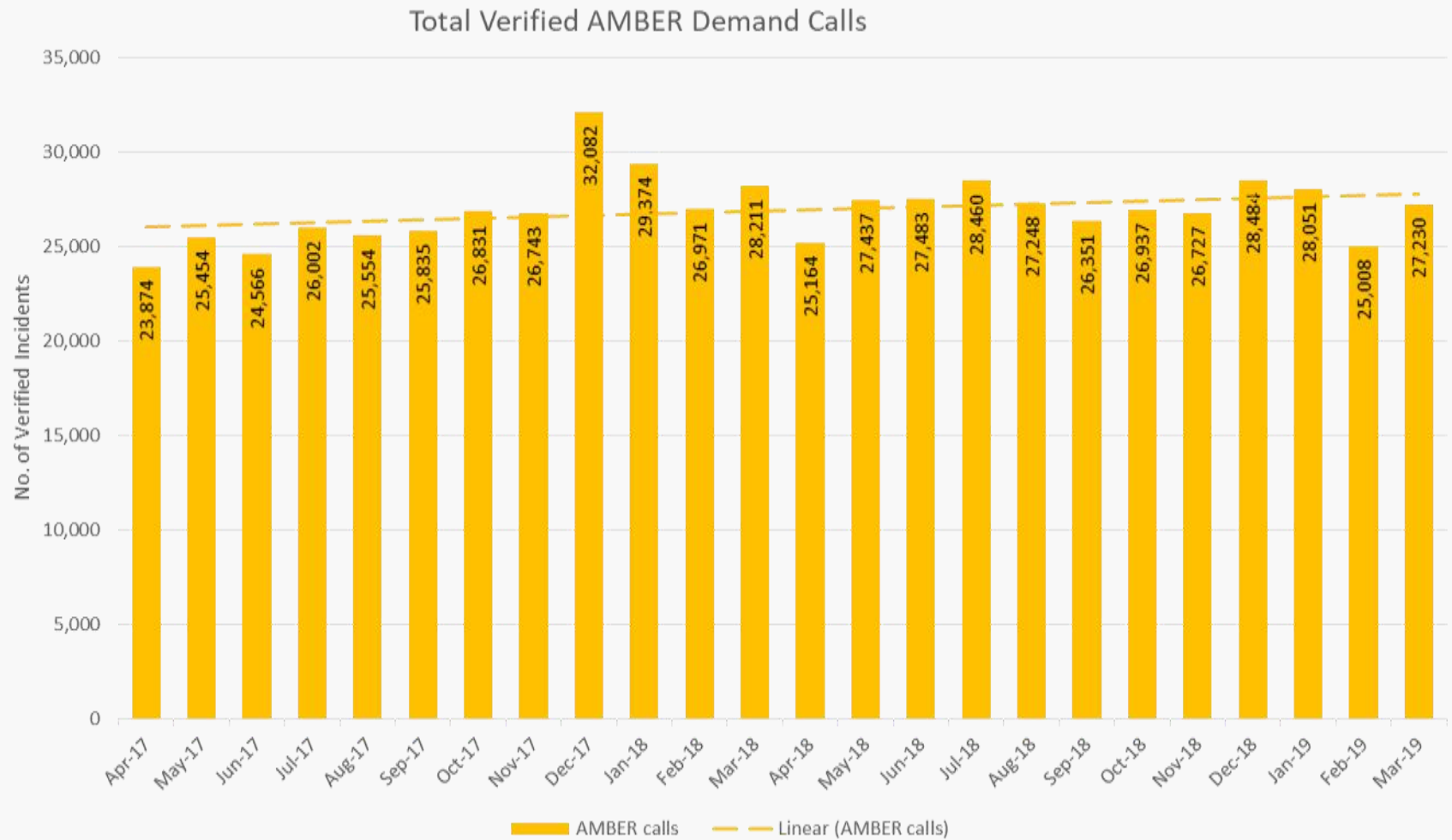
# ACTIVITY

Total Verified RED Demand Calls

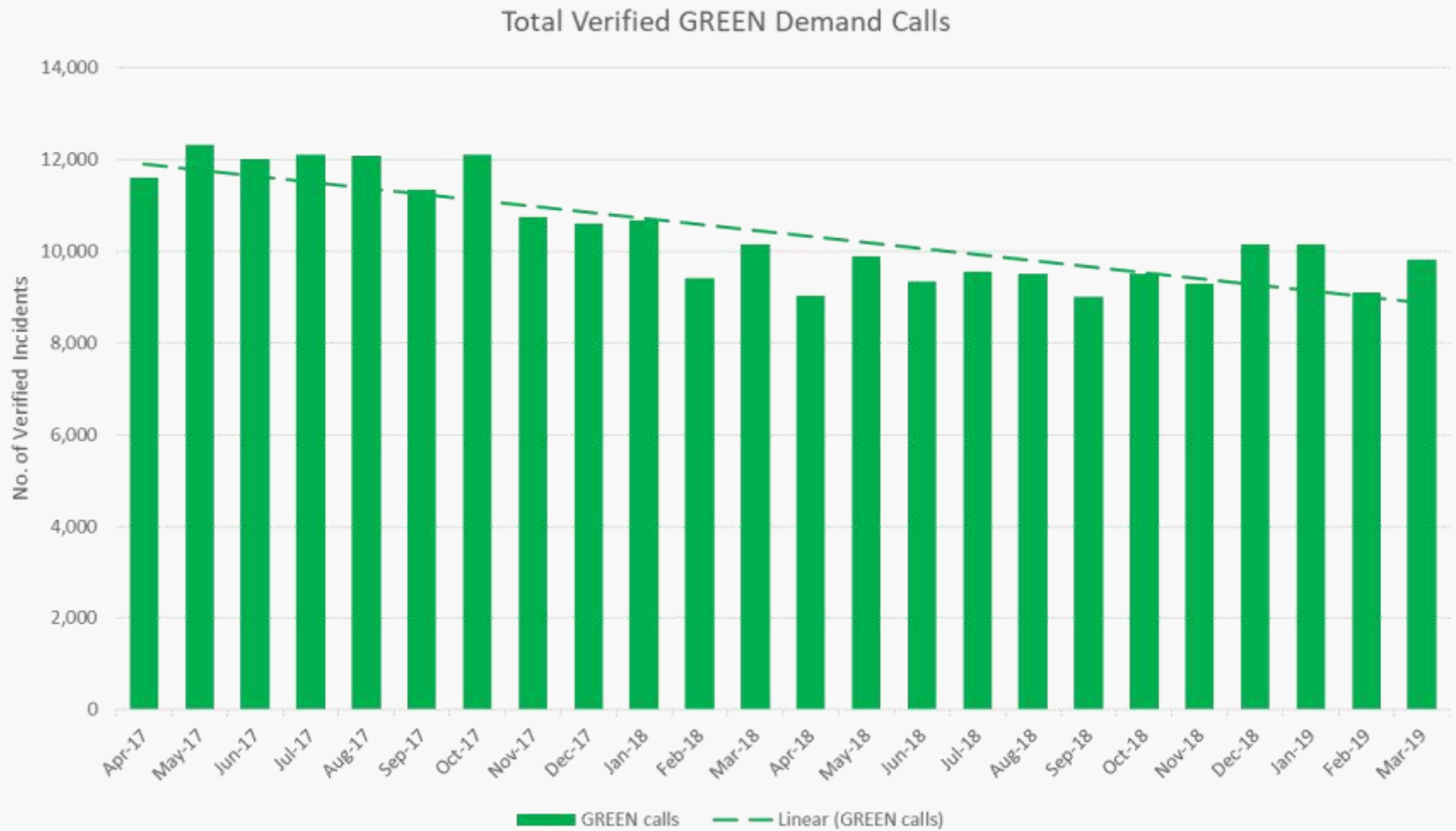




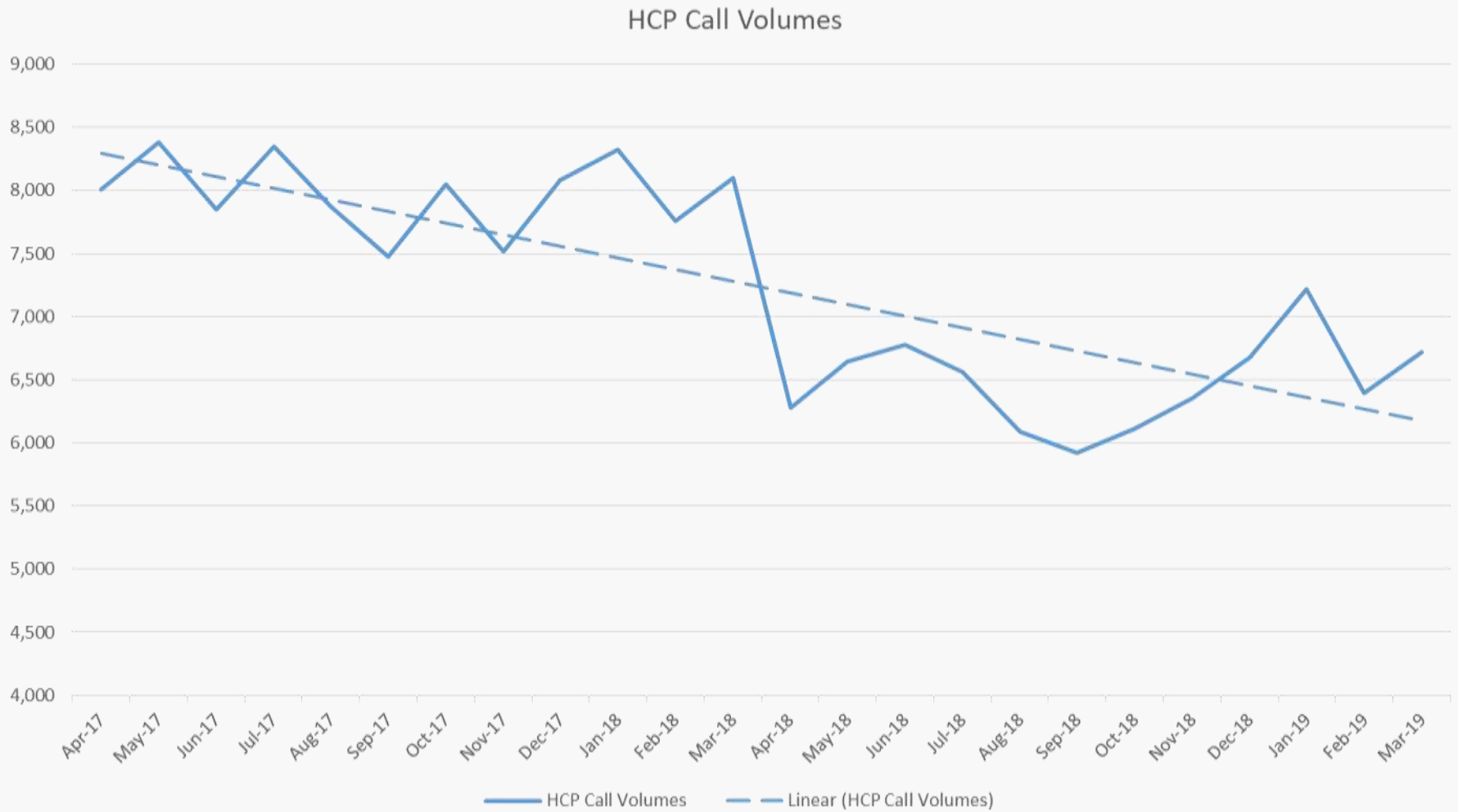
# ACTIVITY



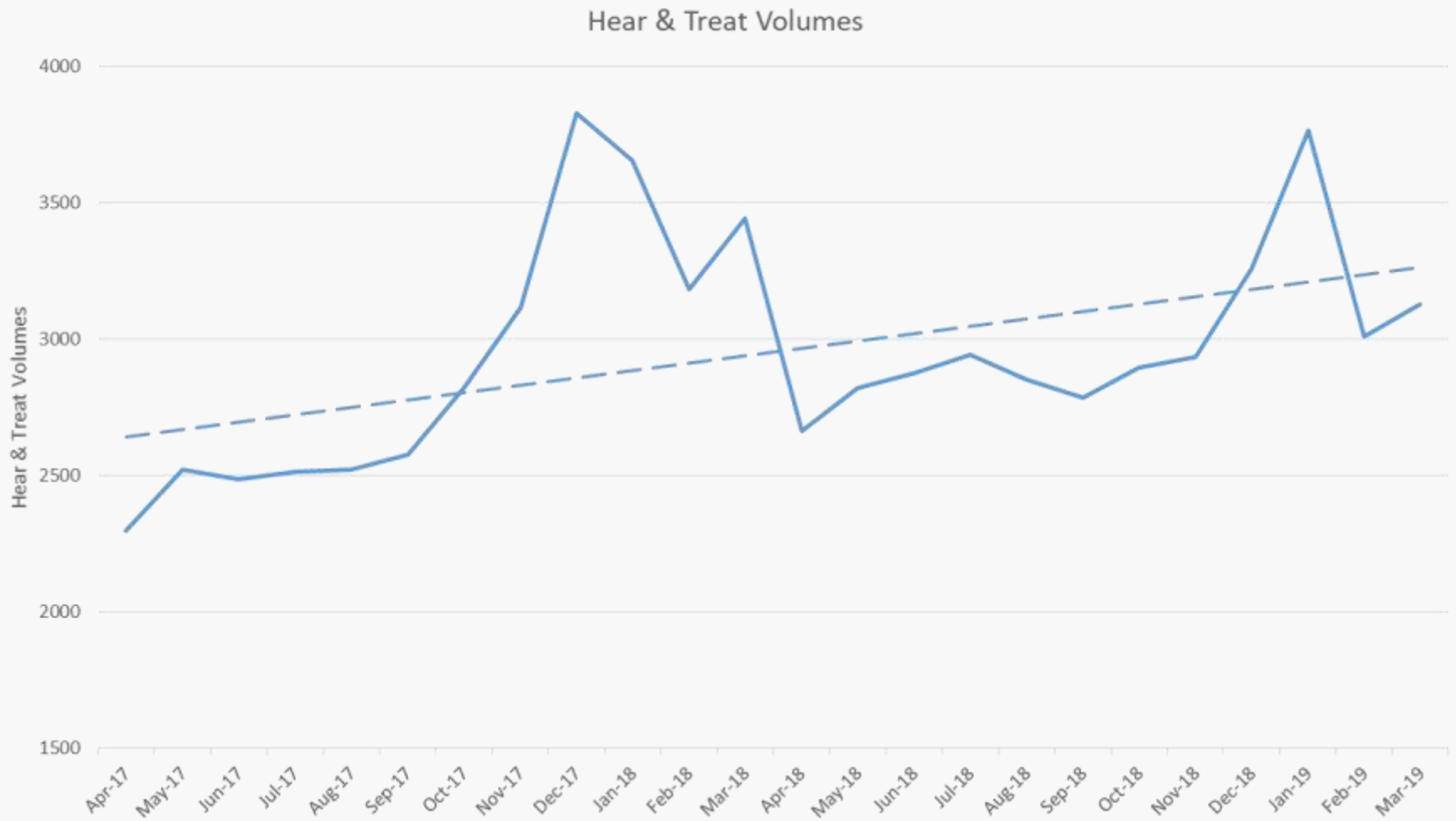
# ACTIVITY



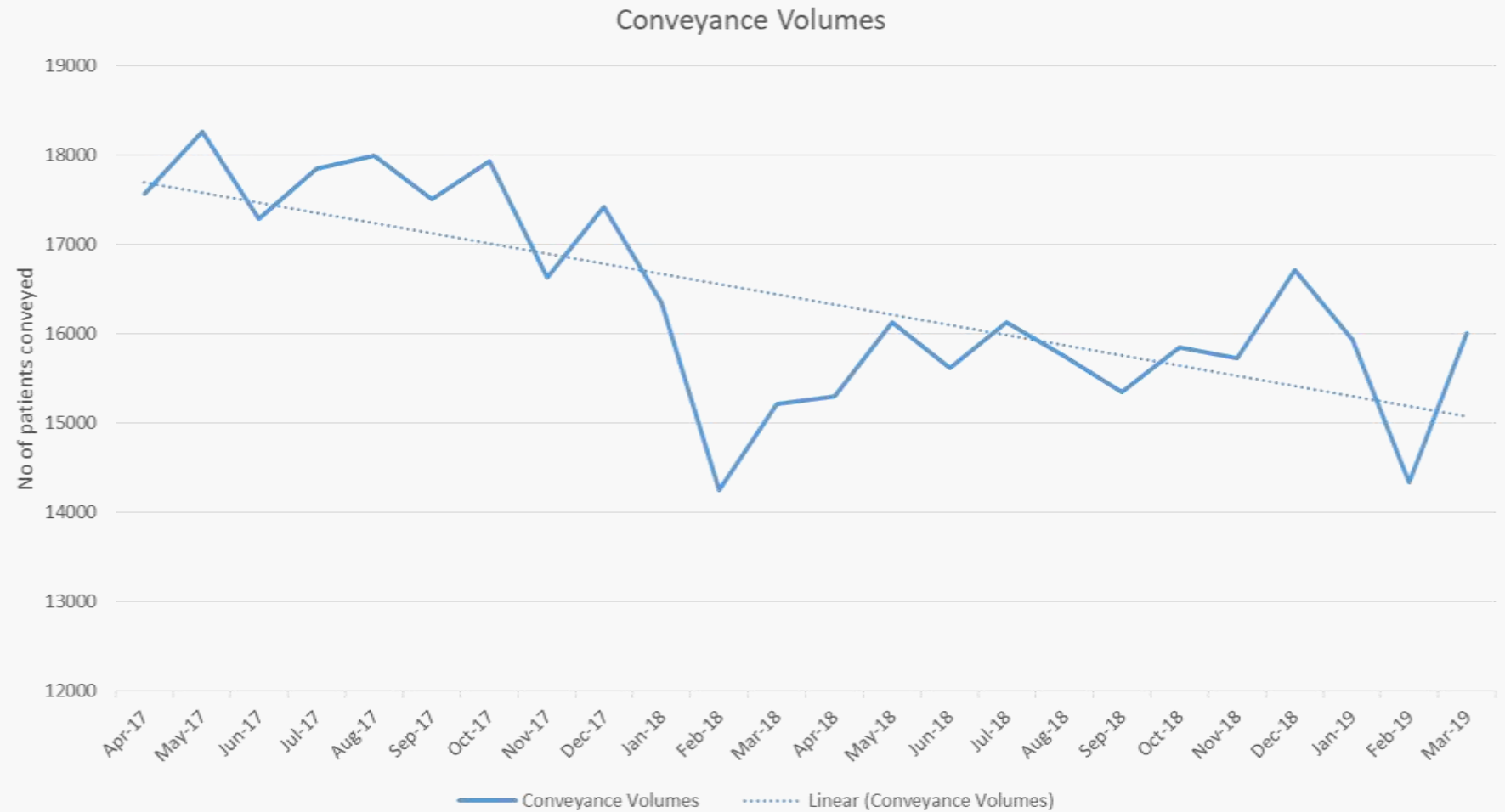
# ACTIVITY



# ACTIVITY

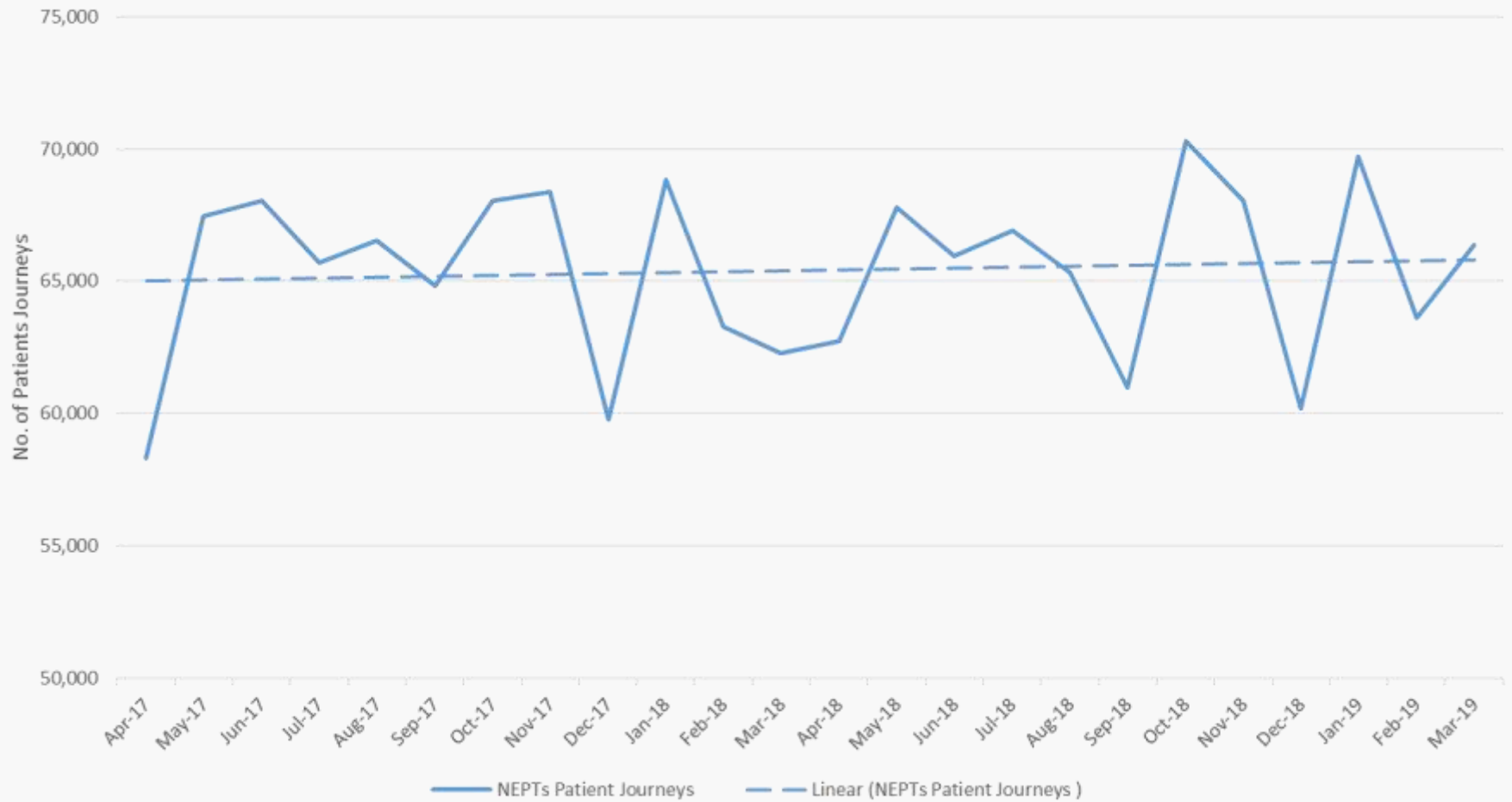


# ACTIVITY



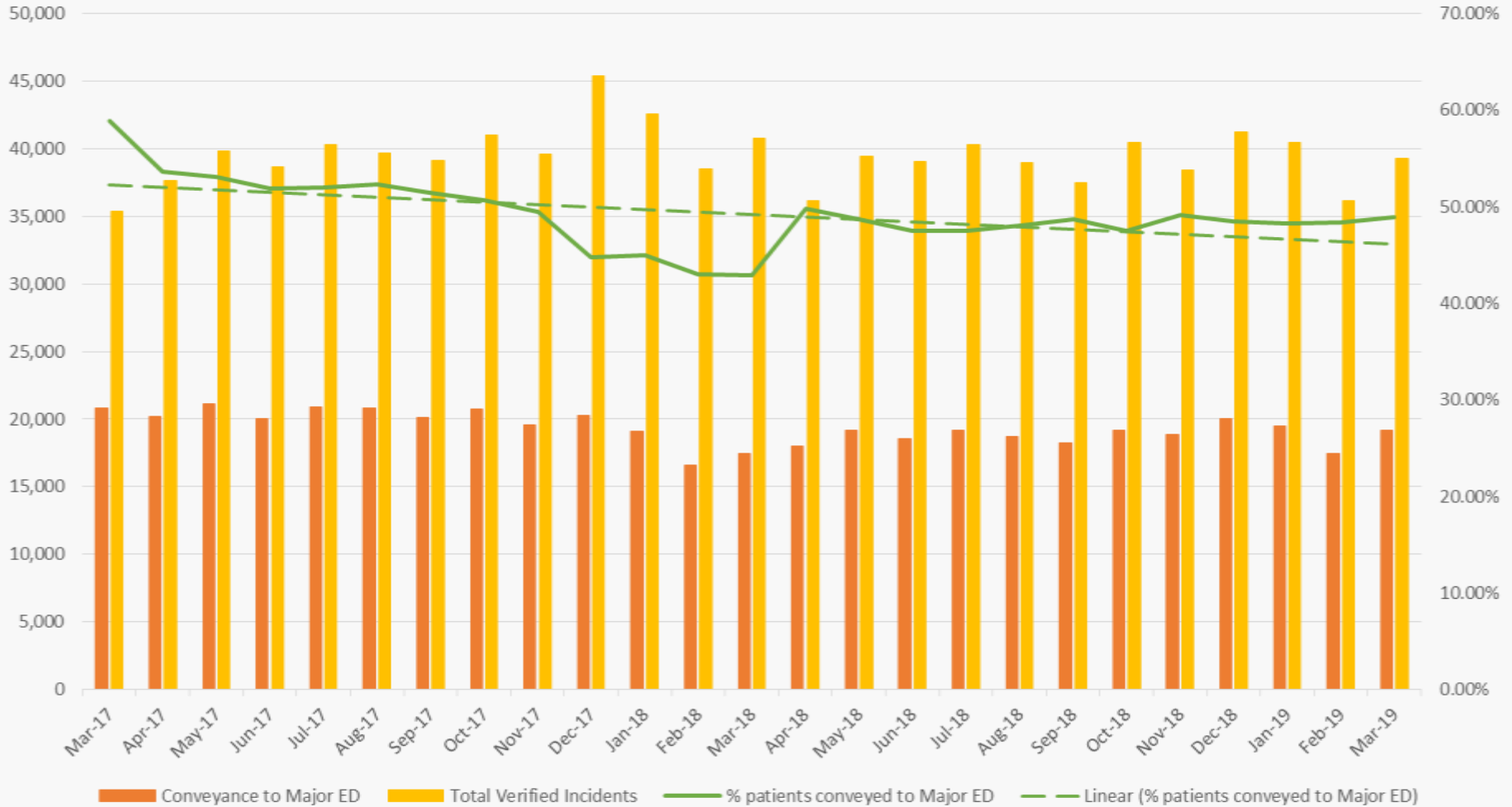
# ACTIVITY

NEPTs Patient Journeys



# ACTIVITY

## Conveyance to Major ED



Grŵp Iechyd a Gwasanaethau Cymdeithasol  
Dirprwy Brif Weithredwr, GIG Cymru

Health and Social Services Group  
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru  
Welsh Government

**Jason Killens,**  
Chief Executive,  
Welsh Ambulance Services NHS Trust  
[Jason.Killens@wales.nhs.uk](mailto:Jason.Killens@wales.nhs.uk)

Our Ref: SD/A2523528

Date: 4 April 2019

Dear Jason

### **Ambulance responsiveness**

I am writing with regard to emergency ambulance response performance to patients with immediately life threatening conditions (red incidents).

On the weekly Chief Executive Unscheduled Care Conference Call held on Monday, I was clear of our requirement to improve unscheduled care performance in April and beyond. I am concerned that red performance has stagnated at between 71 – 72% over recent months and remains below the >75% level reported consistently between May 2016 and October 2017. Performance in the Hywel Dda area has been particularly concerning of late.

Acknowledging that red activity has increased marginally over that period it is disappointing that performance remains below the standard achieved two years ago. Our expectations are that red performance continues to improve to at least 75% and this is important given speed of response to this group of patients is fundamental to a positive outcome.

In view of my concerns I have asked Stephen Harrhy, in his role as Chief Ambulance Services Commissioner, to enhance performance management arrangements and keep me informed of actions and progress to support improvement. Please work with Stephen to ensure improvements are achieved with pace.

Yours sincerely

**Simon Dean**  
Deputy Chief Executive, NHS Wales

**Cc:** Andrew Goodall, Chief Executive NHS Wales / DG for HSSG  
Stephen Harrhy, Chief Ambulance Services Commissioner



BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park  
Caerdydd • Cardiff  
CF10 3NQ

Ffôn • Tel 0300 025 5582  
Simon.Dean2@gov.wales

Gwefan • website: [www.wales.gov.uk](http://www.wales.gov.uk)





GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

Your ref/eich

cyf:

Our ref/ein SH/CD

cyf:

Date/dyddiad: 10 April 2019

Tel/ffôn:

Fax/ffacs: 01443 744943

Email/ebost: Stephen.Harrhy@wales.nhs.uk

Mr Jason Killens  
Chief Executive  
Welsh Ambulance Services NHS Trust  
Vantage Point House  
Ty Coch Ind Est  
Ty Coch Way  
Cwmbran  
NP44 7HF

Dear Jason,

As you will be aware, Simon Dean has requested that I implement enhanced performance management arrangements in order to improve the delivery of Red response performance.

Please can you provide me with your performance improvement plan for Red for the remaining month of April by 17:00 on Friday the 12<sup>th</sup> of April. I will require your plan for May by 17:00 on Friday 26<sup>th</sup> of April.

In addition I will require the following information to be provided by 17:00 each Monday:

- Actual vs Planned UHP for next 7 days (Tue-Mon)
- Planned additional capacity/initiatives for the next 7 days (Tue-Mon)
- Tactical plan and expected performance for the next 7 days (Tue-Mon)
- Summary report of Red responsiveness for the previous 7 days (Tue-Mon)

Activity report for previous 7 days (Tue-Mon) for all EMS activity

I will also require copies of the dispatcher missed Red breach reports on a daily basis.

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Emergency Ambulance Services Committee  
Cwm Taf Health Board  
Ynysmeurig House  
Unit 3 Navigation Park  
Abercynon CF45 4Sn

---

Pwyllgor Gwasanaethau Ambiwlans Brys  
Bwrdd Iechyd Cwm Taf  
Ty Ynysmeurig  
Uned 3  
Parc Navigation  
Abercynon Mountain Ash CF45 4SN

**Chair/Cadeirydd:** *Professor Siobhan McClelland*

**Chief Ambulance Services Commissioner/Prif Gomisiynydd Gwasanaethau Ambiwlans:**

*Mr Stephen Harrhy*

We will arrange a telephone meeting at 16:00 each Wednesday afternoon, to discuss any concerns and plans for the weekend.

The Quality Assurance and Improvement Service of the NCCU will be leading on these enhanced arrangements, Ross Whitehead, Assistant Director of Quality will be the main point of contact.

Please ensure all reports are sent to the NCCU Inbox:  
[GIG.NCCU@wales.nhs.uk](mailto:GIG.NCCU@wales.nhs.uk)

I look forward to working together to rapidly deliver the required improvements and return us to a more routine level of performance management as soon as possible.

Yours sincerely



**Mr Stephen Harrhy**  
**Chief Ambulance Service Commissioner**  
**Prif Gomisiynydd y Gwasanaethau Ambiwylans**

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Emergency Ambulance Services Committee  
Cwm Taf Health Board  
Ynysmeurig House  
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---

Pwyllgor Gwasanaethau Ambiwylans Brys  
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**Chief Ambulance Services Commissioner/Prif Gomisiynydd Gwasanaethau Ambiwylans:**  
*Mr Stephen Harrhy*



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

<b>AGENDA ITEM No</b>	<b>4.4</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Internal Guidance on the Use and Application of Charitable Funds

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Board Secretary
<b>CONTACT DETAILS</b>	Email: keith.cox@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	
<b>CORPORATE RISK (Ref if appropriate)</b>	
<b>QUALITY THEME</b>	
<b>HEALTH &amp; CARE STANDARD</b>	

<b>REPORT PURPOSE</b>	To present and seek approval from the Board on a process for staff to apply for Charitable Funds.
<b>CLOSED MATTER REASON</b>	Not Applicable

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Charitable Funds Committee	March 2019	
EMT	8 May 2019	

## **SITUATION**

1. This paper introduces, and seeks Board approval on, guidance and proposals for a process which allows staff to apply for Charitable Funds. The details of the process and how staff can apply are shown in the attached guidance. Terms of Reference for a proposed Bids Panel is also attached.

## **BACKGROUND**

- 2 The Trust holds a charitable funds account which houses monies mostly consisting of donations from patients and the public. The Fund is maintained separately from other Trust funds, and is registered as a charity with the Charities Commission. The Board are Trustees for this Fund. The Charitable Funds Committee carry out oversight of the Fund on behalf of the Trustees.
- 3 The Charitable Funds Committee has expressed some concern over the growing level of funds accumulating in the Fund. It was noted that the number of applications from staff to access the Fund were very low. The Committee was keen to ensure that charitable funds were used appropriately and for the purpose for which they were donated.
4. It was felt that the majority of staff and managers did not know about the Fund, or for the purpose it was established. Those that did know about the Fund had no idea how to access it or the criteria on which applications would be judged.
- 5 The Committee agreed that the Board Secretary, in partnership with Trade Union colleagues, should consider a process by which staff could apply to access charitable funds. The process should be fair and equitable, easily understood by staff and uncomplicated to administer.
6. Having agreed a process, guidance should be prepared, approved by the Board, and circulated to staff and managers. The Trust should also consider using the opportunity to promote and publicise the scheme to staff.

## **ASSESSMENT**

7. The Board Secretary and Trade Union colleagues considered options for a process and agreed on the model detailed in Appendix 2 of the attached guidance. The guidance has been prepared around this model. The guidance also incorporates financial guidance and information which had previously been prepared by the Financial Accountant. The process will also involve the creation of a new Bids Panel for which Terms of Reference has been prepared and are attached.-
8. The guidance has been shared with The Charitable Funds Committee who were content for a wider consultation to take place and then submitted to EMT for final comment. The Committee requested that the guidance then go to the May Board meeting for approval.

**RECOMMENDED: That the Board:**

- 1) Consider and approve the attached process and guidance and Terms of Reference for a newly formed Bids Panel.**
- .



# Internal Guidance on the Use and Application of Charitable Funds

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## Table of Contents

1. Introduction.....	4
2. Purpose of these guidelines .....	4
3. Roles and Responsibilities.....	5
4. Charitable Funds Expenditure .....	6
5. Charitable Funds Income.....	9
6. How to Apply for Charitable Funds.....	10
7. Audit & Review .....	10
Appendix 1 .....	11
Appendix 2 .....	14
Appendix 3 .....	15



## **1. Introduction**

- 1.1** The Trust receives donations from various sources including patients, former patients, relatives and from internal and external fundraising. These funds are permitted to be treated as charitable donations and, as such, the Trust has established a charitable fund for the purpose of accounting and spending these funds. This paper therefore provides guidance to staff on the use of the Trust's charitable funds.
- 1.2** The Welsh Ambulance Services NHS Trust Charitable Fund is a charity registered with the Charity Commission (registered charity No.1050084). In order to apply and maintain the charitable status, the Trust needs to comply with all the operating, reporting and other requirements of the Charities Act.
- 1.3** The legislation contained in the Act places responsibility on the Trust to conduct its charitable fund affairs within these laws. Acting in its capacity as Trustee, the Trust Board has direct responsibility for ensuring the Trust complies with the Act. Trust compliance with the Act is overseen by the Charity Commission who is able to fine organisations for breaches or, in certain circumstances, removal of their charitable status.
- 1.4** Use of the charity registration number must be authorised by the Trust and cannot be used in connection with other activities, such as fundraising outside the Trust, without the Trust's prior approval.

## **2. Purpose of these Guidelines**

- 2.1** These guidelines are intended as a reference point for all staff on the correct use and application of the Trust's charitable fund. They provide specific guidance on what charitable funds can be used for and how staff may apply and access these funds. The guidance does not cover the Trust's bursary scheme for which there are separate arrangements.
- 2.2** The guidelines are not definitive and any queries relating to the operation and use of charitable funds monies should be directed to the Board

Secretary or to the Charitable Funds Accountant in the Finance Department.

### **3. Roles and Responsibilities**

#### **3.1 Trustee**

Trustees are those responsible for controlling and managing the affairs of the charitable fund. They are accountable for the proper management of the charity. The Trust's Board is the Corporate Trustee of the Charity. Members of the Trust Board and the Charitable Funds Committee are not individual trustees under charity law but act as agents on behalf of the Corporate Trustee in the administration of the charitable funds.

#### **3.2 Charitable Funds Committee**

The Trust Board discharges its responsibilities for the management of charitable funds through the Committee, whose minutes are forwarded to the Trust Board. This Committee comprises of four Board members and meets regularly to oversee charitable fund activities. The Committee:

- Manages the affairs of the Trust's Charitable Fund within its terms of reference and appropriate legislation.
- Manages the investment of funds in accordance with the Charities Act and, if necessary, seeks advice from the Charity Commission and professional financial and investment advisors.
- Ensures funding decisions are appropriate and are consistent with the Charity's objectives, and ensures such funding provides added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.
- Receives regular reports on financial transactions and audit findings and approves the annual accounts.
- Where appropriate, reviews the performance and appointment of investment advisors

#### **3.2 Bids Panel**

The Bids Panel meets regularly and considers applications from staff wishing to access and utilise the Trust's charitable funds. Full details of the Panel's membership and role and responsibilities can be found in their terms of reference.

#### **3.3 Board Secretary**

The Board Secretary is responsible for the overall governance of the charitable fund, providing guidance and ensuring compliance with the legislation and guidelines.

### **3.4 Charitable Funds Accountant**

The Charitable Funds Accountant is responsible for the day to day financial administration of the charitable fund. The Charitable Funds Accountant will:

- Arrange for financial transactions to be processed;
- Compile management information;
- Maintain a record of those transactions; and
- Report to the Financial Controller and Charitable Funds Committee on a variety of charitable funds issues

## **4. Charitable Funds Expenditure**

**4.1** The Trust's charity registration document states that charitable donations will be principally used to purchase amenities for the benefit of ambulance staff, together with providing additional training resources to further enhance the quality and standards of care provided by ambulance services in Wales.

**4.2** It is important therefore that charitable funds are not used to make payments which fall outside of the purpose of the fund. Nor should any purchases or payments contravene the Trust's policies, Standing Orders, legislation, terms and conditions of employment or any other regulations or requirements.

**4.3** The Trust's charity holds two types of charitable funds:

- **Unrestricted funds** - these are sometimes called general funds. These may be spent at the discretion of the charity in accordance with its purpose and objectives.
- **Restricted funds** - these can only be spent in accordance with restrictions imposed when the funds were donated. The Trustees are not obliged to receive funds of this type and may refuse them if conditions imposed by the donor are too onerous or where funds are unlikely to be able to be used as directed.

- 4.4** Additionally, funds may be designated where, at the discretion of the Trustees, monies are earmarked for a specific purpose, such as a specific ambulance station or service area. Whilst the Trustees will endeavour to ensure that the funds are used for the designated purpose, the designation is an administrative one and is not legally binding.
- 4.5** The following are some general illustrative areas of expenditure that managers and staff may wish to consider. As a general rule, charitable funds should not be used to fund items that would normally be funded from exchequer funds or from other funder sources. The listing below is not definitive, although when considering expenditure in areas outside this guidance; it is strongly recommended that advice is sought beforehand from the Finance Department.

**4.5.1 Retirement/Christmas functions**

A contribution towards the cost of food, buffets and non-lavish events, or a retirement gift, may be made from charitable funds. In particular a long-standing tradition has been to provide funds to stations to purchase food items for those working Christmas Day, Boxing Day and New Year's Day.

**4.5.2 Purchase of Alcohol**

The purchase of alcohol is not an appropriate use of charitable donations and therefore any requests will be refused.

**4.5.3 Medical Equipment**

All the Welsh Ambulance Services Trust's operational services are equipped to the required specification from NHS funding. However additional medical equipment over and above standard levels of provision can be purchased from Charitable Fund monies if it is considered that it would be beneficial to the treatment of patients.

In such cases, it is important that equipment is formally approved through the Trust's committees on Clinical Governance and Medical Devices as appropriate, to ensure compliance with national policy and guidelines.

It is also important to ensure that where equipment would incur training, maintenance or operating costs there is adequate funding identified within operational budgets.

**4.5.4 Furniture, Fittings and Recreation Facilities**

As with medical equipment, NHS funding is provided to support the Trust in ensuring operating premises are furnished and maintained to acceptable standards of comfort, health and safety.

However, these funds are limited and upgrading and refurbishment therefore takes place under a rolling estates and maintenance programme which is prioritised on the basis of need.

Furniture, fittings and decor over and above the level of provision which can be supported through NHS funding could be purchased from Charitable Funds. e.g. items such as:-

- redecoration/ carpets
- reclining chairs/sofas
- televisions and DVDs
- microwaves, fridges, hoovers
- sundry kitchen equipment
- sports equipment etc.

They should not be lavish but appropriate in relation to the number of users, size of the room etc.

Purchases must only be made following consultation with operational managers, and through the Trust's Shared Services Procurement Department – to ensure goods do not impact on operational effectiveness, and meet both health and safety requirements and procurement guidelines.

Where purchases would require ongoing maintenance or incur operating costs, it is important to ensure there is adequate funding identified for this within operational budgets.

#### **4.5.5 Long Service Awards**

Costs of long service awards and functions may be met out of Charitable Funds.

#### **4.5.6 Training and Development**

All personnel are trained by the Trust from NHS resources to the required level needed for them to carry out their required duties. However, training resources are finite, and are prioritised on the basis of need, with demand always exceeding available resource.

Additional training over and above this level that could contribute to the personal development of an individual or group of individuals could be supported from Charitable Funds as long as it could be demonstrated that it contributes innovation and improvement in the welfare of patients or their ability undertake their. Such funding can be applied for under the CFC Bursary Scheme.

#### **4.5.7 Purchase of laptop computers and personal data devices (PDAs)**

A guiding principle of charitable funds expenditure is that, unless there are exceptional circumstances, equipment purchased should be for the general benefit of staff.

Portable devices such as laptop computers and PDAs therefore present a potential conflict in that they tend by nature to be for personal individual use.

However, the potential benefits of laptops and possibly even PDAs in supporting training and development is recognised, and expenditure may, exceptionally, therefore be allowed where assurances can be provided by the Fund Manager that:

- the equipment is shared and available for the use of staff in general
- equipment will not be used to store sensitive data of a clinical, personal or business critical nature which could be at risk of loss, theft or misuse.
- equipment meets general Trust I.T. specifications
- suitable arrangements are in place to safeguard the equipment from loss or theft
- any additional revenue implications will be met from the Charitable Fund, including replacement in the event of loss or theft.

**4.6** All items purchased from Charitable Funds should be purchased under established Trust procedures to ensure that best value for money is obtained and that goods purchased are clinically appropriate and operationally fit for purpose. The Trust's Shared Services Procurement Department will advise on any procurement issues and, under the Trust's agreed policy, purchase orders should be placed via the Oracle System where appropriate.

**4.7** Certain items of medical equipment are VAT exempt if accompanied by a VAT exemption certificate. Ordering through Oracle will ensure that qualifying purchases are identified and only the net amount charged through to individual funds.

## **5. Charitable Funds Income**

**5.1** Charitable funds income generally consists of legacies and individual donations from members of the public.

**5.2** Any fund raising activity such as public appeals or fund raising events undertaken in the name of the Welsh Ambulance Services NHST requires the prior approval of the Trust's Charitable Funds Committee.

**5.3** Full details and guidance on fundraising can be located within the Charity Commission's booklet CC20 'Charities and Fundraising' available on their website. Extracts from this guidance are attached at **Appendix 1**. Additional financial advice can be provided by the Finance managers listed at the end of this document.

## 6. How to Apply for Charitable Funds

- 6.1 A basis flowchart detailing the process for applying for and accessing charitable funds is shown at **Appendix 2**. This, together with the following paragraphs, will guide staff on how to apply for funds and what to expect when an application is submitted.
- 6.2 Any member of staff can apply to access charitable funds. Staff should be guided by, but not limited to, the types of purchases detailed in section 4. Applications should be submitted on the form shown in **Appendix 3**. Applications should be supported by your line manager or another member of staff and submitted to the Charitable Funds email account.
- 6.3 All applications to access charitable funds will be considered by a Bids Panel. The Panel consists of members of staff, including Trade Union partners and Chaired by the Board Secretary. Full details can be found in the Panel's Terms of Reference.
- 6.4 The Panel, which will meet quarterly, will notify applicants whether their bid has been successful or not. If successful, the Financial Accountant will also be notified who will arrange for the Oracle requisition to be approved once this has been entered by the requestor. The Communications Team will also be notified of successful applications so that the potential for publicity and promotion of the scheme can be explored.
- 6.5 The Bids Panel will provide regular reports to the Charitable Funds Committee.

## 7. Audit & Review

- 7.1 The scheme and this process will be subject to regular audit review and scrutiny. In addition to the statutory requirement of producing audited annual accounts, the Trust will seek assurances that the scheme is operating properly and fairly and in accordance with legislation and Trust policies. This will include review by Internal and External Auditors.
- 7.2 This Guidance should be reviewed in April 2020.

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## **APPENDIX 1**

### **Extracts from Charity Commission's booklet CC20 'Charities and Fundraising'**

#### **1. What are trustees' legal duties in relation to fundraising?**

Trustees have an overriding duty to act in the interests of the charity. In doing so, they must act prudently, balancing issues of resourcing and potential risks to the charity. Trustees' duty of care requires that they exercise reasonable care and skill in carrying out their responsibilities.

Where members of the public or volunteers are fundraising on behalf of the charity or where the charity employs a professional fundraiser, trustees should ensure that they have proper and appropriate control of funds. This includes ensuring that funds are only spent for the purpose for which they were raised.

#### **2. What should trustees consider before launching a fundraising appeal?**

Trustees are responsible for deciding the charity's overall approach to income generation and mission.

Trustees should ensure that the appeal is well planned and adheres to the charity's values and objects, taking into account any financial or reputational risks connected with the proposed fundraising appeal. With any significant fundraising appeal, this may require a business plan, a budget and possibly require professional legal and accountancy advice. The objects, reputation and values of the charity should be carefully considered prior to launching any fundraising appeal, as fundraising is frequently the only interaction the charity has with the public and will consequently affect the charity's reputation and influence the opinions of potential donors and supporters.

#### **3. What should trustees consider when choosing a method of fundraising?**

Trustees should be aware of and comply with the law governing fundraising and whether the proposed activities correspond with the charity's values. Trustees should also reflect on the financial and reputational risks, for example, the possible consequences of a contentious appeal.

#### **4. Which fundraising activities are subject to specific regulation?**

There are specific regulations for public collections (street collections, door-to-door collections, face-to-face collections), fundraising involving professional fundraisers, fundraising involving commercial participators, charity staff paid to fundraise in public places and lotteries.

There are also other laws and regulations that affect fundraising that may apply such as data protection, child protection and the telephone preference system.

<b>Checklist</b>		
<b>If there are no implications please state none</b>	<b>YES/NO</b>	<b>If yes these should be covered in the report - please indicate relevant paragraph number</b>
Financial Implications		
Legal Implications		
Risks		
Reputational		
Health Improvement		
Has the Equality Impact Screening tool identified any issues		
If yes a full impact assessment is required and has one been done		
Patient Safety/Safeguarding		
Environmental/Sustainability		
Estate		
Workforce		
ICT		
Health and Safety		
Staff side consultation		

## **EQUALITY IMPACT ASSESSMENT SCREENING TOOL**

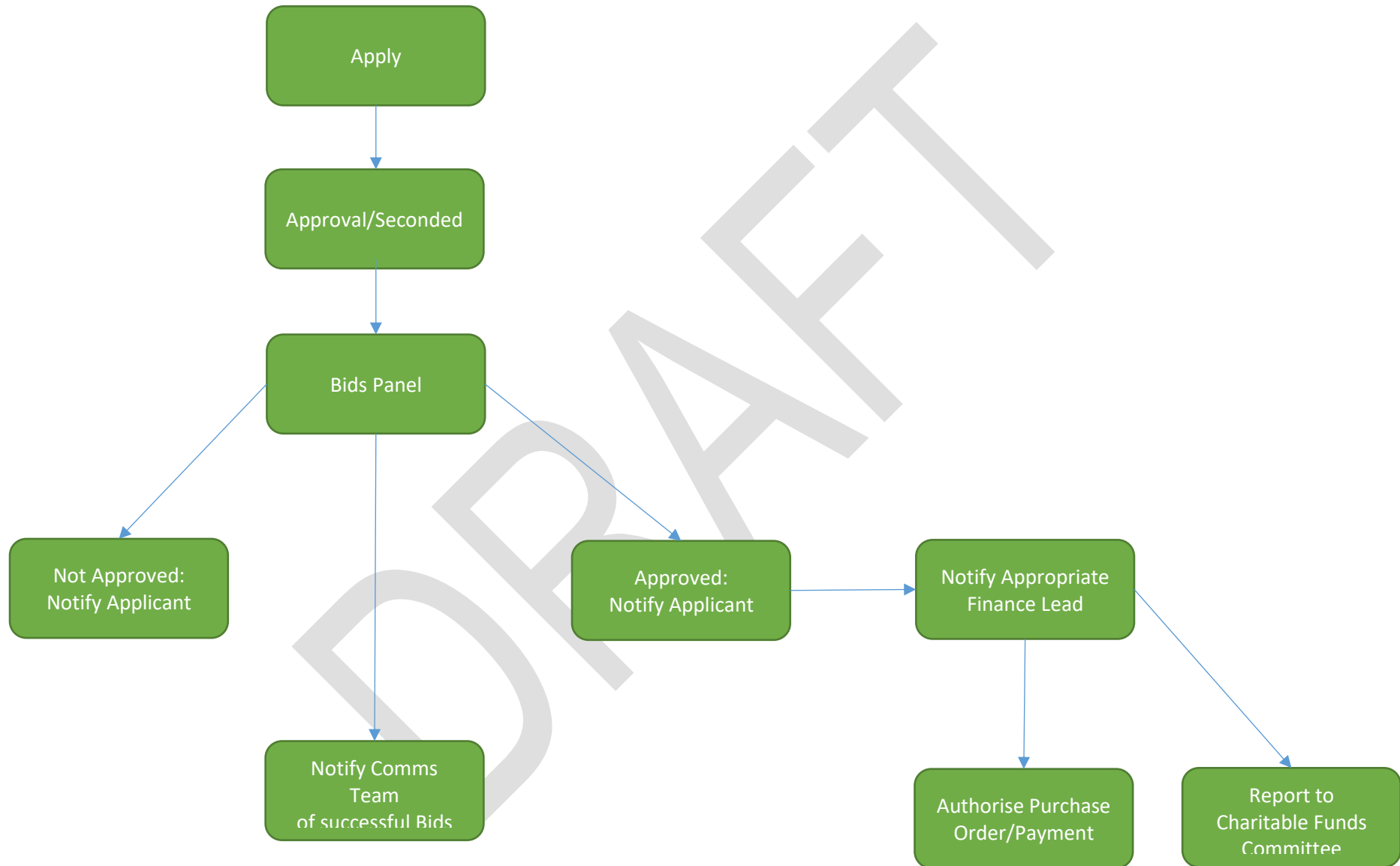
		Yes/No	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race		
	• Gender		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability		
	• Language		
2	Is there any evidence that some groups are affected differently?		
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4	Is the impact of the policy/guidance likely to be negative?		

5	If so can the impact be avoided?		
6	What alternatives are there to achieving the policy/guidance without the impact?		
7	Can the impact be reduced by taking different action?		

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## Process for Accessing Charitable Funds

### APPENDIX 2



## Application for Charitable Funds

(this form is to be completed for all bids from the charitable fund)

<b>Brief Description of Proposal</b> (outline what the funds will be used for)	
<b>Costs</b> (what is the cost. Is this an estimate and is there likely to be further or on-going costs associated with the proposal)	
<b>Benefits/Impact</b> (who will benefit from the proposal e.g. staff/patients and what will those benefits be)	
<b>Other Options</b> (are there other funding options. What are they and why have they been discounted)	
<b>Risks</b> (are there any risks associated with the proposal)	
<b>From:</b>  <b>Date:</b>	<b>Email address:</b>
<b>Supported by:</b>  <b>Date</b>	<b>Email address:</b>



## **Bids Panel Terms of Reference**

### **1. PURPOSE**

- 1.1. The Bids Panel (the Panel) is a formal group established by the Charitable Funds Committee to consider and approve applications in respect of the Trust's charitable funds. The Panel will ensure that there is a consistent and equitable approach to how funds are awarded and to the level and types of expenditure the fund supports. The Panel will agree and monitor expenditure plans and where appropriate set financial targets. The Panel will also consider opportunities to promote the scheme to all staff in the Trust and consider and make recommendations to the Charitable Funds Committee on options for both internal and external fundraising. The Panel will be responsible for ensuring that processes comply with Charity Commission requirements at all times.
- 1.2. The Panel will report regularly to the Charitable Funds Committee, providing assurances and updates on the use and application of the charitable funds, as well as performance in respect of the financial plans and targets. The Panel will also monitor and report progress on how new processes are working and recommend to the Committee any required changes to procedures and guidance.
- 1.3. The Panel replaces the former Charitable Funds Advisory Group,

### **2. RESPONSIBILITIES**

- 2.1. The Panel will be responsible for the following matters:
  - Consider and approve applications in respect of the Trust's charitable funds;
  - Ensure that all applications are treated consistently and equitably;
  - Where appropriate, set cost limits and guidelines for certain types of expenditure (e.g. retirement, TVs);
  - Set annual spending budgets and/or targets;
  - Provide regular reports and assurance to the Charitable Funds Committee on use and application of the fund and performance in respect of spending plans;
  - Ensure the Trust complies with Charity Commission requirements;

- Consider current practices and procedures in respect of charitable funds and recommend to the Charitable Funds Committee any required changes;
- Consider ideas and options for fundraising and make recommendations to the Charitable Funds Committee;
- Review and monitor income and consider any donations that are made for specific purposes or come with restrictive conditions;
- Any other matter in relation to the Panel's purpose and responsibilities

### **3. MEMBERSHIP**

#### **3.1. The membership of the Panel:**

- Board Secretary (Chair)
- Charitable Funds Accountant
- Operations Directorate representative
- Workforce and OD representative
- Trade Union Partners
- Member of the Charitable Funds Committee
- Communications Team representative.
- Any other representative as determined by the Panel.

#### **3.2. The Board Secretary will be the Chair of the Panel. If not present, the Chair may nominate any other member to chair the meeting in their absence.**

#### **3.3. Members may send deputies in their absence who will act with their full authority, but such deputies will not count towards the quorum of the meeting.**

#### **3.4. Others may be invited to attend meetings as and when appropriate as determined by the Chair.**

### **4. QUORUM**

#### **4.1. The quorum of any meeting of the Panel should be at least 3 core members and the Chair (or someone deputising as Chair) and should include a Trade Union representative.**

#### **4.2. Members of the Panel must be present in order to be quorate, which includes participating in the meeting from a separate location by means of conference telephone or other communication equipment which allows those participating to hear each other.**

### **5. FREQUENCY OF MEETINGS**

#### **5.1. Meetings will be held quarterly, or more frequently as determined by the Panel.**

- 5.2. Meeting agendas, papers and minutes shall be circulated two days prior to each meeting.

## **6. AUTHORITY**

- 6.1. The Panel discharges the authority of the Charitable Funds Committee, in respect of the functions detailed in these terms of Reference and in accordance with the authority delegated to the Charitable Funds Committee detailed in the Scheme of Delegation.

## **7. REPORTING**

- 7.1. The Panel is accountable to the Charitable Funds Committee who reports to the Trust Board (as Trustees) on all matters within the Committee's delegated authority and responsibilities.
- 7.2. The Panel may be assisted in executing its responsibilities by other specific management groups as determined by the Panel.
- 7.3. Except as otherwise stated in these Terms of Reference, the Panel shall determine its own procedures.

## **8. SECRETARIAT**

- 8.1. The Board Secretary's office will be responsible for providing Secretariat support for the Panel.





<b>AGENDA ITEM No</b>	<b>4.5</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>6</b>

## FINANCIAL PERFORMANCE AS AT MONTH 1 2019/20

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 <sup>th</sup> May 2019
<b>EXECUTIVE</b>	Interim Director of Finance & ICT
<b>AUTHORS</b>	Jason Collins / Gwen Kohler / Jillian Gill
<b>CONTACT DETAILS</b>	Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk

<b>CORPORATE OBJECTIVE</b>	IMTP priorities
<b>CORPORATE RISK (Ref if appropriate)</b>	CRR42, CRR45 & CRR46
<b>QUALITY THEME</b>	
<b>HEALTH &amp; CARE STANDARD</b>	2.1, 2.4, 3.1

<b>REPORT PURPOSE</b>	To provide the Board with an update on the financial performance and savings delivery of the Trust for Month 1 of the 2019/20 financial year.
<b>CLOSED MATTER REASON</b>	N/A

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Trust Board	30 <sup>th</sup> May 2019	To note the year to date financial position (as at M1)

# WELSH AMBULANCE SERVICES NHS TRUST

## TRUST BOARD

### FINANCIAL PERFORMANCE AS AT MONTH 1 2019/20

#### SITUATION

1. This report provides the Board with a detailed update on the financial performance of the Trust against budget as at April 2019 (Month 1).

#### BACKGROUND

2. The revenue financial position of the Trust as at Month 1 2019/20 (April 2019) is a small underspend against budget of £0.001m. Accepting that this is only one month financial performance of the new financial year, it is pleasing to note that the monthly run rate of last six months or so of 2018/19 has been continued into the new financial year.
3. Whilst the overall revenue position is in balance, there continue to be areas of pressure within the Trust which need to be managed as we move through the new financial year. This is despite many such areas being able to be addressed as part of budget setting for 2019/20. These include fuel costs due to an ongoing upward trend in forecourt prices, (further increase over the reset budget for this financial year), travelling and subsistence costs including excess mileage claims, the use of taxi services to support the Non Emergency Patient Transport Services, vehicle maintenance and use of voluntary sector organisations.

#### ASSESSMENT

4. The Month 1 summary Statutory Targets Performance and year end forecast dashboard are shown at **Annex 1**.
5. Income assumptions and budget for the financial year reflect those agreed within the IMTP and are used to support cost pressures identified in the 2019/20 budget setting. The key funding assumptions for 2019/20 being that the 2018/19 funding is fully recurrent, and the 2019/20 funding will include:
  - 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2019/20 pay award costs.
  - Funding to support the A4C 3 year pay award
  - A further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales"
  - Impact of Previously Agreed Developments/other adjustments
6. Reported Income against the initial budget set at Month 1 shows a favourable variance of £0.048m. The income position includes the recovery of costs of employees who are on secondment to organisations outside of WAST together with accrued income for the 'Pacesetter' project in BCU HB.
7. Expenditure by Directorate and Health Board Area is shown at **Annex 2**. Overall the total pay variance for month 1 is an under-spend of £0.071m. Assumptions and main variances within this are as follows:

- Expenditure included the impact of year 2 of the 3 year pay deal which included a one off payment of 1.1% to those on the top of the incremental scale;
- Agreement to continue to pay unsocial hour rates during sickness periods in this financial year. Initial funding was not provided via the Welsh Government as part of the pay deal but they have retrospectively advised us to assume this is matched with income;
- A high level of pay savings are reported in the majority of corporate functions due to funded vacancies;
- The pay position also includes the expenditure incurred for staff who are on secondment to organisations outside of WAST. These costs are offset by income, and
- The accounting treatment of a potential liability in relation to the impact of holiday pay on voluntary overtime has been included in the 2018/19 position as per legal advice given to all NHS Wales organisations and agreed with auditors at the year end. A standard approach has also been agreed across NHS Wales that will see no further accruals being added during 2019/20 as we await the detailed outcome on the appeal. This could represent a risk that that accrued cumulatively is not sufficient, should this become payable – this will therefore be reviewed monthly to ensure this is not a significant risk, as will the dialogue remain with Welsh Government on the likelihood of funding for this ongoing, should this be required, in the way as that accrued in 2018/19 was matched by WG funding.

8. The non-pay position at Month 1 is an adverse variance of £0.118m, with the main variances being as follows:

- Fuel overspent by £0.020m due to increased forecourt prices (further increase over the reset budget for 2019/20);
- Travel & Subsistence and excess mileage budget is currently overspent by £0.027m. An excess mileage overspend of £0.013m is due to the relocation of staff to new offices, with lump sum payments being claimed by a number of members of staff in place of monthly allowances over four years. General travel is overspent by £0.014m spread over a number of directorates;
- Taxi and other vehicle hire position is overspent by £0.025m. Fleet Maintenance is overspent by £0.016m. The recent increase in external labour rates will continue to place a pressure on this budget area;
- Voluntary and independent sector providers are overspent by £0.016m, and
- Expenditure incurred on the continuation of falls support totalling £0.047m has been funded from the Healthier Wales Funding allocation.

## Savings

9. Our financial plan for 2019/20 indicated that a minimum of £2.1m of savings and cost containment measures will be required to achieve financial balance.

10. As at 30th April (Month 1) the Trust had achieved total savings of £0.240m against a year to date target of £0.232m, an over achievement against the target of £0.008m.

11. Key points drawn from this are:

- Whilst our total savings plans are broadly in balance as at Month 1 there are specific schemes over achieving which are offsetting others that are under achieving;
- Non-operational vacancies has exceeded the in month plan and this is on target to achieve full year savings earlier than planned;

- Although sickness absence has reduced, this is still short of delivering the full Month 1 target, and
- Rising forecourt fuel prices and external fleet labour rate increases has resulted in a shortfall of the target for Month 1 savings from fleet efficiencies.

12. Further detailed updates and highlight reports against each of the key areas of savings targets will continue to be regularly provided to the Finance & Performance Committee.

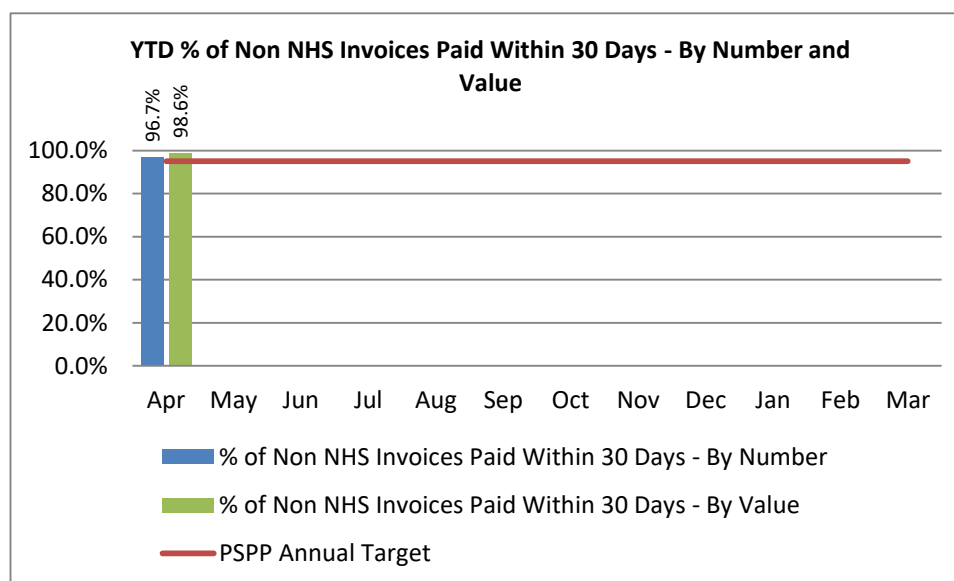
## Balance sheet and update on discretionary capital programme

13. The Trust's balance sheet at Month 1 is shown at **Annex 4**.

14. The Trust's current detailed capital expenditure by project is shown at **Annex 5**. At Month 1 the Trust's current approved Capital Expenditure Limit (CEL) is £5.675m, this is expected to increase for this year's planned fleet replacement programme funding once fully approved by WG. Currently £0.626m capital has been expended in month 1, mostly in relation to items brought forward from 2018/19 and approved as such at the F&P Committee on 25<sup>th</sup> April. The initial detailed capital programme of the Trust for 2019/20 will be further updated and presented to the July meeting of the F&P Committee.

## PSPP

15. Public Sector Payment (PSPP) compliance for Month 1 was 96.7% against the 95% WG target set for non-NHS invoices by number, and 98.6% by value.



## Risks

15. The risks reported in Month 1 are still being fully assessed with some yet to be quantified, however at present there are no high likelihood risks that the Trust is aware of and as we move through Month 2 we will review the risks to ensure that the level of likelihood is assessed along with the financial value.

16. Non delivery of Saving Plans/CIP's has been included as a low risk, and will be assessed in detail during the year, however at this earlier stage of the year there is no indication that these savings are not achievable.

17. A number of SLA's through which the Trust receives its non EASC EMS income are yet to be signed off, however the Trust is not anticipating any issues with the level of service previously provided thus again this is unquantified and is deemed as a low risk.
18. An accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay of £1.505m was included within the Trust's 2018/19 financial position. This related to an estimate made on the impact for the two years ended 31 March 2019. The full detail of a Court of Appeal decision is still awaited in connection with this issue. As noted above, based on an agreed all Wales approach, no additional accruals are included within the 2019/20 position at present but we have included a medium rated risk of £1.0m (full year estimated cost) and this estimate is based on the methodology adopted for the 2018/19 accrual. If these estimates change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption is that any additional costs from 2018/19 and 2019/20 would be met by the Welsh Government – however this risk includes the potential for this not to be the case.
19. Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.
20. PIB'S funding of £1.5m 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 associated costs which will be part of ongoing forecasts and discussions during the financial year.
21. Payments continued in April 2019 for sickness payments during unsocial hour periods. Although advice has been provided via Welsh Government to assume that these costs will be matched by income, WAST is currently accruing for this so this is included with a value of £1.2m as a low risk.

### **New Microsoft Enterprise Agreement**

22. As noted by Board in the March 2019 meeting, as part of approving the 2019/20 budget, an element of funding is currently being retained centrally until a small number of unknowns, from a cost and funding perspective, are clearer through the first few months of the financial year. Many of these issues have been detailed elsewhere in this report, but one further one is the upcoming contract renewal required across the NHS in Wales for Microsoft Office and a proposal to migrate to Office 365. F&P Committee received a detailed update on 25<sup>th</sup> April in relation to this, which included the current draft of the business case that had been prepared to support these discussions and how the preferred option going forward had been derived.
23. It has long been accepted that this contract renewal will be a cost pressure across the NHS in Wales. Potential additional funding options via WG have been explored but the current position is that this is by no means guaranteed, with the prudent approach now being to assume we will have stand the costs of this ourselves. The exact value of this will not be known until the discussions with Microsoft have concluded, being led by NWIS on behalf of the NHS in Wales, linked to the types and numbers of products required and how these will phase in over the next few years, as the licencing arrangements move from devices based to individual based as part of this new deal. This position is current changing frequently as we approach the contract renewal date of 1<sup>st</sup> July 2019, and so a further update will be provided to Board members at the May meeting. It is important to note though that, as previously discussed at Board, the expected additional costs can be accommodated within our current financial plan, albeit this will inevitably mean others areas of potential additional spend or

prioritisation may now not be able to progress, at least in the short term, if this is not additionally funded.

24. Another important aspect of this from a governance perspective is the need for NWIS (or Velindre NHS Trust as their host) to receive formal organisational approval from all Boards in Wales to finalise the new contractual arrangements on behalf of the NHS in Wales. The Board are asked therefore to continue to signal their support for this, including based on that considered in detail at the last F&P Committee.

### **Update on EASC process in relation to “A Healthier Wales” funding**

25. Board members will recall that as part of the 2019/20 NHS Wales funding uplifts and the Trust’s initial financial plan and budget, an amount of c£1.7m was identified, funded through an additional 1% uplift, specifically to fund additional schemes in relation to the delivery of “A Healthier Wales”. Whilst recognising that this is a commissioning allocation, the value that would relate to WAST was agreed by the Commissioner as part of the overall support provided to the Trust’s 2019-22 IMTP and 2019/20 financial plan.
26. In order to jointly agree with the Commissioners the exact additional schemes that will be funded from this increased allocation, a process is now being progressed by the CASC’s team to include learning from the use of 2018/19 winter funding and using a transparent and consistent process across all areas commissioned by the CASC and the NCCU.
27. This process will include a range of local meetings with Health Board representatives on a range of EASC sub committees, including those representing EMS, NEPTS and EMRTS along with planning colleagues and the Trust will be represented at all of these. The focus is intended to be on schemes that we clearly progress A Healthier Wales but also the four key emergency ambulance commissioning priorities of HCP calls, conveyance to non ED settings, alternative referrals and notification to handover, as well as to commence the submission process for the A Healthier Wales EASC funding.
28. Board members will recall that a range of potential schemes were previously submitted to EASC as part of the IMTP planning process and for which were used to identify and agree the financial plan values for WAST for 2019/20 – all of these looked to progress at least one if not more of the above priorities.
29. It is now expected therefore that this process will be concluded by the end of July. In the meantime, as previously detailed in the Trust’s budget setting, the value attributable to this 1% uplift is held back as a reserve in the Trust’s ledger, and will only be released to match agreed expenditure once incurred. Anything separately agreed with the CASC ahead of the conclusion of this process (e.g. the continuation of the fall service, as highlighted in paragraph 8) to be funded from this allocation will continue to be separately identified.

### **Format of future Board and Committee reporting**

30. As previously highlighted to F&PC and Board, the Trust is leading, alongside other organisations, a piece of work across NHS Wales on suggested improvements to the content, style and presentation of financial reports provided to Boards and its Committees. Building on researched good practice, this will see a refresh to this report during the early part of this financial year. This was discussed in detail at the first meeting of the new F&P Committee in April, at which the NHS Wales Finance Academy recently published good practice guide and toolkit on Board and Committee financial reporting across Wales was also shared and considered. This will now be used to explore further improvements in the way

financial performance is reported to F&PC and Board, and the first iteration of which will be trialled at the July F&PC.

### **Changes to the Welsh Government Monitoring Return process**

31. As previously notified to the Board, NHS Wales organisations were issued with new guidance from Welsh Government in relation to the completion of the monthly financial monitoring returns submitted to them. One of the areas of change for 2019/20 was to ensure the submitted returns were included in the next diaried Board or Committee (i.e Trust Board or Finance and Performance Committee). This is therefore included for information in **Annex 6**, and future month's returns will be provided to either F&PC or future Board meetings.

### **RECOMMENDED That the Board:**

- (1) Note the Month 1 revenue and capital financial position and performance of the Trust, and**
- (2) Formally reconfirm the Trust's agreement to the upcoming new Microsoft contract renewal, as described in paragraphs 22 – 24.**

## Annex 1- Statutory Targets Performance Dashboard

	YTD		Forecast	
<b>Breakeven</b> -achievement of financial balance	Achieved	G	Achieved	G
<b>CRL</b> - Capital spend equal or less than the Capital Resource limit	Achieved	G	Achieved	G
<b>EFL</b> - Remain within External Financing Limit	Achieved	G	Achieved	G
<b>PSPP</b> - 95% of Non NHS Invoices by Number are paid within 30 days	Achieved	G	Achieved	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
	Variance	Variance	Variance	Variance
Month 1 2019/20	£'000	£'000	£'000	£'000
Service Delivery	1	12	2	9
Resilience	3	9	10	16
Resources	-	18	36	18
Clinical Contact Centre	-	32	2	34
999 Clinical Contact Centres	-	-	-	-
Head of NHSD/111	- 4	24	14	14
Abertawe Bro Morgannwg HB	-	19	-	19
Aneurin Bevan HB	- 4	10	8	14
Betsi Cadwaladr HB	- 9	4	16	3
Cardiff and Vale HB	-	2	7	9
Cwm Taf HB	-	3	2	1
Hywel Dda HB	-	7	1	6
Powys HB	-	24	2	26
First Responders	-	1	1	-
Air Ambulance	-	-	-	-
<b>Subtotal Service Delivery</b>	- 13	- 79	75	- 17
Chief Executive	- 23	21	2	-
Board Secretary	-	-	-	-
Director of Partnerships & Engagement	- 5	4	9	-
Strategic Development	-	7	2	9
Clinical	-	4	4	-
Workforce & OD	1	5	2	2
Quality, Safety & Patient Experience	-	1	1	-
Trust Income	-	-	-	-
Reserves	- 4	4	29	29
Deputy Director of NEPTS	- 2	34	-	32
Finance Department	1	7	-	8
Head of ICT	- 3	17	-	20
Estates	-	1	-	1
Head of Health Informatics	-	6	-	6
Capital & Estates	-	15	-	15
HCS	-	-	-	-
<b>Net (Surplus) / Deficit</b>	- 48	- 71	118	- 1

### Annex 3 - Income and Expenditure Analysis

Month 1 2019/20	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Annual Plan 2018-19 £'000
<b>INCOME</b>				
<b>Total Income</b>	- 16,177	- 16,225	- 48	- 195,390
<b>EXPENDITURE</b>				
Administrative, Clerical & Board Members - Pay	1,978	1,913	(65)	23,302
Medical & Dental - Pay	-	-	0	-
Nursing & Midwifery Registered - Pay	858	758	(100)	9,933
Prof Scientific & Technical - Pay	-	-	-	-
Additional Clinical Services - Pay	4,204	4,458	254	48,559
Allied Health Professionals - Pay	4,767	4,615	(152)	57,408
Healthcare Scientists - Pay	-	-	-	-
Estates & Ancillary - Pay	157	149	(8)	1,828
Students - Pay	-	-	-	-
<b>Pay - Sub Total</b>	<b>11,964</b>	<b>11,893</b>	<b>- 71</b>	<b>141,030</b>
Clinical Services & Supplies - Non Pay	268	274	6	3,220
General Services & Supplies - Non Pay	71	63	(8)	849
Establishment & Transport Expenses - Non Pay	1,433	1,491	58	17,279
Premises and Fixed Plant - Non Pay	1,794	1,790	(4)	21,069
External Contract staffing & consultancy - Non Pay	11	11	0	160
Other Services - Non Pay	636	702	66	11,783
<b>Non Pay - sub total</b>	<b>4,213</b>	<b>4,331</b>	<b>118</b>	<b>54,360</b>
<b>Total Expenditure</b>	<b>16,177</b>	<b>16,224</b>	<b>47</b>	<b>195,390</b>
<b>Net (Surplus) / Deficit</b>	<b>-</b>	<b>- 1</b>	<b>- 1</b>	<b>-</b>

## Annex 4 - Balance Sheet

	Closing Balance End of Apr 19	Forecast Closing Balance End of Mar 20
	£'000	£'000
<b>Non-Current Assets</b>		
Property, plant and equipment	79,455	70,506
Intangible assets	4,974	5,352
Trade and other receivables	523	500
Other financial assets	-	-
<b>Non-Current Assets sub total</b>	<b>84,952</b>	<b>76,358</b>
<b>Current Assets</b>		
Inventories	1,419	1,200
Trade and other receivables	7,801	7,372
Other financial assets	-	-
Cash and cash equivalents	6,302	326
Non-current assets classified as held for sale	130	
<b>Current Assets sub total</b>	<b>15,652</b>	<b>8,898</b>
<b>TOTAL ASSETS</b>	<b>100,604</b>	<b>85,256</b>
<b>Current Liabilities</b>		
Trade and other payables	16,669	8,907
Borrowings	- 121	1,500
Other financial liabilities	-	-
Provisions	5,239	5,239
<b>Current Liabilities sub total</b>	<b>21,787</b>	<b>15,646</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>78,817</b>	<b>69,610</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	-	-
Borrowings	942	927
Other financial liabilities	-	-
Provisions	6,228	6,228
<b>Non-Current Liabilities sub total</b>	<b>7,170</b>	<b>7,155</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>71,647</b>	<b>62,455</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
PDC	68,386	59,195
Retained earnings	(6,253)	(6,254)
Revaluation reserve	9,514	9,514
Other reserve	-	-
<b>Total Taxpayers' Equity</b>	<b>71,647</b>	<b>62,455</b>

**Annex 5 - Capital Programme**  
**Capital Programme - 2019/20**

	2019-2020 Planned Expenditure £'000	2019-2020 Expenditure To Date £'000	2019-2020 Expected Final Cost £'000
<b>Non-Discretionary Capital 2019/20</b>			
<b>ICT AWCP</b>			
Control Room Solution	250	-	250
Matrix ICT hardware	-	111	-
CAD Additional Servers	-	23	-
Extension to staff devices Pilot	-	6	-
Training School @ Ty Elwy	15	54	15
<b>Total ICT AWCP</b>	<b>265</b>	<b>195</b>	<b>265</b>
<b>Estates 19/20</b>			
Brokerage return of St Asaph	- 400	-	- 400
<b>TOTAL Estates 19/20</b>	<b>- 400</b>	<b>-</b>	<b>- 400</b>
<b>Fleet 2018/19 BJC</b>			
EMS Conversion 18-19	-	110	-
Project Costs 18-19	-	4	-
<b>Total Fleet 18/19 BJC</b>	<b>-</b>	<b>114</b>	<b>-</b>
<b>Non-Discretionary Capital TOTAL</b>	<b>- 135</b>	<b>309</b>	<b>- 135</b>
<b>Funded from Discretionary Capital 2019/20</b>			
<b>Fleet 2019/2020 BJC</b>			
Vehicle Slippage	30	-	30
Fleet allocation	300	-	300
<b>Fleet 2019/20 BJC TOTAL</b>	<b>330</b>	<b>-</b>	<b>330</b>
<b>Fleet Other - 8810</b>			
Repayment from VPPB to discretionary	- 319	-	- 319
<b>Fleet Other 8810 - TOTAL</b>	<b>- 319</b>	<b>-</b>	<b>- 319</b>

<b>ICT Projects - 8830</b>			
General replacement and new hardware	-	25	-
Upgrade of WAST 999 Cisco Phone System	15	-	15
EMS CCC -CAD Phase 2 & 3 Implementation	120	-	120
ICT year end slippage	203	-	203
CRS - ESMCP	254	-	254
ICT Allocation	175	-	175
<b>ICT Projects - 8830 TOTAL</b>	<b>767</b>	<b>25</b>	<b>767</b>
<b>Estates Projects - 8840</b>			
<b>2017-18 Projects</b>			
VPH CCC Technology refresh	30	1	30
Unit 7 - HQ St Asaph Relocation 17-18	400	28	400
<b>2018-19 Projects</b>			
Bryn Tirion - Replacement Lighting and Mechanical Ventilation to Control Room and associated works	1	51	1
Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls	-	65	-
Snowdon House - Replacement mechanical services	5	-	5
Thanet & Snowdon House CC – Replacement Furniture (additional)	-	-	-
Cowbridge	14	4	14
Cefn Coed Relocation	3	2	3
Relocation of Staff off Lansdowne	1	10	1
Support For Fees relating to the Estates SOP	-	2	-
Unit 7 - HQ St Asaph relocation (Training School)	97	-	97
<b>2019-20 Projects</b>			
Estates Allocation	500	-	500
Design fees	100	-	100
<b>Estates Projects- 8840 TOTAL</b>	<b>1,151</b>	<b>163</b>	<b>1,151</b>
<b>Equipment - 8820</b>			
OHCA Improvement Plan	28	7	28
Airway Trainers	-	54	-
Control Drug Safe	113	61	113
AED's 1819	-	-	-
<b>Equipment - 8820 TOTAL</b>	<b>141</b>	<b>122</b>	<b>141</b>
<b>Project Support Costs - salary paid from capital</b>	<b>350</b>	<b>7</b>	<b>350</b>
<b>Discretionary Capital 2019/20 TOTAL</b>	<b>2,420</b>	<b>317</b>	<b>2,420</b>
<b>Non-Discretionary Capital Total</b>	<b>- 135</b>	<b>309</b>	<b>- 135</b>
<b>Discretionary &amp; Non-Discretionary TOTAL</b>	<b>2,285</b>	<b>626</b>	<b>2,285</b>
<b>Unallocated Discretionary Capital (incl NBV proceeds) Unapproved/Overspend Schemes CAD underspend</b>	<b>3,390</b>		<b>3,390</b>
<b>TOTAL CAPITAL PROGRAMME</b>	<b>5,675</b>	<b>626</b>	<b>5,675</b>

Mrs AJ Hughes  
 Head of NHS Financial Management  
 Welsh Government  
 North Wales NHS Financial Management  
 Sarn Mynach  
 Llandudno Junction  
 LL31 9RZ

14<sup>th</sup> May 2019

Your ref: WAST\m12\ajh\gty

Dear Andrea

**Re: APRIL 2019 (MONTH 1 2019/20) MONITORING RETURN**

Please find attached the Monitoring Returns for April 2019.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our approved IMTP, our budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners.

The Trust's performance against financial targets for Month 1 2019/20 is as follows:-

### **1. Actual Year to Date and Forecast Under/Overspend 2019/20 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the zero based budget setting approach. The key funding assumptions for 2019/20 being that the 2018/19 funding is fully recurrent, and the 2019/20 funding will include:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2019/20 pay award costs.
- Funding to support the A4C 3 year pay award.
- A further 1% funding to specifically be incurred on additional costs associated with delivering "A Healthier Wales".
- Impact of Previously Agreed Developments/other adjustments.

The reported performance at Month 1 as per Table B is a small year to date under-spend against budget of £0.001m. This is in line with the overall forecast balanced position.

The reported total pay variance against plan as at Month 1 is an under-spend of £0.071m. Expenditure includes the impact of Year 2 of the 3 Year pay deal which included one off payment of 1.1% to those on top of incremental scale. Payments continued in April 2019 for sickness payments during unsocial hour periods (c£85k) and although this was not part of the initial pay deal for 2019/20 advice has been provided via Welsh Government to assume that these costs will be matched by income. A high level of pay savings are reported in the majority of corporate functions due to funded vacancies. The pay position also includes the expenditure incurred for staff who are on secondment to organisations outside of WAST. These costs are offset by income.

The accounting treatment of a potential liability in relation to the impact of voluntary overtime on holiday pay has been included in WAST's 2018/19 position as per legal advice given to all NHS Wales organisations. In line with the standard approach advised for all NHS Wales organisations no further accruals will be added during 2019/20 as we await an outcome on the appeal. It is assumed that if the methodology used in the 2018/19 accrual changes as part of the appeal outcome, and the previous accrual is not sufficient, the assumption is that any additional costs from 2018/19 and any impact for 2019/20 would be met by Welsh Government.

The non-pay position at Month 1 is an adverse variance of £0.118m due mainly to increased forecourt prices of fuel (further cost pressure to that reset in budgets for 19/20), travelling and subsistence costs including excess mileage claims, taxis, vehicle maintenance and use of voluntary sector organisations.

Income at Month 1 shows a favourable variance of £0.048m. The income position includes the recovery of costs who are on secondment to organisations outside of WAST together with accrued income for the 'Pacesetter' project in BCU HB.

Annual profit on disposal forecasts were originally higher during 2018/19 which accounts for the underachievement comment made in our previous submission (**Action Point 12.2**).

## **2. Underlying Position (Table A1)**

This table has been completed in line with the guidance provided. It should be noted that any underlying cost pressures are offset by recurrent savings in current and future year's financial plans. Further updates will be provided on a quarterly basis.

## **3. Ring Fenced Funding (Table B)**

For Month 1 DEL depreciation relating only to our budgeted baseline provider depreciation is being shown on Table B.

For Month 1 we are continuing to report 'losses and special payments' within the Non-pay line 8. We will however look to amend this reporting for Month 2 onwards (**Action Point 12.3**).

## **4. Monthly Positions (Table B1)**

This table has been completed in line with the guidance and will be updated on a monthly basis with any variances or movements explained in this section.

## **5. Agency/Locum (premium) Expenditure (Table B2 Section B/C)**

Agency costs for Month 1 totalled £0.011m. The current percentage of agency costs against the total pay figure is 0.1%, this is to cover vacancies, at present it is assumed that this will remain constant throughout the year, however the Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

## **6. Saving Plans (Table C, C1,C2& C3)**

For Month 1 the Trust is reporting planned savings of £0.232m and actual savings of £0.240m, thus a slight overachievement of plan. The Trust is forecasting to achieve the full planned savings of £2.100m during the financial year.

Within Table C3, all schemes are currently RAG rated as 'amber', work will progress over the opening months of the 2019/20 New Year to move these schemes to 'Green' ratings according to the guidelines.

## **7. Income/Expenditure Assumptions (Tables D and E)**

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are 'variable' items of income these are included on line 2, in the anticipated section however at present there is no known risks to achieving these values.

The EASC costs have been shown in the WHSCC column in Table E.

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP. The cash received from WHSSC in month 1 was less than that expected within the agreed IMTP, this is currently being investigated and will be further escalated, if needed.

## **8. Healthcare agreements and Major Contracts**

Further work will continue on WAST's LTA/SLA with other NHS Wales organisations and all invoices have been raised for April 2019 of the 2019/20 financial year contract values. To date, some invoices remain unpaid by NHS organisations but no queries have been raised to date with WAST. These outstanding invoices will be followed up as part of normal debt recovery processes. Majority of these invoices relate to Non Emergency Patient Transport Services (NEPTS) which although are remitted by Health Boards & Trusts these form part of a Collaborative Commissioning agreement.

To date, via our EASC commissioning arrangements, WHSSC have agreed the income value for EMS services and that this reconciles to the EASC opening baseline allocation.

## **9. Risk (Table F)**

The risks reported in Table F are still being fully assessed with some yet to be quantified, however at present there are no high likelihood risks that the Trust is aware of and as we move through Month 2 we will review the risks to ensure that the level of likelihood is assessed along with the financial value.

Non delivery of Saving Plans/CIP's has been included as a low risk, and will be assessed in detail during the year, however at this earlier stage of the year there is no indication that these savings are not achievable.

As mentioned above some SLA's payments for Month 1 are yet to be paid, however the Trust is not anticipating any issues with the level of service previously provided thus again this is unquantified and is deemed as a low risk.

As mentioned above, an accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay of £1.505m was included within the Trust's 2018/19 financial position. This related to an estimate made on the impact for the two years ended 31 March 2019. A Court of Appeal decision is still awaited in connection with this issue. No accruals are included within the 2019/20 position at present but we have included a medium rated risk of £1.0m and this estimate is based on the methodology adopted for the 2018/19 accrual and if these change as part of the appeal outcome, and the previous accrual is not sufficient, the assumption is that any additional costs from 18/19 and 19/20 would be met by Welsh Government.

Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

PIB'S funding of £1.5m 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 associated costs which will be part of ongoing forecasts and discussions during the financial year.



Also as mentioned, payments continued in April 2019 for sickness payments during unsocial hour periods. Although advice has been provided via Welsh Government to assume that these costs will be matched by income, WAST is currently accruing for this so this is included as a low risk in the table. Full year costs are estimated at £1.2m.

#### **10. Statement of Financial Position and Aged Welsh NHS Debtors (Table G & N)**

The Statement of Financial Position will be completed from Month 3 onwards.

The Trust is pleased to confirm at Month 1 that there were no invoices over 11 weeks old. In relation to **Action Point 12.4**, your comments are noted and we can confirm that this is the latest position.

#### **11. Cash flow (Table H)**

This will be completed from Month 2 onwards.

#### **12. Public Sector Payment Compliance (Table I)**

This will be completed for Quarter 1. Work continues internally to improve the NHS payment performance during 2019/20 (**Action point 12.1**).

#### **13. Capital (Tables J, K and L)**

These will be completed from Month 2 onwards.

#### **14. External Financing Limit (EFL) (Table M)**

This will be completed from Month 3 onwards.

#### **15. Governance Arrangements and Committee(s) to receive Financial Monitoring Return**

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 1 Financial Monitoring Return will be 'tabled' and supported by a Financial Performance paper at the Trust's Board meeting due to be held on 30<sup>th</sup> May 2019. Future month returns, dependant on diary dates will either be 'tabled' at future Trust Boards meeting or via the Finance and Performance Committee.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Interim Director of Finance and ICT and Dr Brendan Lloyd, Medical Director and Deputy Chief Executive.

#### **16. Other Issues**

There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables please do not hesitate to contact me.

Yours sincerely,

Chris Turley  
Director of Finance and ICT (Interim)

Dr Brendan Lloyd  
Medical Director and Deputy Chief Executive

enc

cc:

Mr M Woodford, Chairman  
Non-Executive Directors  
Executive Directors



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<b>AGENDA ITEM No</b>	<b>4.6</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Partnership Statement – Go Together Go Far

<b>MEETING</b>	Trust Board
<b>DATE</b>	30 May 2019
<b>EXECUTIVE</b>	Claire Vaughan, Executive Director of Workforce & OD
<b>AUTHOR</b>	Sara Williams, Workforce Policy & Governance Lead
<b>CONTACT DETAILS</b>	<a href="mailto:Sara.williams5@wales.nhs.uk">Sara.williams5@wales.nhs.uk</a> 07813818538

<b>CORPORATE OBJECTIVE</b>	7, 8
<b>CORPORATE RISK (Ref if appropriate)</b>	
<b>QUALITY THEME</b>	7
<b>HEALTH &amp; CARE STANDARD</b>	7.1

<b>REPORT PURPOSE</b>	The Board is requested to endorse and approve the Partnership Statement – Go Together, Go Far, to be adopted by the Trust.
<b>CLOSED MATTER REASON</b>	N/A

<b>REPORT APPROVAL ROUTE</b>		
<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Trust Board	30 May 2019	To endorse and approve the Partnership Statement – Go Together Go Far, for adoption by the Trust.

## SITUATION

- 1.1 This report presents a refreshed Partnership Statement – Go Together Go Far, (**Appendix 1**) which has been developed in conjunction with the Chief Executive and representatives from the Trade Union Partners (TUPs).
- 1.2 The refreshed statement signals a joint commitment from the Trust and our TUPs to working together, in partnership, for the benefit of our patients, our colleagues and the wider NHS in Wales.

## BACKGROUND

- 2.1 The Trust recognises the value of working in partnership and the importance of refreshing and reaffirming the commitment to working in partnership to further strengthen relationships between management and the TUPs.
- 2.2 The Trust is committed to the principles of partnership working and staff involvement. Partnership underpins and facilitates the development of sound and effective employee relations and requires a substantial and sustained commitment by all. The attachment at **Appendix 2**, “*Go Together Go Far 2019 - What does good partnership look like?*” supports the Partnership Statement and describes the principles, behaviours and actions which are expected to support effective partnership working.

## ASSESSMENT

- 3.1 The Trust and TUPs pledge to continue to work in partnership, together, to ensure the best possible outcomes for the service.
- 3.2 The Partnership Statement – Go Together Go Far, has been developed in partnership and is signed by the Chief Executive and the TUP representatives (UNISON, Unite, RCN and GMB) and demonstrates their commitment to this.
- 3.3 The refreshed Partnership Statement provides a renewed opportunity to promote our desire to “Go Together Go Far” across the Trust and will be highlighted and communicated widely, to ensure that it is known and that partnership working is supported at all levels. This will involve engagement with colleagues and ensuring that the Partnership Statement is visible at all Trust Premises.
- 3.4 In addition to strengthen this work and in line with Trust’s Leadership and Management Development Strategy, a “Masterclass” is planned on partnership working, which will support and further strengthen partnership working through this and Trust leadership development.

## RECOMMENDED:

- 4.1 It is recommended that the Board approves the Partnership Statement – Go Together, Go Far, for adoption by the Trust.

## **EQUALITY IMPACT ASSESSMENT**

Equality Impact Assessment not required.

## **REPORT CHECKLIST**

<b>Issues to be covered</b>	<b>Paragraph Number (s) or “Not Applicable”</b>
Equality Impact Assessment	N/A
Environmental/Sustainability	N/A
Estate	N/A
Health Improvement	N/A
Health and Safety	N/A
Financial Implications	N/A
Legal Implications	N/A
Patient Safety/Safeguarding	N/A
Risks	N/A
Reputational	N/A
Trade Union Consultation	1.1, 1.2,



***Partnership Statement on behalf of the Chief Executive, Jason Killens and Trade Union Partners Nathan Holman GMB, Angela Roberts Unison, Craig Brown RCN and Paul Seppman Unite.***

## **Go Together Go Far**

Our commitment to working together for the benefit of our patients, our colleagues and the wider NHS in Wales is something of which we at the Welsh Ambulance Service are very proud.

We have ambitious plans for our future, which will be delivered only if we work together, with a focus on doing what is right and which moves our organisation forward.

As we continue our journey together, it feels important to refresh and reaffirm our commitment to working in partnership and to further strengthen relationships between management and trade union partners. Working together in partnership will help us deliver our longer term ambitions for our service and provide the best possible care to our patients, today and tomorrow.

We recognise that working in partnership is not always easy. It takes effort, honesty, courage and constant commitment on both parts – commitment to do the right thing for our people and our patients. Our partnership will be successful because it is based on mutual trust and equality between us. We will work together in the interests of our service, we will design solutions together, taking tough and courageous decisions, placing our people and our patients at the centre of everything we do.

There are clear benefits to strengthening our working in partnership, not least because our people have told us that we can improve how we manage, communicate and deliver change. Together, we want to see healthy, mature, open and informed discussion taking place across our service about the services we deliver and the impact of change on our people and our patients. This can help us develop a shared understanding of the need and impact of change, and how we manage it effectively together. Working in partnership will help us to reduce the gap that sometimes exists between decision makers, managers and those affected by change.

We pledge to continue to work in partnership together even when the going gets tough to achieve the best possible outcomes for our service, our people and our patients and our expectation is that this will take place at all levels of our organisation too.

Jason Killens  
Chief Executive

Angela Roberts  
UNISON  
Branch  
Secretary

Paul Seppman  
UNITE (Mid &  
West) Branch  
Secretary

Craig Brown  
RCN Steward

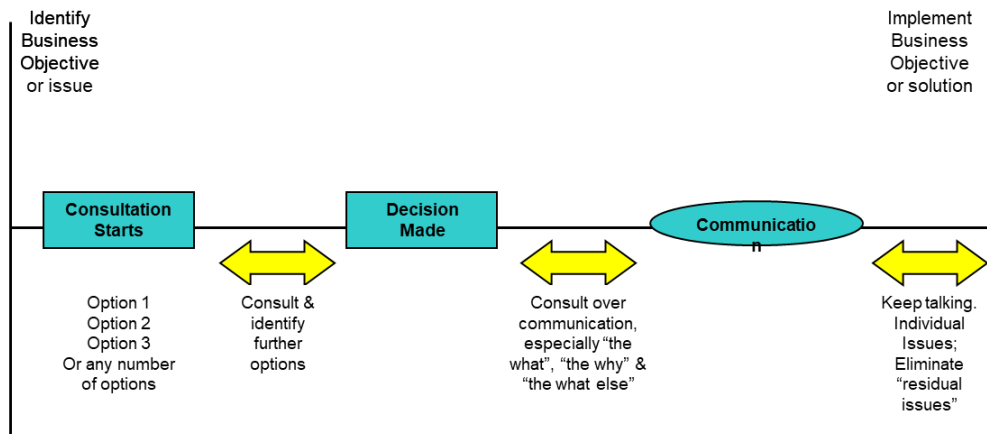
Nathan Holman  
GMB Branch  
Secretary



## Go Together Go Far 2019

### What does good partnership look like?

- ✓ There is a demonstrable joint commitment to partnership working as key to the success of the organisation.
- ✓ Trade Union Partners and Management recognise the legitimacy of each other and respect their interests and views
- ✓ Success is shared, and the rewards must be felt to be fair
- ✓ All parties practice open and transparent communication – sharing information widely
- ✓ TU's must be enabled to bring effective representation of the views and interests of the workforce.
- ✓ We will seek and listen to the views of employees and trade union partners through representation BEFORE decisions are taken



### What do we expect from our management teams?

- ✓ Make time for regular face to face meetings with your local trade union partners, both individually and collectively at a regional level
- ✓ Don't communicate via email alone. Just asking for views on solutions via email does not equal early engagement and good consultation
- ✓ Seek the views of your team and their trade union representatives at the point the issue or opportunity arises, generate solutions together, engage **before** decisions are made and provide clear reasons for the decisions made
- ✓ Listen hard and listen well. Show that you value the input given and are taking into account and listening to the views of your team and their representatives prior to the decisions that are made
- ✓ Allow sufficient notice of meetings to trade union partners, and assist in release to attend meetings where you are able
- ✓ Recognise the role of a trade union partner can often be challenging and difficult – particularly where the issues are particularly sensitive or contentious. Provide a



supportive environment to engage where everyone can be open and honest with their concerns, challenges and ideas

- ✓ Don't be afraid to open up early discussions – trust each other to be able to have the difficult conversations in a constructive way and to act with discretion when appropriate
- ✓ Remember, the trade union partner role is to represent the voice of their members, and sometimes this may be different to their own view, but they have a job to do

### ***What do we expect from our trade union partners?***

- ✓ Recognise that partnership and consultation is about generating potential solutions together through constructive conversations and negotiation.
- ✓ Don't be afraid to engage on the big, difficult issues – you can expect the organisation to respect the role you have to play and to listen and support you
- ✓ Raise issues of concern at the earliest opportunity and give local management teams the opportunity to resolve matters before escalating further. Escalation should not be the first resort and should only be necessary if local solutions can't be found
- ✓ Accept the fact that you won't always agree on issues, and that sometimes a decision has to be made. But imposing a decision should be infrequent and a last resort
- ✓ If you are experiencing difficulties in getting release for meetings, raise this with your line manager and give them opportunity to support you. Help them to help you by being as flexible as possible and giving reasonable notice
- ✓ Respect the fact that managers are required to manage and are held accountable for their decisions and the delivery of their services. Sometimes difficult decisions do need to be made, and there will not always be consensus.
- ✓ Communicate with your trade union colleagues from other unions. Sometimes you have a collective voice and role in discussions rather than a union specific role – your strength and influence is greater when you work collectively and collaboratively

### ***What can you expect from the Trust's Senior Leadership Team (Directors and Lead TU Partners)?***

- ✓ To reinforce the expectation of partnership and engagement, and to hold each other to account when that doesn't happen
- ✓ To ensure open, honest and frequent communication, both formal and informal takes place. To this end, we will ensure there are frequent planned meetings in the diary for Lead Trade Union Partners to meet with the Chief Executive and members of the Executive Team to keep up to date with developments and jointly monitor progress on key issues
- ✓ To be visible and to support and promote the expectation of partnership working, and challenge where this is not evident or has not happened effectively
- ✓ To ensure our management decisions are transparent, informed and based upon evidence of the need for change, and that this is communicated clearly and data shared as appropriate.





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# People & Culture Committee Chair's Brief

Meeting held 9<sup>th</sup> April 2019

## Overview

*Inaugural meeting of the newly established People and Culture Committee.* The purpose of the committee is to provide assurance to the Board on workforce performance, scrutinise organisational development, educational provision, TU partnership working and staff engagement, and to create space for discussion around strategic direction. The committee provides an opportunity for colleagues and Trade Union Partners (TUPs) to influence these discussions, driven by our emerging **People and Culture Strategy**. Our 5 IMTP strategic deliverables (*Heath and Wellbeing Strategy, Transforming Education and Training Strategy, Leadership and Management Development Strategy, Volunteering Strategy and Resource Availability*) will form a key focus for the committee, as well as key risk issues and our plans to mitigate these.

## Our Emerging People and Culture Strategy

The Director of WOD provided colleagues with an overview of our emerging People and Culture Strategy, noting a continued focus on priorities of the previous model: *Plan, Resource, Educate, Engage* and setting out the challenging but achievable transformation opportunities for the future of work at WAST. This framework acts as the stepping stones towards achievement of our longer term ambitions, including those of 'A Healthier Wales'. A central theme of the People and Culture strategy is the notion that "the future of work is human", establishing WAST as a great place for fantastic people to work and grow. driving a focus on wellness, design of jobs, caring for those who care for others. WOD colleagues are now working to align identified Workforce and OD risks to the People and Culture strategy model, enabling clear read across. Engagement on the strategy will take place during spring 2019 and brought back for approval at a future People and Culture committee.

## Staff Survey

The Assistant Director, Organisational Development provided members with a summary of the findings of the 2018 Staff Survey, identifying three priorities areas of work: *communication, bullying / harassment and mental wellbeing*. Following a recent workshop event, it was proposed to engage colleagues across the Trust in developing improvement actions by mirroring the #ProjectA approach and utilising WIIN to inform and shape solutions. The Committee also heard about some of the positive communication and actions already being taken at a local level. Trade Union Partners again shared their members' concerns that the organisation would be able to identify respondents, leading to poor take up in some areas, and committee members agreed that further work is required to reassure colleagues in this respect, and build trust. Overall, it was noted that response rates have improved (42% in 2018, up from 34% in 2016). A further report on progress to deliver improvement actions and priorities, and a plan for the next autumn staff survey, will be brought to the next PCC meeting in July. Going forward, PCC will continue to monitor the delivery of these actions and priorities.

## Workforce Performance Report

Committee members noted the significant effort being made to improving the organisational sickness position. Positively, the Deputy Director of WOD shared that the majority of resolved sickness cases had resulted in colleagues returning to work. The Team reported good progress with regard to uptake of Managing Attendance Policy training and delivery of the 9 Point Sickness Action Plan. However it is acknowledged that further improvement is needed regards future flu vaccine uptake, recognising the challenge presented and concerns of some colleagues. WAST was noted to be one of the top performers in NHS Wales in relation to PADR compliance rates (72.37% at end of February); teams are now working to help colleagues improve the quality of PADRs as well as compliance rates. All areas of the Trust succeeded in meeting the 85% Statutory and Mandatory Training target, achieving an organisational compliance rate of 91.08% at end of March. The emerging Transforming Education and Training Strategy will drive further improvement in terms of learner experience and compliance rates for both CPD and Statutory and Mandatory training.





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# People & Culture Committee Chair's Brief

Meeting held 9<sup>th</sup> April 2019

## Sickness Absence Update

### Sickness Hotspots:

CCC EMS C&W (11.17%); CCC EMS SE (9.12%); Cardiff & Vale (9.09%); Aneurin Bevan (8.41%); South East NEPTS (8.67%)

### Comparative Sickness Rates:

February 2019 = 7.45% / February 2018 = 8.12%

### Average LTS Duration (Days):

October 2018 = 105.51 / February 2019 = 87.74

### Open LTS Cases:

October 2018 = 126 / February 2019 = 117

**Longest Single Duration:** October 2018 = 638 days / February 2019 = 377 days

Positively, we are beginning to see a reduction in the incidence of sickness absence. Data demonstrates a notable decline in Long Term Sickness absence rates, attributable to proactive management of LTS cases; Short Term Sickness rates have, however, increased, in line with seasonal trends. Colleagues were pleased to note a considerable reduction in the number of sickness cases being opened in January 2019 (26, compared with an average of 62 cases opening per month during the previous year). Work has highlighted family and caring responsibilities to be a significant factor impacting on sickness levels and we are increasingly exploring alternative shift patterns and flexible working to ease the pressure on the affected staff. Data shows a decrease in Mental Health related absence and an increase in MSK; in order to mitigate this, we have introduced access to fast track physiotherapy services and are monitoring the impact through the weekly sickness review meetings.

## Trade Union Partner Activity Report

The Committee noted the significant activities undertaken in partnership across the Trust, including the development of the Advanced Paramedic Practitioner Business Case, facilitation of the recent Big Bang recruitment event, creation of the Trust's Falls Framework and compilation of WAST's Health and Safety Improvement Plan. Members acknowledged the substantial positive shift in relationships since 2015, with the change in language ("staff side" to "Trade Union Partners") a key indicator of success. Members agreed to receive 6 monthly updates to PCC, with a request from the Committee that we celebrate and publicise good news stories more widely.



## University Status

The meeting also provided an opportunity for colleagues to test the organisation's appetite to apply in the future for 'University Status,' with members agreeing this to be a positive future step forward whilst noting that the ultimate decision will rest with Trust Board. The Committee provided advice regarding next steps: proposing further discussion at an upcoming Board Development in May and development of a business case detailing the associated benefits for WAST and resource implications, for presentation to a future Board, potentially in July 2019. Following this Welsh Government approval would be required.

## Committee Structure

Committee noted the need to consider the impact of its creation on the Trust's Finance and Resources Committee, which would be reframed as Finance & Performance Committee. Gaps in Committee membership were identified, with invitations to be extended to Medical, QSPE and Planning colleagues. Consideration was also given to the formal reporting structure of WASPT; members are keen to establish this within the PCC governance structure and recommend to Trust Board. Terms of Reference would need to be updated to reflect this. Given the strategic direction of the People and Culture agenda and the key enabling role to be played by technology, colleagues identified a need to ensure links between PCC and the Trust's ICT Steering Group.

Date of Next Meeting: 9<sup>th</sup> July 2019

# Finance & Performance Committee (FPC) Chair's Briefing

25<sup>th</sup> April 2019

## Setting the scene of the new Finance and Performance Committee

The newly formed Finance and Performance Committee (FPC) was opened by the Chair Martin Turner. The FPC replaces the former Finance and Resources Committee (FRC). FPC discussed and noted the draft terms of reference, recognising the linkages with other Committees including the newly formed People and Culture Committee.

The content for future agendas was discussed to include:-

1. Financial performance & savings, both in terms of current revenue position but also forward planning;
2. Capital planning - links with estates, fleet and ICT strategies and understanding what the capital funding is being used for - what were the important metrics and potential areas of deep dives;
3. Non-financial Planning and Performance management – to include deep dives as appropriate;
4. Risks (relevant to FPC);
5. Highlight development work – regular update on how WAST is engaging in the broader NHS development agenda e.g. Finance Academy, Bevan Commission, to include areas of improvement in terms of financial reporting, risk management and forecasting;
6. Planning - to include IMTP, SOC's and OBC's approvals;
7. Information Technology - updates from ICT Steering Group;
8. Policies.

## Capital Management Board

FPC received a report which sought approval to establish a Capital Management Board (CMB) and to approve the draft Terms of Reference. It was proposed that the CMB will be responsible for overseeing the management of capital within the Trust, including monitoring of the above key strategic programmes and the delivery of the Trust's internal discretionary capital programme. As part of its reporting process, it is proposed that the CMB will provide update reports for each FPC meeting, collating information on delivery of all the Trust's capital schemes (including discretionary and externally funded). It was proposed that the CMB reports to the FPC due to its remit of delivering the Trust's strategic aims and scrutiny of business cases for capital investment.

FPC approved the proposals and draft Terms of Reference with the exception that Non-Executive Directors would not be formal members but would receive an open invitation to attend.



<b>Areas of Development</b>	<p>FPC received a presentation, in order to frame a discussion, which set out a range of developmental areas in which WAST is engaged for the new Committee to consider which included:-</p> <ul style="list-style-type: none"> <li>• Membership of the NHS Wales Finance Academy Board;</li> <li>• Participation in the ongoing development work lead by the Finance Academy through their work streams including the development of Board and Committee reporting;</li> <li>• Innovation including one of the first Bevan Exemplar specific finance projects within Wales;</li> <li>• UK wide networks (Celtic Nations) and benchmarking e.g. the Carter review;</li> <li>• Financial risk management and forecasting;</li> <li>• Committee's role in the planning and performance agenda.</li> </ul> <p>A key element of the discussion was the development of the finance report as previously highlighted to FRC and Board. The Trust is leading, alongside other organisations, a piece of work across NHS Wales on suggested improvements to the content, style and presentation of financial reports provided to Boards and its Committees. This was discussed by FPC in terms of how this would shape the WAST finance report and will be progressed in detail through the next FPC meeting.</p> <p>FPC discussed how WAST can continue and build on this development work and agreed that this would become a standard agenda item.</p>		
<b>Finance &amp; Savings</b>	<p>FPC received and noted the finance report which provided the draft outturn position as well as indicating that all statutory duties had been met for 2018/19.</p> <p>The final accounts will be presented to Trust Board on 30<sup>th</sup> May for approval.</p> <p>A separate savings report was presented which provided highlight reports for each of the key savings themes. Overall savings of £4.313m were delivered against a target of £4.2m in 2018/19.</p>	<b>Performance</b>	<p>FPC received and noted the comprehensive performance report for February 2019 including the new dashboard and graph packs.</p> <p>Specific focus was given to the actions being put in place to monitor and respond to performance outcomes.</p> <p>In addition the Committee discussed sickness rates, recognising that the specific focus of this was now being undertaken through the People and Culture Committee.</p>
<b>Capital</b>	<p>FPC received and noted a detailed report which set out the final position in relation to capital expenditure, by scheme, and approved variation as appropriate for 2018/19. The final year-end spend (subject to audit) of £19.824m was both in line with the agreed plan and the Welsh Government (WG) set Capital Expenditure Limit (CEL) for the financial year 2018/19.</p> <p>In addition FPC received a report which set out the lessons learned from the 2018/19 internal capital programme and the actions to be taken forward in 2019/20. This highlighted areas which went well and those that did not and proposed a number of actions for 2019/20. The initial capital programme for 2019/20 will also be presented to the next meeting.</p>		
<b>Policies Approved</b>	<p>The following policies were approved:-</p> <ul style="list-style-type: none"> <li>• Fuel Card Policy</li> <li>• CCTV Policy</li> <li>• Access To Personal Information Policy</li> <li>• Information Security Policy</li> </ul>	<b>Other Business</b>	<p>Computer Aided Despatch (CAD) - FPC received an update on Phase 2 of the CAD system implementation</p> <p>The OBC for ePCR was also presented and recommended to Board for approval for onward submission to WG.</p>



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# QUEST Committee Chair's Brief

Meeting Held 21 May 2019

## Patient Story

## Patient Experience & Community Involvement

Patient story relating to an elderly person who experienced an injury fall (Level 3 in Falls Framework & Falls response). There was a delay in the Welsh Ambulance Services NHS Trust (WAST) attending the incident with a further delay in handover of care at the Health Board.

### Improvements and learning

The implementation of the Falls Framework and Falls Response Model Level 1 Response Evaluation has demonstrated that utilisation of a Level 1 response for non-injury falls not only improves timelines to respond to those calls but frees up Emergency Medical Services (EMS) resources to respond to the Level 3 falls.

An educational video of the control room staff explaining the reasons for the questions asked and how the information is used to inform the appropriate response to the patient.

The Patient Experience Integrated Highlight Report was received by the Committee.

Engagement Sessions with the public are demonstrating that there is an understanding of the core business of the Ambulance Service. Service users understand the concept of Red, Amber and Green categorisation.

## Quality Assurance

## Quarterly Quality Assurance Report (January - March 2019)

### Good Practice

- The WAST Improvement and Innovation Network (WIIN) launched on 25 March 2019.
- 94% of clinical staff have undertaken Aseptic Non-Touch Technique training via their Continuous Professional Development (CPD) training.
- 22% of front line staff have had mental health training in 2018/19, in excess of the 10% target.

### Priorities for Improvement

- Slight Increasing trend of Clinical Negligence Claims.
- 40% of WAST staff received the Flu vaccine (target of 60%).
- 54% of staff required to be FIT tested for FFP3 masks (personal protective equipment) have been FIT assessed to date. Staff engagement to increase compliance will be promoted during Quarter 1 and Quarter 2, 2019/20 in preparation for the winter period 2019/20.

## Patient Experience Integrated Highlight Report

**WAST  
Innovation &  
Improvement  
Network (WIIN)**

New report format for Board. Ten key indicators are reported to Board supported by a one page description measurement to inform monitoring and assurance, learning and improvements.

A suite of metrics/indicators have also been designed that are reported quarterly:

- Hear & Treat
- NHS Direct Wales/111
- Conveyance rates
- Amber Review
- Long waits

Launched 25 March 2019, early analysis of WIIN platform presented.

Ideas for improvements submissions by staff from:

- Emergency Medical Services: 18
- Non-Emergency Patient Transport Service: 3
- Clinical Contact Centre: 4
- NHS Direct Wales/111: 3
- Training: 1
- Fleet: 1
- Estates: 2
- Finance: 1

**Annual  
Quality  
Statement**

**Health &  
Safety (H&S)  
Improvement  
Plan**

**Infection  
Prevention &  
Control (IPC)  
Improvement  
Plan**

The Annual Quality Statement (AQS) is the quality story of the Trust for 2018/19. This will be presented to Trust Board on 30 May 2019 for endorsement and for publication on 31 May 2019. Feedback from partners and members of the public had been sought to help shape the document. The AQS will be shared internally with staff to celebrate and promote the work within the AQS and to engage on the priorities for 2019/20.

The Committee was provided with a report in relation to the Trusts interactions with the Health and Safety Executive (HSE). No formal notices have been received from the HSE during 2018-20.

- HSE are assured regarding Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting for patient and non-patient safety issues.
- Follow up Internal Audit Review during Quarter 4, 2018/19: Reasonable Assurance.
- Progress review of Health & Safety Improvement Plan currently underway.

The progress against the Trust's Health and Safety Improvement Plan for 2018/19 will be reported to the Health & Safety Committee during Quarter 1. The Health and Safety Improvement Plan is being reviewed and updated during Quarter 1 to identify key priorities for 2019/20.

An update was provided on the closure of the 3 year Infection, Prevention & Control (IPC) Action Plan.

Significant progress acknowledged, in particular with regards to staff education and resources, aseptic non touch technique compliance with training and protective equipment fit testing and monitoring.

On-going actions will now be monitored and governed by the IPC Strategic Group, reporting to the Quality Steering Group.

The priorities for 2019/20 will focus on the Trust's Safe Clean Care Campaign.

<p><b>Risk Management</b></p>	<p>The Committee received risks on the Corporate Risk Register pertaining to the Quality, Patient Experience &amp; Quality Committee.</p> <p>Risk Management processes are maturing with the transfer from a paper to electronic Risk Register and with a new role for the Assistant Director Leadership Team with Risk Management.</p> <p>The Committee requested further details of mitigating actions at the next Committee and proposed a deep dive into one of the risks to facilitate further scrutiny, assurance and learning.</p>	<p><b>Patient Safety, Concerns &amp; Learning</b></p>	<p>Analysis and comparison of the winter period (December - March) 2017/18 and 2018/19 to understand the trends and themes emerging to inform improvement and learning.</p> <ul style="list-style-type: none"> <li>• Reduction of patient safety incidents reported.</li> <li>• Reduction in serious adverse incidents reported.</li> <li>• Reduction in the formal concerns received.</li> <li>• Improvement in compliance with responding to concerns in 30 days.</li> </ul> <p>A Regulation 28 response to the Coroner was presented to the Committee in relation to a patient with a fractured neck of femur in North Wales who experienced a delay in ambulance response in April 2018. The significant improvements taken forward with the Trust and Betsi Cadwaladr University Health Board since this time were noted.</p>
<p><b>Operations Update</b></p>	<p>Clinical Contact Centre update - recruitment of Band 7 Senior Clinicians has been progressed to improve hear &amp; treat response and rates.</p> <p>Recruitment of Business Support Managers to assist the delivery of the Local Delivery Plans per Health Board area in WAST.</p>	<p><b>Policies</b></p>	<p>Non-Medical Prescribing Policy - (Independent and Supplementary) was approved. This is in line with the Human Medicine Regulation February 2019. This policy outlines the governance arrangements and processes for supporting non-medical prescribing within the Welsh Ambulance Services NHS Trust for registered clinicians.</p>
<p><b>NEPTS</b></p>	<p>Non-Emergency Transport Service (NEPTS) - update on the quality assurance of external providers new contract with 365 and dynamic purchasing agreement.</p>	<p><b>Items for Noting</b></p>	<p>Patient Safety News Letter. Quality Steering Group actions (May 2019). Dementia Quarter 3 Progress Report to Welsh Government. Mental Health Quarter 3 Progress Report to Welsh Government. UK Ambulance Services Project A update. WAST Draft Public Health Plan (narrative). Welsh Health Circular - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2019/20.</p>



# Audit Committee Briefing

23<sup>rd</sup> May 2019

<b>2018/19 Internal Audit Plan</b>	<p>The Head of Internal Audit presented the Annual Report and advised that the Trust received an overall <i>Reasonable</i> Assurance opinion for 2018/19. To complete the 2018/19 Internal Audit plan, 12 reports were presented to Committee:</p> <ul style="list-style-type: none"> <li>• Risk Management &amp; Assurance - Reasonable</li> <li>• Health &amp; Safety Follow Up - Reasonable</li> <li>• Welsh Risk Pool Claims - Reasonable</li> <li>• Performance Management – LDPs - Limited</li> <li>• Clinical Audit Follow Up – Reasonable</li> <li>• Research &amp; Development Governance Structure – Reasonable</li> <li>• Cyber Security – Reasonable</li> <li>• Handover at Emergency Departments Follow Up – Reasonable</li> <li>• Trade Union Release Time – Limited</li> <li>• Sickness Absence Management Follow Up – Reasonable</li> <li>• Vehicle Replacement Programme – Reasonable</li> <li>• Lessons Learned from Losses and Special Payments - Reasonable</li> </ul> <p>The final assurance rating totals are:</p> <ul style="list-style-type: none"> <li>• 2 x Not Rated</li> <li>• 7 x Limited Assurance</li> <li>• 16 x Reasonable Assurance</li> <li>• 2 x Substantial Assurance</li> </ul>	<b>Audit Tracker</b>	<p>Members reviewed the <b>audit recommendation tracker</b> describing Internal Audit and Wales Audit Office recommendations made as a result of planned reviews. The Committee noted the progress against recommendations contained in 2017/18 and 2018/19 reviews - a particular focus was on those with a high priority rating which were overdue.</p>
		<b>2019/20 Internal Audit Plan</b>	<p>An overview of the <b>2019/20 Internal Audit Plan</b>, which was approved by Committee in April 2019, was presented by the Corporate Governance Manager for consideration. 24 new audits are scheduled including 7 follow up audits resulting from <i>Limited Assurance</i> rated reports received during 2018/19.</p>
		<b>Draft 2018/19 Annual Accounts and Accountability Report External Audit Reports</b>	<p>Members received the draft reports and noted that the audited accounts and accountability report are due to be presented to Trust Board for their approval on 30th May 2019 ahead of final submission to Welsh Government by 31st May 2019.</p>
<b>Employment Services Payroll Services Internal Audit Report</b>	<p>Audit Committee received a <i>Reasonable Assurance</i> report relating to the review of payroll services delivered on behalf of Welsh Health Boards and Trusts.</p>	<b>Audit of Financial Statements Report 2018/19</b>	<p>The WAO report sets out for consideration the matters arising from the audit of the 2018/19 financial statements that require reporting under ISA 260. It is the Auditor General's intention to issue an unqualified audit report on the Trust's financial statements.</p>
<b>Corporate Risk Register Quarter 4 Report 2018/19</b>	<p>The Director of Quality &amp; Nursing provided an update on the <b>quarter 4 Corporate Risk Register report</b> which was presented to Committee for endorsement. The rollout of the digital e-risk solution has commenced during quarter 1 of 2019/20 and is making good progress.</p>	<b>External Audit Plans</b>	<p><b>Wales Audit Office</b> provided a finalised position on their 2018/19 audit plan along with an update on the key work and audits to be undertaken during 2019/20.</p>
<b>Losses and Special Payments</b>	<p>Details of the £0.62 million <b>Losses and Special Payments</b> made during the period from 1st April 2018 to 31st March 2019 were presented to Committee as required by the Standing Financial Instructions.</p>	<b>Closed Session of Audit Committee</b>	<p>The Committee met under a closed session to discuss updates relating to <b>Counter Fraud, Tenders</b> and <b>Single Tender Waiver</b> requests.</p>





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NHS Trust

<b>AGENDA ITEM No</b>	<b>5.2</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

## MINUTES OF COMMITTEES

<b>MEETING</b>	<b>TRUST BOARD</b>
<b>DATE</b>	<b>30 May 2019</b>
<b>PRESENTED BY</b>	<b>Trust Board Chairman</b>
<b>AUTHOR</b>	<b>Board Secretary</b>
<b>CONTACT DETAILS</b>	<b>Keith Cox, 01633 626221, <a href="mailto:Keith.Cox2@wales.nhs.uk">Keith.Cox2@wales.nhs.uk</a></b>

<b>CORPORATE OBJECTIVE</b>	<b>N/A</b>
<b>CORPORATE RISK (Ref if appropriate)</b>	<b>N/A</b>
<b>QUALITY THEME</b>	<b>N/A</b>
<b>HEALTH &amp; CARE STANDARD</b>	<b>N/A</b>

<b>REPORT PURPOSE</b>	<b>To formally receive the Minutes of Committees</b>
<b>CLOSED MATTER REASON</b>	<b>N/A</b>

## REPORT APPROVAL ROUTE

<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>

## MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.
3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

## AUDIT COMMITTEE

4. In presenting the Minutes of the Audit Committee held on 7 March 2019 the Chair of the Committee, Mrs Pam Hall wishes to reassure the Board that:
  - (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
  - (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

## QUALITY PATIENT EXPERIENCE AND SAFETY COMMITTEE

5. In presenting the Minutes of the Quality Patient Experience and Safety Committee held on 26 February 2019 the Chair of the Committee, Mr Emrys Davies wishes to reassure the Board that:
  - (iii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

- (iv) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.
6. The Board should note that Minutes of the People and Culture Committee held on 9 April 2019 and the Finance and Performance Committee held on 25 April 2019 have not yet been approved by the relevant Committee; and will be presented to Board at its next meeting.

**RECOMMENDED: That the minutes of the above meetings as presented be received and adopted.**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 7 MARCH 2019 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC FACILITIES**

#### **PRESENT :**

Pam Hall	Non Executive Director and Chair (Via VC)
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director (Chaired Meeting)
Martin Turner	Non Executive Director

#### **IN ATTENDANCE :**

Claire Bevan	Director of Quality and Nursing
Julie Boalch	Corporate Governance Manager
Judith Bryce	Head of Ambulance Response
Keith Cox	Board Secretary
Jill Gill	Financial Accountant (Via VC)
Mark Harris	Interim Deputy Director NEPTS (Part)
Helen Higgs	Head of Internal Audit NWSSP
Nicola Jones	Audit Manager Internal Audit
Osian Lloyd	Deputy Head of Internal Audit
Carol Moseley	Wales Audit Office
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations
Rachael Powell	Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Damon Turner	Trade Union Partner
Claire Vaughan	Director of Workforce and Organisational Development
Anthony Veale	Audit Director Wales Audit Office
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Rachel Marsh	Interim Director of Planning and Performance
Claire Roche	Assistant Director of Quality, Governance & Assurance

## **01/19 PROCEDURAL MATTERS**

The Chair Pam Hall welcomed all to the meeting and advised that it was being audio recorded. She added that as she was attending the meeting via video conference, it would be more practical from a chairing point of view to concede that responsibility to Paul Hollard Non Executive Director.

Prior to the commencement of the meeting Pam Hall provided the Committee with feedback from an Audit Committee meeting she had attended as an observer in a North West England Acute Foundation Trust. The committee meeting was not open to the public and the following main points had been observed:

1. Agenda was similar to this Committee
2. There was a strong focus on finance
3. Actions arising from Internal Audit recommendations were delegated to other committees
4. Membership consisted of three Non Executive Directors; two Directors were in attendance, Finance and Quality and Governance. It was noted there were no Trade Union representatives. Representation on this committee should continue as is
5. There was an annual plan of business; it would be useful to introduce this going forward
6. At the end of the meeting the Chair gave details of the key messages being presented to the Board. It was felt this was a good idea and should be implemented

Members considered the feedback and raised the following:

It was agreed that the Audit Committee should continue to have an overview of the Audit Tracker; in terms of being advised of detail, this should be a discussion point at the next Chairs' Working Group meeting.

*At this stage of the meeting Paul Hollard officially commenced the chairing of the meeting*

### **Declarations of Interest**

The Committee noted the standing declaration of interest of Mr Emrys Davies being a retired Member of UNITE. There were no other declarations of interest recorded.

### **Minutes**

The Minutes of the open and closed sessions of the Audit Committee meeting held on 6 December 2018 were confirmed as a correct record.

### **Matters Arising**

Open Minute 39/18. Paul Hollard confirmed that feedback had been received from the Chief Executive regarding the Handover of Care at Emergency Departments in terms of the actions and some of them were highlighted within the Audit Tracker.

Open Minute 39/18. Clarity was sought in respect of unscheduled care which would be included in one of WAO's thematic reviews across Wales and whether any feedback had been received on the consultation. Keith Cox confirmed that the Trust had responded to the consultation; Carol Mosely added that this particular topic had been registered on the WAO forward plan.

### **Action Log**

The Board Secretary Keith Cox, drew attention to the committee action log in which the following actions were considered:

Action Number 13: Review of DBS checks. This had been discussed at Executive Management Team; ongoing work to identify issues was ongoing. Action Completed

Action Number 14: Weir report. Action Completed. On Agenda

Action Number 25: Control of drugs policy. Action Completed

Action Number 37: Volunteer Drivers. Mark Harris provided a comprehensive update and gave assurance that all the required checks had been implemented on every driver. Action Completed

Action Number 38: Travel and Subsistence. It was agreed that this particular action would be monitored as part of the Audit Tracker. Action Completed

Action Number 39: Handover of Care at ED's. Item was on the Agenda. Action Completed

Action Number 40: Report relating to resourcing policy. Item was on the Agenda. Action Completed

Action Number 41: Tracking risks. Item was on the Agenda. Action Completed

### **Gifts and Hospitality**

The Trust's "Gifts, Hospitality Interests; Commercial Sponsorship and Fundraising Policy" that was approved by this Committee on 13 September 2018, required the Board Secretary to retain details of all Gifts and Hospitality declarations in a central register with an annual report to the Audit Committee. Set out below were the four declarations received by the Corporate Governance team for the period 1 April 2018 through to 28 February 2019.

1. Attendance at ERC Congress (accepted)
2. Donation from a patient relative (accepted and paid to Charitable Funds)
3. Concert tickets for support to Armed Forces Day (declined)
4. Dinner invitation (accepted)

### **Committee Terms of Reference**

Keith Cox gave an overview of the report and following a discussion were agreed for submission to the Board subject to: Under paragraph 4.4 delete Medical Director and insert Director of Operations.

**RESOLVED: That**

- (1) the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct was noted;
- (2) the Minutes of the meeting of the open and closed sessions of the Committee held on 6 December 2018 were confirmed as a correct record;
- (3) the items within the Action Log as described above were actioned accordingly;
- (4) the Committee noted that four declarations in line with the Gifts and Hospitality policy had been received; and
- (5) the revised terms of reference for the Audit Committee, were agreed subject to the minor amendment as described for submission to the Trust Board meeting on 28 March 2019.

## 02/19 HEAD OF INTERNAL AUDIT PROGRESS REPORT and INTERNAL AUDIT REPORTS

Helen Higgs, Head of Internal Audit, provided the Committee with an overview of the internal audit progress report. She drew the Committee's attention to the following:

1. Proposed changes to planned reviews in the 2018/19 plan.  
Whistleblowing/Raising concerns, be deferred to the 2019/20 Internal Audit Plan and IMTP (performance management) to be removed from the plan.

The Committee raised concerns that any changes to the plan should be approved by them beforehand notwithstanding the fact that it was a dynamic document. The Board Secretary was requested to ensure a process/protocol was developed to enable this.

Following a discussion regarding the changes to the plan in which further clarity was given in terms of the IMTP, the Committee approved them.

2. Members' attention was drawn to the 2019/20 IA plan. The Committee discussed timescales in terms of the requirements following legislative changes with the Welsh language; Keith Cox clarified that the audit review would consider how the Trust was implementing these changes. Helen Higgs confirmed that the Whistleblowing/Raising concerns audit replaced the Standards of Business Conduct. Following a detailed discussion in terms of the plan, the Committee requested that Helen Higgs circulate the revised plan to Members for approval, explaining the changes, and to state if the review was a follow up, within seven days following which Members would consider and confirm approval of the plan.

1. **Policies Management – Reasonable Assurance.** Osian Lloyd explained the assurance had been based on one medium priority and four low priority findings. The review considered in detail the process of managing policies which looked at the development, review and approval of policies. Keith Cox advised the Committee that the process had been set up in July 2017 and had been a significant improvement to the process that existed before.

2. **111 Service Provision – Reasonable Assurance.** Osian Lloyd informed the Committee that this assurance had been based on one high, two medium and one low priority findings. The review had assessed the ongoing implementation of the 111 service and considered the Trust's readiness for rollout. The high priority finding related to the seeking of formal confirmation from Welsh Government regarding the hosting arrangements. Following a query regarding timescales in terms of management response regarding performance reporting being established by April, Chris Turley explained that the vast majority of the work had been completed and was confident that it would all be delivered by the deadline.
3. **Clinical Risk – Mortality Reviews – Reasonable Assurance.** The Committee were advised that this assurance had been based on one high and two medium priority findings. The Trust's mortality review process captured all cases of patient death in its care. The review had looked at whether the appropriate clinical care had been provided. The high priority finding related to ensuring that the reporting to management oversight groups was conducted on a regular basis and was subsequently evidenced.
4. **Escalation Procedures – Reasonable Assurance.** Members noted that the assurance was based on three medium and two low priority findings. The review in essence had looked at the Trust's arrangements in place which measured and monitored the effectiveness of the actions taken in line with the Resource Escalation Plan.
5. **Operational Business Continuity Planning Follow up – Reasonable Assurance.** Osian Lloyd reminded the Committee this was a follow up review of the original review which had been a Limited Assurance. The follow up review considered the agreed action plan from the original review and it was noted the two original high priority findings had been downgraded to medium. The Committee recognised the considerable work undertaken by the Trust which was reflected in the improved review.
6. **Health Board Areas/Station Follow up – Limited Assurance.** Nicola Jones reminded the Committee that the original review was a Limited Assurance. Originally there had been four high priority findings and two medium; since then, progress had been made on the findings. The issue of controlled drugs however, remained a high priority and had been partially implemented. Louise Platt, Interim Director of Operations commented that all of the audits and the relevant actions within the operations directorate were being monitored on a monthly basis.

In terms of the Personal Appraisal and Development Reviews (PADR) aspect, Claire Vaughan Director of Workforce and OD, briefed the Committee on the progress being made following the audit review. Feedback from staff had demonstrated that the quality of PADRs had improved; and numbers of completed PADRs were steadily rising. There was still further progress to be made and Claire Vaughan outlined the ongoing initiatives being implemented to achieve this.

Following further consideration of the review, Members were keen to understand



how they would be reassured that the actions were being completed? It was noted that progress would continue to be updated through the Audit Tracker; Louise Platt advised that regional spot checks would be undertaken going forward and a report would be submitted to the Audit Committee in due course.

**RESOLVED: That**

- (1) the updates were noted; and**
- (2) it was agreed that the revised IA plan for 2019/20 be circulated to Members for approval within 7 days.**

**03/19 EXTERNAL AUDIT REPORTS**

**Audit Committee update**

Carol Mosely presented the report and drew Members' attention to the points below:

- 1. Interim audit work in preparation for the 2018/19 final accounts had commenced
- 2. Work on Performance Management Information was underway – it was anticipated this should be ready for June 2019. As there was no Audit Committee meeting in June, Carol Mosely would liaise with Keith Cox on progress
- 3. A summary of NHS related national studies was being drafted and would be presented to the Committee in due course
- 4. Good Practice Exchange – Future events taking place; Young people influencing decisions about what mattered to them and cyber security. Outputs from these events would be available on the WAO website

**Annual Audit Plan 2019**

Anthony Veale gave an outline of the plan explaining in more detail the key risks in terms of the accounts going forward.

Chris Turley advised the Committee that the Finance and Resources Committee had been monitoring the accounts on a regular basis.

In terms of timescales, Anthony Veale confirmed that the accounts report would be presented to the Committee on 23 May 2019 and subsequently presented to the Board on 30 May 2019.

**Preparations for Brexit**

The report was noted by the Committee

**RESOLVED: That the updates were noted.**

**04/19 AUDIT RECOMMENDATION TRACKERS**

The Corporate Governance Manager, Julie Boalch explained that the purpose of this paper was to provide the Audit Committee with a progress report in respect of the work undertaken to address recommendations made as a result of internal and external

audit reviews.

### **Internal Audit Reports**

There were 63 current recommendations detailed in tab one on the tracker; however, it should be noted that occasionally more than one responsible officer was allocated elements of a recommendation within the Internal Audit reports - these were shown separately across 83 lines on the tracker and were counted as individual recommendations for the purposes of this report.

Members expressed their satisfaction noting that the 2016-17 outstanding actions were reported as completed. Whilst the closure of the 2016-17 actions were good to see cleared, a new financial year was looming which brought with it a need for continued focus.

In terms of the 79 current recommendations detailed in the 2017/18 and 2018/19 audit reports, 36 were not yet due for completion, 24 had been completed during this period and 19 were overdue.

The Committee were given an update on the recommendations that were overdue; Chris Turley assured the Committee that the Executive Management Team monitored and reviewed the tracker on a monthly basis. Julie Boalch added that the management team focused on the elements that were preventing the closure of recommendations.

### **External Audit Reports**

The Committee were informed there were seven recommendations made following the 2016 and 2017 Structured Assessments in addition to seven recommendations resulting from the 2018 report.

Currently, three actions had been completed during this period, 14 were not yet due and one was overdue.

**RESOLVED: That the progress made by the Trust in addressing the Internal and External Audit Report recommendations was reviewed.**

## **05/19 HANDOVER OF CARE**

The Interim Director of Operations Louise Platt, directed the Committee to the report and gave an overview of the action plan.

Members discussed the plan in further detail and raised the following points:

1. It would be useful to have an outcome column which demonstrated what had actually happened in more detail
2. Concern was expressed that as the Internal Audit follow up report was due imminently, the plan currently was not adequately mitigated to provide a reasonable outcome going forward. Louise Platt agreed to address this issue.

**RESOLVED: That the report was noted and discussed.**

## **06/19 WEIR REPORT**

Louise Platt presented the report to the Committee and highlighted the outstanding recommendations from the 2016/17 Internal Audit Report relating to the Weir Review undertaken in 2013.

### **RESOLVED: That:**

- (1) 48 recommendations were closed;**
- (2) seven recommendations would not be progressed; and**
- (3) seven recommendations would be included on the Audit Recommendation Tracker for monitoring.**

## **07/19 BOARD ASSURANCE FRAMEWORK (BAF) – QUARTERLY UPDATE**

The Board Secretary Keith Cox, reminded the Committee that the BAF report had been designed to collate information relating to the Trust's strategic aims which were 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.

During this quarter there were two new risks recommended for inclusion on the Corporate Risk Register, two that had been escalated and one risk that had been de-escalated.

Members were keen to understand the timescales in terms of actions and priorities and where they were reflected within the BAF. Julie Boalch advised that the information was within the BAF but was more of a reference guide as opposed to something the Trust was monitoring against and agreed to reflect that by renaming the relevant column heading.

### **RESOLVED: That the Committee received and commented on the BAF report prior to consideration at Trust Board.**

## **08/19 CORPORATE RISK REGISTER (CRR) QUARTERLY REPORT**

The Director of Quality and Nursing Claire Bevan, gave an overview of the report and highlighted the following for the Committee's attention:

1. The Trust was in the process of transitioning from paper to an e risk register format
2. On 13 February 2019 the Executive Management Team (EMT) undertook a risk scoping exercise and review of the risk categories and organisational risks. Two workshops attended by the Assistant Directors Leadership Team would take place to consider the risk assessments against a whole new scope of risks that needed to be considered by the Trust; the findings from these would be reported back to the EMT
3. A summary of the risks that had been escalated and de-escalated was also provided

Members considered the register further and raised the points as below:

1. Following a query regarding the role of the Committee in terms of the CRR; Paul Hollard advised that in his view the Committee's role was threefold, were the risks identified valid based on the information provided, were there actions in place to mitigate the risk and was there a sub Committee structure scrutinising the risks in more detail. In essence was there a system of risk management and governance of it within the Trust. Anthony Veale Audit Director Wales Audit Office, added that the ultimate responsibility for the Committee was to ensure that the necessary corporate risk management arrangements were in place.
2. Further clarity was sought on the risk regarding Band 6 paramedics should they not submit their portfolios; Louise Platt advised that ongoing discussions in terms of the appropriate action should this be the case, was underway. In terms of a lead committee monitoring the risk, Claire Bevan advised that this would be the newly formed People and Culture Committee.
3. Safeguarding – was the date of March to achieve the target rating deliverable. Claire Bevan advised that the Trust was awaiting the result of the procurement process. The Committee felt that the date was likely to be later than that shown

The Committee recognised that at the next meeting the register would be a mixture of paper and digital formats.

**RESOLVED: That the Corporate Risk Register Quarterly Report for Quarter three recognising the additional actions to be taken forward to support the Trust risk maturity, was endorsed.**

#### **09/19 2018/19 ANNUAL ACCOUNTS UPDATE**

The Interim Director of Finance and ICT, Chris Turley presented the report and gave an overview of the year-end preparation drawing the Committee's attention to the timetable in terms of how the accounts would be reviewed prior to Welsh Government submission on 31 May 2019.

**RESOLVED: That the report was noted.**

#### **10/19 LOSSES AND SPECIAL PAYMENTS UPDATE**

The report was presented by Chris Turley which detailed the Losses and Special Payments made during the ten months from 1 April 2018 to 31 January 2019

During the reporting period there had been a settlement of a high value claim involving a road traffic accident between a Trust ambulance and two motor cycles in December 2018 which resulted in a large payment of damages in excess of £3m. The settlement was made following approval by the Welsh Government and full details were reported to the Trust Board on 13 December 2018.

**RESOLVED: That the Losses and Special Payments Report for this period was received.**

## **RESOLUTION TO MEET IN CLOSED SESSION**

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

**Reports relating to the items of business in these minutes can be found on the Trust's website, [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

**Date of Next Meeting: 23 May 2019**

## WELSH AMBULANCE SERVICES NHS TRUST

### **CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 7 MARCH 2019 AT VANTAGE POINT HOUSE, CWMBRAN**

#### **PRESENT :**

Pam Hall	Non Executive Director and Chair (Via VC)
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director – Chaired Meeting
Martin Turner	Non Executive Director

#### **IN ATTENDANCE:**

Claire Bevan	Director of Quality and Nursing
Keith Cox	Board Secretary
Helen Higgs	Head of Internal Audit NWSSP
Ossian Lloyd	Internal Audit
Carol Mosely	Wales Audit Office
Steve Owen	Corporate Governance Officer
Louise Platt	Interim Director of Operations
Rachael Powell	Assistant Director of Research, Audit and Service Improvement (Via VC)
Paul Seppman	Trade Union Partner
Chris Turley	Interim Director of Finance and ICT
Damon Turner	Trade Union Partner
Anthony Veale	Audit Director Wales Audit Office
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Rachel Marsh	Interim Director of Planning and Performance
Claire Roche	Assistant Director of Quality, Governance & Assurance

## **01/19 PROCEDURAL MATTERS**

### **Declarations of Interest**

The Committee noted Mr Emrys Davies' standing declaration of interest as being a retired Member of UNITE.

**RESOLVED:** That the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct was noted.

## **02/19 COUNTER FRAUD PROGRESS REPORT: 1 SEPTEMBER – 30 NOVEMBER 2018**

Carl Window Local Counter Fraud Manager, presented the report which reflected on cases during the reporting period and contained significant updates that were brought to the attention of the committee. The Committee were reminded that the Local Counter Fraud Service was responsible within the Trust for the delivery of all work areas connected to Fraud, Bribery and Corruption, with an overarching objective to secure a robust anti-fraud culture within the service.

Members' attention was drawn to the Inform and Involve section of the report specifically the initiatives being undertaken with the Trust; it was evident that progress was being made and staff were becoming more aware of counter fraud.

In terms of ongoing investigations of which there were 28, the Committee were provided with further details in respect of progress.

The Committee were assured by Carl Window that it was standard practice for each investigation to follow the strict national guidelines and an outcome of that would provide lessons learned and any weaknesses within the system would have been identified; thus minimising the type of fraud being committed happening again.

In terms of cases of fraud being identified Carl Window explained there were several factors involved; these included system generated processes, an outcome of an internal audit or a direct report from the public, employees or service contractors.

The Committee discussed in detail areas of fraud it was particularly concerned with; this included staff members working elsewhere whilst absent from duty through sickness.

**RESOLVED: That the Counter Fraud progress report was acknowledged and accepted by the Committee.**

## **03/19 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS**

The Interim Director of Finance and ICT Chris Turley, gave the Committee an overview of the report and provided details in terms of specifics within it.

Following a discussion regarding VAT, Chris Turley explained that the default position would be that it would be shown as included.

A query arose regarding Tender T.0914 in terms of the difference between the budgeted and actual cost. Louise Platt agreed to investigate and provide further details.

Further clarity was asked regarding the potential duplicate entry on the Tender register regarding Cisco Hardware. Chris Turley agreed to advise the Committee on this going forward.

**RESOLVED: That**

- (1) It was noted that five new tenders had been issued during this period (2 of which were also awarded T.0917 & T.0918) and that a total of eight tenders were awarded during this timeframe; and**

**(2) It was noted there were six requests to waive SFIs accepted during the period.**



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 26 FEBRUARY 2019 AT VANTAGE POINT HOUSE, CWMBRAN WITH VC LINKS TO ST ASAPH AND CONWY HOUSE**

#### **PRESENT:**

Emrys Davies	Non Executive Director and Chairman
Claire Bevan	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Dr Brendan Lloyd	Medical Director
James Mycroft	Non Executive Director
Louise Platt	Interim Director of Operations (Part)

#### **IN ATTENDANCE:**

Darryl Collins	Head of Patient Safety/Learning
Keith Cox	Board Secretary (part)
Mark Harris	NEPTS General Manager (Part)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Deborah Kingsbury	Senior Business Partner Planning and Performance
Nick Morgan	Trade Union Partner
Steve Owen	Corporate Governance Officer (Via VC)
Catharyne Punyer	Investigation Manager
Claire Roche	Assistant Director Quality Governance and Assurance
Gareth Thomas	Patient Experience Community Involvement Team
Joseph Wilton	Healthcare Inspectorate Wales

#### **OBSERVERS:**

Peter Allen	Community Health Council
Martin Woodford	Chairman of the Board

#### **APOLOGIES**

Professor David Lockey	EMRTS
Jonathan Whelan	Assistant Medical Director

#### **01/19 PROCEDURAL MATTERS**

The Chairman welcomed everyone to the meeting and advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired

member of UNITE and also Professor Kevin Davies as a Trustee of St John Wales.

## **Minutes**

The Minutes of the Open and Closed sessions of the meeting held on 27 November 2018 were confirmed as a correct record

## **Matters Arising**

None.

## **Action Log**

Members discussed the Action Log:

Number 19 – Further update to be provided in May

Number 20 – Update given by Claire Roche – Action Closed

## **Committee Terms of Reference**

Keith Cox presented the Quest Committee Terms of Reference to the Committee.

The Trust Board on 13 December 2018, in agreeing the Revised Governance and Accountability Framework, tasked Quest to review its terms of reference for discussion at the Trust Board meeting on 28 March 2019.

The slightly revised Quality, Patient Experience and Safety Committee terms of reference were largely based on the current terms of reference and had been discussed and agreed in advance of the meeting the Committee Chairman and the Director of Quality and Nursing.

## **RESOLVED: That**

- (1) the Minutes of the Open and Closed meetings held on 27 November 2018 were confirmed as a correct record;**
- (2) the standing declaration of the Chairman, Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales was noted;**
- (3) the updates to the Action Log were noted; and**
- (4) the revised terms of reference for the Quality, Patient Experience and Safety Committee, as set out in Appendix 1, were agreed for submission to the Trust Board meeting on 28 March 2019.**

## **02/19 PATIENT STORY - <https://youtu.be/FvFhuUGriRk>**

Leanne Hawker, prior to the presentation of the patient story provided some background information in relation to sensory loss. Wales is the only country in the United Kingdom which are required to conform to sensory loss standards; these standards: “All Wales Standards for Accessible Communication and Information for People with Sensory Loss” focused on patients with sensory loss ensuring they can fully participate and access the services they need.

The story today concerned Eric, (open above link to view) who is blind and required the use of an assistance dog to help him with his day to day activities.

The Committee was given details on the standards and in particular reference was made to part 12 of the Equality Act where it stipulates that it is deemed illegal for assistance dog owners (and their dog) to be refused access to any vehicles for the purpose of transporting patients. The Trust was required to make reasonable adjustments for patients in these situations.

The Committee listened to a recording by Eric who explained that he relied heavily on his assistance dog. He explained that his dog had become used to the ambulance; he referred to a one off incident whereby a crew member had refused to take the dog on board the ambulance. Several moments passed when eventually, following dialogue with the crew member and Ambulance Control, the dog was allowed on board the vehicle.

Leanne Hawker added that following further incidents similar in nature, the Trust was working with patients to identify satisfactory resolutions. Staff training and awareness was also being enhanced in terms of what the Trust's responsibilities were in respect of the relevant Equality Act.

Gareth Thomas of the PEGI team gave further details in terms of the more specific areas and systems the Trust was implementing to improve the overall quality of patients with sensory loss.

The Committee welcomed the story and discussed the issues raised in further detail recognising there was still a dispute with whether it was an infection control or a Health and Safety matter in relation to health boards and hospital wards; and whether staff fully understood this. Leanne Hawker gave more detail in terms of the protocols involved if a patient was being admitted to hospital and what happened to the assistance dog during the patient's stay in hospital.

Members were keen to see one guidance document which would set out the required procedures involved for all parties concerned. The guidance document was called 'Supporting People with an Assistance Dog'; any feedback on the document was welcomed.

#### **Patient Tracker update:**

Leanne update the Committee advising that more work was being conducted with younger children in order for them to learn their address and postcode in preparation for when dialling 999. Also further work was being undertaken to make ambulance vehicles more dementia friendly. The update on Dementia was included for noting on the agenda.

**RESOLVED: That the patient story was noted.**

### **03/19 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT – QUARTER THREE**

Leanne Hawker presented the report and drew the Committee's attention to the following highlights:

1. 116 community events had been attended across Wales with a large focus on Shoctober engaging almost 5000 service users
2. NHS Direct Wales – visits to the website increased from the last quarter; it was noted that the online symptom checker continued to be popular

3. Compliments during this period had increased
4. Carers for Dementia patients – the Trust had developed a specific work plan going forward to focus on carers needs
5. Learning Disability – a great deal of work was being undertaken to create more awareness with working with people with Learning Disabilities.
6. Sensory Loss – staff numbers of developing their Basic Sign Language skills had increased
7. Youth panel 2 February 2019 – this had gone very well, a further one was planned and feedback will be provided at the next QUEST committee meeting.

Members considered the report further recognising the excellent work being undertaken and asked about the challenges faced in terms of the welsh language standards especially regarding translations on the Trust's website. Leanne Hawker confirmed that discussions were ongoing with the welsh language commissioning team in terms of ensuring compliance going forward. She further added that a Service Level Agreement was being developed with Betsi Cadwaldr University Health Board in order to clarify, amongst other areas, responsibilities in terms of translation.

**RESOLVED: That**

- (1) the Highlight Report for release to the Patient/Public Network and external stakeholders was approved;**
- (2) an update to future committees on the impact of the Welsh Language compliance notices was received;**
- (3) the actions being taken forward were noted and supported; and**
- (4) a note of thanks was recorded for all those involved in developing welsh translation within the Trust**

**04/19 QUARTERLY QUALITY ASSURANCE REPORT**

Claire Roche Assistant Director Quality Governance and Assurance, presented the report to the Committee and drew attention to the following areas:

1. Safeguarding – a solution for the electronic referral process had been established
2. Safeguarding training - Intercollegiate documents had been published on adult and children's safeguarding skills training and within it was a requirement for paramedics to be trained to level 3. Wendy Herbert provided further information in terms of how this affected the Trust and advised the Committee that the Executive Management Team would be considering the implications and options, including resources for training, going forward.
3. Infection Prevention Control - Aseptic Non Touch Technique training has been adopted by the Trust and was currently at 65% compliance
4. Flu Immunisation – staff uptake was currently around 40%
5. National achievements – The Trust had recognised as the Dementia friendly organisation of the year and awarded by the Alzheimer's society. The Trust had also been recognised and won an award by the Journal of Wound Care for the work taken forward by Georgina Passmore with pressure ulcer awareness and prevention from the world wide stop the pressure ulcer day, including the e learning tool for out of hospital care.

## Comments from Members:

Flu vaccine – a discussion took place considering if the Board should be more robust in terms of encouraging the uptake flu vaccinations for front line staff? Members understood the challenges involved and recognised that going forward one solution could be incentives such as engagement with charitable approach in which any monies raised through vaccination update would be donated to charity.

Following further discussion on the matter it was agreed that an update report on staff vaccinations was to be presented at the next Board meeting. Dr Brendan Lloyd agreed to implement this report.

**RESOLVED: That the report was discussed and levels of assurance were provided ahead of onward reporting to Trust Board by the Chair.**

## 05/19 MONTHLY INTEGRATED PERFORMANCE REPORT

Deborah Kingsbury Senior Business Partner Planning and Performance, in presenting the report advised that the report contained various changes which had been based on the feedback received. The length of the report had been shortened to focus on the measures for which Board/committee were held to account and a separate PowerPoint pack of graphs had been included. Where possible the graphs now provided two years of data so that a clear trend could be seen and enable seasonal comparison.

The following highlights within the report were brought to the Committee's attention:

1. 999 call demand had increased by 7.3% in December 2018, compared to November 2018.
2. Non-Emergency Patient Transport journeys had continued to decrease by 11.5% in December 2018, compared to November 2018.
3. Red performance continued to be sustained above the 65% target in December at an all Wales level (72.8%). This position had been sustained over the previous 12 months; however, performance was gradually declining
4. The Clinical Desk and NHSDW (Hear & Treat) had achieved 7.9% performance in December 2018, compared to 8.7% in December 2017
5. With two exceptions the Trust's clinical indicators were positive in terms of level of performance and/or trend
6. Emergency Ambulance Unit Hours Production (UHP) was 95% in December. This had been above the 90% informal target agreed with the Chief Ambulance Services Commissioner for every month over the last two years
7. The percentage of 999 calls answered within 6 seconds had decreased from 83.7% in November to 80.6% in December, the two year trend was a slight decline in performance.
8. Red 95th percentile was on a gradual upward trend.
9. The significant upward trend in Amber median performance and Amber 95th percentile performance was concerning.
10. There were three main winter initiatives aimed to improve Amber performance: further enhanced Hear & Treat, Advanced Paramedic Practitioner (APP) Rotational Model and the Falls Assistants level 1 response within the Falls Framework
11. The St John Falls Assistant vehicles were all now up and running with the last vehicles coming on board on 1 December.
12. The percentage of ST segment elevation myocardial (STEMI) patients who were documented as receiving appropriate STEMI care bundle was 69.10% in September 2018. Over the last quarter there had been an increase to 76.3% in December

13. The percentage of older people with suspected hip fracture who were documented as receiving the appropriate care bundle was 79.0% in December. This was an increase over the last quarter from 76.6% in September
14. 2,940 hours were lost to handover to clear delays in quarter 3 2018/19, compared to 2,757 in the same quarter last year. In December, a total of 962 hours were lost to handover to clear delays, compared to 1,017 hours in November.
15. Overall Trust wide sickness absence was 7.85% in December, an increase of 0.66% from November of 7.19%. Sickness levels remain high when compared to other UK ambulance services.
16. The percentage of responses to concerns had increased to 59% in December, from 43% in November, but remained below the Welsh Government target of 75%. An improvement plan was in place to enhance compliance with the target.

Members discussed the report in further detail and focused a great deal of attention surrounding the issue of handover delays.

## **06/19 QUALITY DATA INTELLIGENCE ANNUAL PROGRAMME**

Claire Roche explained that the purpose of the report was to outline best practice on the presentation of quality data intelligence to the Quality Steering Group (QSG). This would inform the QSG of identified priority issues, the quality governance plan, quality improvement plans, and opportunities for organisational learning.

The quality data intelligence was designed with a template for use by each specialist area (e.g. SAls). This would inform the presentation of quality data intelligence within the QLIK Sense software ensuring the Trust met the requirements of Welsh Government, Commissioners and relevant Legislation and National guidance, and that this data intelligence was available across the organisation

In considering the report further, the Committee were keen to understand how the prioritisation process in terms of a deep dive on a particular aspect was ascertained. Claire Roche explained there would be a focus on a particular area every quarter and would be dictated as the programme developed.

The Committee recognised that going forward this was a sound foundation for future projects to be developed.

### **RESOLVED: That**

- (1) the Committee discussed the report and approved the recommendations; and**
- (2) a prioritisation system should be considered going forward**

## **07/19 UPDATE ON CLINICAL AUDIT PROGRAMME**

Dr Brendan Lloyd presented the report and reminded Members of the internal audit on the clinical audit programme from last year which had resulted in several recommendations. Internal auditors were now satisfied that the programme in place will address those recommendations.

There were still some issues with the digital pen system; one of the areas in the programme being considered for the Electronic PCR was how to ensure that data extraction for better and more timely clinical audit.

Dr Lloyd advised the Committee of the changes that had been made following the internal audit recommendations.

He informed the Committee of the range of clinical audits currently in progress making reference to the progress being made within the report and also how they were prioritised.

Members were keen to recognise where progress was being made and Dr Lloyd agreed to highlight this more in future reports.

**RESOLVED: That**

**(1) the progress made despite ongoing issues with the digital pen process which has impacted on the planned timeframes was acknowledged; and**

**(2) the new audits for the 2019/20 Clinical Audit Programme were considered.**

## **08/19 RESPONSE TO REGULATION 28 REPORTS TO PREVENT FUTURE DEATHS AND CORONER CORRESPONDENCE**

Prior to the report being presented Claire Bevan advised that the information within it was already in the public domain.

Darryl Collins Head of Patient Safety/Learning informed the Committee that the report provided a summary of the Regulation 28 and Coroner correspondence received by the Trust during Quarter 3.

During this quarter there was one regulation 28 submitted from the Coroner and two additional correspondences that required responses within 56 days; which were provided within the timeframe.

The responses consisted of two parts; a formal letter which outlined the strategic and operational initiatives of the Trust being undertaken and also an action plan outlining what the Trust intended to do.

Claire Bevan added that in both of the coroners' letters they were asking for specific information for assurance as opposed to issuing a regulation 28 report. Furthermore it was anticipated that as a result of last winter (2017/18) there is a potential for further regulation 28's to be issued.

The Committee noted that the majority of the actions were on track.

**RESOLVED: That the content of the Action Plan in response to the Regulation 28 Report to Prevent Future deaths was noted.**

## **09/19 LEARNING FROM OMBUDSMAN INVESTIGATIONS**

Cate Punyer Investigation Manager, gave a presentation which detailed the learning the Trust had gained from Ombudsman investigations and the current activity and expectations. Members' attention was drawn to the following areas in which Cate Punyer expanded upon during the presentation:

1. The role of the Ombudsman
2. Statistics of formal concerns received by the Trust; currently there were 11 open Ombudsman cases

3. Approaches by the Ombudsman – Reasons why they contacted the Trust
4. Learning from Ombudsman activity which included recommendations they had made; this also included learning from individuals
5. General observations and issues the Trust had implemented
6. Next Steps – this included monitoring the number of cases being received by the Ombudsman

The Committee suggested that consideration should be given when drafting letters, an explanation of the complex elements in a less technical language should be included.

**RESOLVED: That**

**(1) the update was noted; and**

**(2) a note of thanks was recorded for all the team involved.**

**10/19 SERIOUS ADVERSE INCIDENT AGGREGATED REVIEW REPORT**

Claire Bevan explained that the purpose of the report was to present the emergent trends and themes which would be the basis of informing learning and improvement from the detailed aggregated review of the Serious Adverse Incidents reported from December 2017- June 2018.

Highlights from the report included:

1. Each SAI was presented into a spreadsheet and grouped by Health Board areas. It was clear that the common emergent trend in the majority of incident cases was a delay in timeliness to respond to people in the community
2. Resource planning to increase UHP to above 90%. Demand and Capacity review planned
3. Hospital Handover delays, feedback from Health Boards and commitment to improve the position had been encouraging including the implementation of a Fit to Sit guide
4. Call Centre Categorisation – three amber calls had been coded incorrectly. Changes have been put in place and lessons learned
5. As part of the winter planning the Resource Escalation Action Plan had been reviewed
6. Capacity in CCC to undertake welfare checks; improvements had been made in this area
7. Reference was made to the action plan appended to the report that had been developed through the Trust Winter Assurance Panel and SAI Aggregated Review improvements and is being monitored through the Scrutiny Panel and Quality Steering Group

Members raised the following:

1. The Committee noted that the action plan had been cross referred to the action plan from the amber review and discussed further some of the actions within it
2. Hand over delays had been disappointing
3. A note of thanks was recorded to Darryl Collins t and the wider team for the work undertaken with the Aggregated Review

**RESOLVED: That the report and progress against the action plan from the findings of the SAI aggregated review was noted.**



**11/19 EVERYBODY'S BUSINESS A REPORT ON SUICIDE PREVENTION IN WALES  
NATIONAL ASSEMBLY FOR WALES HEALTH, SOCIAL CARE AND SPORT  
COMMITTEE**

An overview of the report was provided by Wendy Herbert.

The Senedd Health and Sport Committee had undertaken an inquiry into suicide prevention in Wales, and its report was published in December 2018. The Trust was called to give evidence before this Senedd inquiry on 7 June 2018.

The report illustrated the relevant recommendations from the inquiry. Welsh Government had accepted (either wholly or in principle) the recommendations of the report. Wendy Herbert referred in more detail to the action plan and gave an update on progress.

The Committee's attention was drawn to the Trust role in suicide prevention and the training being undertaken to support staff going forward.

**RESOLVED: That**

- (1) the relevant recommendations and RAG rating of each element was noted; and**
- (2) further action required against RED rated recommendations in particular was considered.**

**12/19 FEEDBACK ON DUTY OF CANDOUR FOLLOWING REGULATORY DEVELOPMENTS  
AND THE WELSH CONTEXT SEMINAR**

Wendy Herbert provided a verbal update on the feedback from the above seminar.

She explained that the Duty of Candour was part of the NHS Wales Quality and Governance Bill and this was being introduced as legislation in July 2019. Organisations would be expected to be more transparent when things went wrong in terms of patient care and treatment.

Claire Bevan added that this would be part of and inform the review of the Trust quality strategy going forward.

**RESOLVED: That the update was noted.**

**13/19 OPERATIONS UPDATE**

The Interim Director of Operations Louise Platt, gave an overview and drew the committee's attention to the following areas:

1. A winter debrief session would be taking place on 29 March 2019 - looking to invite Health Boards and other stakeholders
2. Recruitment – Advance Paramedic Practitioners, this was progressing well
3. Clinical Team Leader development and role – an update was provided on the proposals going forward
4. Operational staff sickness, there had been a reduction this January compared to last year. It was noted that the figures were skewed due to the significant rise in sickness levels in Powys

The following point was raised: It would be interesting to see the actual sickness position in Powys; and clarify the actual numbers.

**RESOLVED: That the update was noted.**

#### **14/19 NON EMERGENCY PATIENT TRANSPORT SERVICE UPDATE**

Mark Harris provided an update for the Committee which included:

1. Recruitment; appointed a quality assurance manager
2. A new handbook has been issued to drivers which included details regarding guide dogs
3. An update was given on the transfer of services from the Health Boards who had yet to transfer NEPTS services
4. The call taking team was soon to become a National virtual call taking team, meaning that calls could be taken from any region
5. Further work was being undertaken in terms of eligibility of patients to be provided with service transport; a model called transport solutions was being implemented and once this was complete, the process of governance etc.
6. Ongoing work was being undertaken to eradicate fax bookings
7. The current Computer Aided Dispatch system was out of contract, a bid has gone in to next year's capital to support this
8. End of life provision, the 500th end of life transport which took patients to their preferred place recently took place

Members commented that transport for end of life provision was absolutely the 'right thing' to do and welcomed this enterprise going forward.

**RESOLVED: That the update was noted.**

#### **15/19 POLICIES**

##### **Management of Compensation claims**

**RESOLVED: That the policy was approved subject to amending the date on page three of the policy to read 2019.**

#### **16/19 ITEMS FOR NOTING**

1. Quarter 3 Mental Health Update for WG
2. Quarter 3 Dementia Update for WG
3. WHC Annual Quality Statement
4. Project A - December 2018 Update
5. Shoctober Evaluation

Further updates were given on the above items by Claire Bevan and Claire Roche

**RESOLVED: That the above were noted.**

#### **17/19 ANY OTHER BUSINESS**

The Chair advised that a Quest Committee planning day was scheduled for 1 May 2019 and made reference to the Abertawe Bro Morgannwg University Health Board Quality and Safety Committee Minutes which would be circulated to Members. Any comments should be forwarded to Alison Kelly for discussion on 1 May 2019

**Date of Next Meeting 21 May 2019**

## The Welsh Ambulance Services NHS Trust

### *Shared Commitment to Improve Patient Care and Staff Well-being*

Welsh Ambulance Services Partnership Team (WASPT)  
Minutes of the Meeting held on Monday 28<sup>th</sup> January 2019  
Henllys Boardroom at Vantage Point House, Cwmbran

#### **19.01 Present:**

Claire Vaughan	Director of Workforce & OD ( <b>Chair</b> )	CV
Jason Killens	Chief Executive	JK
Estelle Hitchon	Director of Partnership & Engagement	EH
Chris Turley	Interim Director of Finance	CT
Louise Platt	Interim Director of Operations	LP
Rachel Marsh	Interim Director of Planning & Performance	RM
Helen Watkins	Deputy Director of Workforce & OD	HW
Andy Swinburn	Asst. Director of Paramedicine	ASw
Caroline Miftari	Head of Quality Assurance	CM
Joanne Rees Thomas	General Manager of NEPTS	JRT
Julie Stokes	Senior Workforce Transformation Manager	JS
Sara Williams	Workforce Policy & Governance Lead	SW
Angharad Steele	Workforce Policy & Governance Advisor	ASt
Angie Roberts	Branch Secretary (Unison)	AR
Damon Turner	Branch Chair (Unison)	DT
Paul Ellery	Trade Union Partner (Unison)	PE
Mark Marsden	Trade Union Partner (Unison)	MM
Nathan Holman	Branch Secretary (GMB)	NH
Nick Morgan	Trade Union Partner (GMB)	NM
Stephen Dowber	Trade Union Partner (GMB)	SD
Ian James	Trade Union Partner (GMB)	IJ
Gareth Price	Trade Union Partner (GMB)	GP
Paul Seppman	Branch Secretary (Unite)	PS
Andy Evans	Trade Union Partner (Unite)	AE
Craig Brown	Trade Union Partner (RCN)	CBr
Tim Cahalane	Trade Union Partner (RCN)	TC

#### **19.02 Apologies:**

Bleddyn Roberts	Trade Union Chair (Unite)	BR
Claire Bevan	Director of Quality & Nursing	CBe
Claire Roche	Asst. Director of Quality, Governance and Assurance	CR
Stephen Clinton	Asst. Director of Operations	SC
Wendy Herbert	Asst. Director of Director of Quality & Nursing	WH

#### **19.03 In attendance:**

Sarah Parry	Corporate Assistant HR Officer	SP
Hugh Bennett	Asst. Director of Commissioning & Performance	HB
Rachael Powell	Asst. Director of Research, Audit and Service Improvement	RP

Julie Boalch  
James Rowland  
Judith Birkett  
Andrew Hynes

Corporate Governance Manager  
Senior ICT Security Specialist  
Records Services and Archives Manager  
Solicitor, Legal & Risk

**JBo**  
**JR**  
**JBi**  
**AH**

#### **19.04 Welcome and Introduction**

CV welcomed and introduced new members to the meeting; Tim Cahalane, who has been elected as RCN Steward for the South East Region, and Rachel Marsh, Interim Director of Planning & Performance.

CV explained that the focus of the meeting would be the IMTP. She also explained that there had been items removed from the initial agenda, in agreement with lead Trade Union Partners. This included the Education Strategy and the Volunteer Strategy; both Andrew Challenger and Julie Stokes had been invited to the next Trade Union Partner meeting on the 13 February 2019 to have a discussion with the Trade Union Partners, share thinking, scope ideas and the direction of travel.

#### **19.05 CEO Welcome**

##### **a) CEO Update**

CV explained that JK would be joining the meeting later, because he had been in London that morning to chair the Project A Conference. The Trust had delivered a National UK Workshop on the Falls Framework at the Project A Conference, of which WAST are leading.

EH provided an update on JK's first 100 days in the Trust, and confirmed that JK would like to continue to provide his reflections as these provide staff with an indication on the direction of travel he foresees the Trust heading. Trade Union Partners were asked for their feedback regarding the frequency of the blogs and which approaches were best to connect with staff; all suggestions were welcomed.

EH confirmed that with effect from 1st April 2019, the responsibility for healthcare services in the Bridgend County Borough areas would move from Abertawe Bro Morgannwg University Health Board (ABMU) to Cwm Taf University Health Board. The Health Board names would change to Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board, respectively.

JK highlighted that there has been a significant increase in excess hospital handover delays in October and November 2018, which is unacceptable. He stated that any delay longer than six hours would be considered as a significant delay, and from now on would be escalated. The Welsh Government and Professional Lead had been supportive and influential around expectations, improvement, and the consequences of handover delays. JK explained that the Trust had been experiencing unreasonably long delays as a result of lost capacity of vehicles outside Emergency Departments. The new escalation arrangements in place include escalation through the Senior Management Team and escalation steps within CCC, with a particular focus on 'held calls'. LP gave her assurance that the escalation arrangements had been working well.

DT queried that if a patient had been waiting for an excessive amount of time, would the type of call be escalated, even if the patient was clinically safe. JK responded that calls would be escalated if the clinical condition of the patient worsened. This escalation arrangement was in relation to delays which are not reasonable to explain,

NH asked if crews were being made aware at the time if a patient had been waiting for an ambulance; LP confirmed that this wasn't current practice, however, this could be done.

#### **b) Appointments**

CV discussed the Director of Operations position which has been advertised and has a fast approaching closing date. The post has attracted a good level of interest, therefore it is anticipated that there will be a good field of candidates to shortlist. CV confirmed that the selection day will include an internal and external stakeholder discussion, a media exercise, and an interview, and will take place at the end of March 2019.

The Trust has also been in discussions regarding creating a new Director of Digital position; the post holder would lead on transforming the Trust to work digitally and create opportunities to improve the service with the use of technology.

The Trust Chairman position has been advertised, and the process for this will be managed centrally by the Welsh Government in the next 8 – 10 weeks.

### **19.06 Trade Union Partner Agenda Items**

#### **a) Informatics availability**

The Trade Union Partners brought to the table the challenges regarding the availability of Informatics; NH explained that managers are having difficulties with obtaining data, due to the approval which is required at a senior management level. SD explained that information had been requested for service and delivery improvements, as well as staff wellbeing. CT confirmed that he would look into the matter and discuss with SD.

#### **b) Late finishes document**

PS gave an update on the 'Late Finishes' document, which was under review by Sonia Thompson, Interim Assistant Director of Operations, and Jeff Morris, Operations Manager, ABM, to explore making improvements to help more staff finish on time.

#### **c) Tracking items on the WASPT Action Log**

NH referred to actions which have been marked as complete in the WASPT Action Log. It was clarified that in some instances, the action has been marked as complete, but the original issue which resulted in the action still remains, and there was concern that the original issues raised would be lost. CV asked SW/AS/SP to review the Action Log and how information is captured.

**ACTION: SW/AS/SP to review the WASPT Action Log and how information is captured.**

#### **d) USC Standard Operating Procedure (SOP)**

The Trade Union Partners asked to discuss the UCS SOP. NH stated that UCS staff had been experiencing issues around not knowing which calls they should and shouldn't be responding to because CCC were sending staff to inappropriate calls. ASw explained that these issues are not in relation to the scope of practice but are in relation to how staff get to the scene, which is the deployment practice. NH provided examples to the group of inappropriate calls, which included RTCs, paediatric cases, psychiatric patients, and hangings.

CV confirmed that the scope of practice has been finalised and asked if LP and SC could review the issue and provide feedback to the group.

**ACTION: LP to discuss the deployment of UCS staff with SC**

DT emphasised the importance of UCS staff understanding which calls they should and shouldn't respond too. He asked if the scope of practice had changed, and ASw confirmed that the scope of practice had not changed and he would circulate the document to the group.

**ACTION: ASw to circulate the UCS Scope of Practice**

### **19.07 Policies / Procedures for approval**

#### **a) NHS Wales Organisational Change Policy**

SW gave an overview on the policy's approval route as it had not followed the normal process, however, it had been agreed with BR. The policy had been approved at FRC and was at WASPT for noting.

SW explained that the Organisational Change Policy had originally been issued in 2017, and in 2018 a high-level review had been undertaken which identified some necessary changes. These changes could be seen in attachment 4c.

#### **b) NHS Wales Menopause Policy**

SW gave an overview on the policy's approval route as it had not followed normal process, however, it had been agreed with BR. The policy had been approved at FRC and was at WASPT for noting.

SW explained that the new NHS Wales Menopause Policy had been launched as part of the NHS Wales Pay Deal. She explained that work would be undertaken to raise awareness of the new policy, and gave the example of the Menopause Cafe initiative which Velindre University NHS Trust had launched, which assists members of staff to share experiences and support each other. Trade Union Partners were supportive of raising awareness of the Menopause Policy and confirmed that they would be happy to get involved.

PS said it was disappointing that the Menopause Policy was not ready at the same time as the NHS Wales Managing Attendance at Work Policy. SW explained that the Managing Attendance at Work training had been amended to make reference to the new Menopause Policy.

### **c) Access to Personal Information Policy**

JBi provided an overview of the policy, which is to ensure the protection of individuals (patients and staff) with regard to the processing of personal data under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

The Policy would ensure that all staff understand the requirements placed upon them in respect of sharing personal information and personal sensitive information, thereby mitigating any potential risks resulting from non-compliance with legislation, such as substantial fines or enforcement notices from the Information Commissioner.

PS asked how images recorded by CCTV could be accessed and JBi explained that access to the disclosure of images recorded by CCTV must be strictly controlled to protect the rights of the individual and also to ensure that the chain of evidence remains intact. The Trust CCTV Policy was currently in development and requests for CCTV should be made to the Record Services & Archives Team.

**ACTION: Policy recommended for approval**

### **d) Information Security Policy**

JR provided an overview of the policy, and explained that the current Information Security Policy is dated back to 2009, which leaves a 9 year gap in the review of IT and information security for the Trust. There is an increase in reliance on technology for generating data and distributing information, therefore the need for an updated policy is paramount. This was highlighted in the Stratia report that was produced at the end of 2017.

The Trust has a responsibility to ensure that information is managed appropriately and in accordance with legal requirements, NHS Health and Care Standards, the Caldicott Principles into Practice Toolkit and guidance provided by the Information Commissioner's Office (ICO), Cyber Essentials and ISO 27001 compliance.

CT explained that at present, ICT is a high priority, following an internal audit. An action plan had been developed at EMT, and digital transformation is one of the Trusts priorities. IJ raised that putting notices on Siren does not reach all staff and is easily missed, and challenged how the Trust could ensure awareness is raised. JR responded that there are training courses available which are run by NWIS, and posters could be placed in ambulance stations.

**ACTION: Policy recommended for approval**

### **e) Policy for the Development, Review and Approval of Policies**

JBo gave an overview on the policy, explaining that the policy provides a robust and clear governance framework for the management of policies, which is essential to minimise any risk to patients, employees and the organisation.

JBo explained that the policy had been amended to include a process for reviewing policies which have previously been considered by the Policy Group or Employment Policy Sub Group

and only require reasonable or minor changes since the last review. This was further explained in paragraph 13 of the policy.

**ACTION: Policy recommended for approval**

NH asked for further clarification regarding the changes to the committees; JBo explained that there would be a People & Culture Committee and Finance & Performance Committee, which would replace the Finance & Resource Committee, as of the 01 April 2019.

## **19.08 Planning and Performance**

RM, who has recently been appointed as Interim Director of Planning and Performance, was welcomed to her first WASPT meeting. RM presented on the IMTP and Long Term Strategy, with a focus on the Trust's key deliverables of workforce, finance and risks.

RM discussed the Long Term Strategy, which has been to Board and the Trust's Board Development Day in January. She explained the Trust's goal was 'Delivering Excellence', and this would be achieved with the following objectives:

- Help me to stay healthy –
  - Play a strengthened role in engaging with the public and service users providing health education and advice.
  - Be an exemplar employer supporting positive health and well-being for all the people who work and volunteer for us.
- Accessing our service at the right time
  - Enable service users to make informed and appropriate choices when accessing our services.
  - Improve access to our services
- Providing the right care in the right place, wherever and whenever it is needed
  - Play a strengthened role supporting the provision of a sustainable telephone, triage and treatment model for all urgent /non-urgent health queries across Wales.
  - Clinical staff who work in a range of environments as part of multi-disciplinary teams
  - Develop clinical teams who have a wider range of clinical skills
  - Utilise enhanced clinical equipment and access to cutting edge technology.
  - Provide access to patient Information
  - 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

RM discussed the outcome measures; the plan went to FRC in January, and the Board suggested a list of the top 10-20 key priorities and how would the Trust achieve those objectives. The Healthier Wales Strategy which was implemented by the Welsh Government in 2018 has influenced these objectives. WAST has received £1.7million which will be used as funding to achieve the Healthier Wales objectives. She explained that 8 priority areas had been identified as part of the long term strategy which had been linked to the Healthier Wales quadruple aim(s)



and aligned to an Executive Director. In addition, the Commissioning intentions had been sent out by the Commissioner which had been aligned to the Trust's plans.

Jon Watts had attended the Trade Union Partner meeting in December to discuss the IMTP and feedback had been provided.

RM said that the final version will be ready on Thursday (31<sup>st</sup> January 2019) and will be circulated when finalised.

CT discussed the financial plan and explained that to in order get an approved plan, the Trust will need to demonstrate that it will be financially balanced over the next 3 years. He said that the Trust was in a good position going into the next financial year.

CV gave an overview on the workforce section and explained that it included the workforce planning and the broader aspects around leadership and health and wellbeing. In relation to workforce plans, she discussed the following:

- There is an additional investment to increase the capacity on the clinical desk (16 WTE) and the first tranche of delivering the AAP's (20 WTE)
- There is an increase in WTE frontline relief capacity Paramedics to convert overtime spend to substantive posts (35 WTE)
- There is an increase in WTE in line with the funded roll out of the national 111 Service over the next three years
- There are no planned increases in WTE in NEPTS, however, this could change due to the future transfer of work from Health Boards.
- Efficiency and productivity gains will be delivered in line with agreed targets or identified opportunities, including a reduction in sickness absence rates, further shifts in the 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.

RM discussed the risks of the plan which would be dependent on Health Boards and ambulances waiting outside the Emergency Departments, therefore a collaborative response would be needed. The IMTP would be going to EASC on 5<sup>th</sup> February with no anticipated problems for approval.

## **19.09 Performance / Operations Update**

### **a) Winter Plans**

LP provided an update on the Winter Plans, which includes an increase in Falls vehicles demand, ongoing recruitment in CCC, the introduction of additional schemes for overtime and additional Welfare Vehicles available at the Princess of Wales Hospital and Carmarthen.

LP explained that a debrief on the Winter Plans has been scheduled for the end of March, and a number of people have been invited to the event, with a purpose to review what went well, lessons learnt and to undertake an evaluation on the Winter Plans Schemes in place.

LP explained that in addition to this, Chris Sims, Head of Operations – Resilience, is in the process of developing a Severe Weather Plan. LP emphasised that this was a guidance document and would not replace the Adverse Weather Policy. CB said that there no comments/recommendations had been provided by the Management Team for NHS 111 or NHSDW.

In the interim, Sonia Thompson, Ambulance Operations Manager, Cwm Taf, is acting up as Interim Assistant Director of Operations for three months, followed by Heather Ransom, Ambulance Operations Manager, Powys.

AR discussed the allocation of shifts for bank workers as they are given two weeks' notice of shifts on GRS, and the Resourcing Team have said that Trade Union Partners had agreed to this arrangement. SW explained that this was as a result of the allocation of shifts from the Bank Worker Policy which was under review. CV explained that the Trust is required to undertake a piece of work on Bank Workers in terms of CPD and those who had not been active for a period of time, therefore this would be picked up during the review.

#### **b) Band 6 Competency Update**

LP emphasised the importance of Paramedics completing the Band 6 Competencies. ASw explained that it is essential for Paramedics to gather plenty of evidence to maintain their CPD, which is a requirement of their HCPC registration. JK said that part of the Band 6 arrangements provided staff with 52 hours a year to undertake CPD work, therefore there would be an expectation for staff to complete their competencies during this time.

### **19.10 Medical Directorate Update**

#### **a) Fit to Sit**

ASw discussed the Fit to Sit guidance which supports frontline staff to encourage patients to use their own transport or use taxis in an event where a patient needs to go to the Emergency Department but does not require an ambulance. The staff on scene would take their observations and decide if a patient requires an ambulance, or if they could transport themselves to hospital. He reassured the Trade Union Partners that if there was any pushback regarding this that they should contact him. Fit to Sit will assist with preventing staff from waiting in the Emergency Department and release vehicle capacity.

CB raised awareness that the North region had experienced difficulties with the taxi services as they are unable to cover majority of the shifts. There was also problems in Powys, which is poorly covered by taxi services, and NHS 111 have had difficulties with taxi availability. CB emphasised that this has caused significant problems.

JK questioned how awareness would be raised, and ASw clarified that the guidance would be sent to each member of staff and posters would be placed in stations to raise awareness.

#### **b) APP Recruitment**

ASw provided an update on APP recruitment, confirming that all nine vacancies had been filled in the North Wales region, but there is a shortfall in the South East and Central and West regions.

The APP vacancies will be advertised externally, however, staff internal to WAST would still be able to apply.

ASw said he had been to three showcase events to discuss the Trust's vision for advanced practice, and there had been interest from WAST staff and staff from other ambulance services.

DT asked about the decision on where to place APPs, as there are a lot based within the Swansea locality but there are none in Bridgend. ASw explained that the Trust have not recruited enough APPs at the moment to cover all areas, and for now the focus would be on an area and getting that area to grow.

## **19.11 Quality, Safety and Patient Experience**

### **a) WAST Innovation and Improvement Network (WIIN)**

RP gave an overview on WIIN and how the network would support staff with the development of improvement projects. The network would act as a platform for staff by providing them with supports and contacts to progress their ideas into a development project.

RP explained that a WIIN Steering Group had been developed and Trade Union Partners had been involved in the development of the process. The WIIN Steering Group was open and was not limited to any particular member of staff. A launch date has been scheduled for the 25 March 2019, and a communication strategy is under development.

PS asked if there would be a process for ensuring the individual who comes up with the idea will be acknowledged and accredited. RP explained that WIIN would act as a support group and provide staff with the right tools which should encourage the individual to develop and take the idea forward through the process. It is intended that the individual will take ownership of their idea and their project.

### **b) Bare Below the Elbows**

CM discussed a letter which was sent to all Chief Executives Health Board and Trusts on the 9 January 2019 regarding the practice of staff practicing Bare Below the Elbows (BBE) from the Welsh Government, Department of Health and Social Services. She discussed the importance of prevention of infections, with specific reference to Bare Below the Elbows and the All Wales Dress Code (2009.)

CM highlighted that health professionals across Wales are failing to comply with the guidance, and it is the employers' responsibility to ensure the guidance is adhered to. JK emphasised the importance of infection prevention control, and that there is clear evidence to support that wearing jewellery/watches causes infections and further harm to patients.

A discussion took place regarding the All Wales Dress Code Policy, which is under review, and Trade Union Partners stressed that the review of the policy would require involvement from WAST. AR voiced that the development of the policy was welcomed, however, there must be consideration for WAST staff, especially those who work within the community, because crews were being challenged for wearing coats on hospital premises. ASw said that staff would need to wear coats when outdoors, however, there would be no reason for staff to wear

jewellery/watches. NH raised that WAST staff are being challenged on Health Board premises regarding uniform, and there are potential concerns regarding how WAST staff are being approached.

JK suggested a proactive approach by writing to the policy's owner, stating the challenges and difficulties WAST have experienced. If WAST have not been considered and incorporated into the policy, the Trust would need to write their own procedural approach.

### **19.12 NEPTS Update**

JRT gave an update on appointments within the NEPTS Management Team. The Volunteer Manager role is being re-advertised because the appointed candidate had withdrawn. In addition, NEPTS has appointed into the Quality Assurance Manager role.

She continued by discussing the Commissioning Framework, explaining that Cardiff and Vale UHB and Velindre had already transferred all activity to WAST. As of the 01 March 2019, Hywel Dda University Health Board would also be transferring.

### **19.13 Finance Update**

CT explained that the report was not based on the current financial position due to the timing of the meetings. He explained that the Trust's financial position at the end of the financial year is forecasted to be balanced.

### **19.14 Anti-Violence Collaboration**

Andrew Hynes, Solicitor, Legal & Risk Services, introduced himself to the group and provided background on his role. He explained that his main focus is on the prevention of injury to NHS staff, and to ensure the appropriate management is in place. He further explained that many claims can be prevented if managers have the appropriate level of skills and are provided with adequate training.

AH gave a presentation on the NHS Anti-Violence Collaborative: Obligatory Responses to Violence in Healthcare document, which has been developed in conjunction with key stakeholders (NHS Wales, Welsh Government, Emergency Services, Victim Support, CPS, and Trade Unions) to set out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff. He explained that its focus is on those incidents which need to be addressed by the criminal justice system. There was also a proposal for the document to become a Welsh Health Circular, therefore organisations would need to demonstrate how they are compliant with the agreement.

AH explained that there have been recent cases whereby the CPS have imposed heavy sentences on those who have been violent towards NHS workers. However, he explained that prosecution may not necessarily result in a custodial sentence, and there would be alternative ways to achieve justice. The prosecution would be the decision of the court, and not the organisation.

Protecting staff from violence and aggression continues to be high on the Trust's agenda, and there will be ongoing work to put measures in place to safeguard and support staff. He

emphasised that incident reporting was essential, as a record of the event must be captured, and felt that the option of providing Emergency Services staff with body cameras could be used as a powerful tool against members of the public who act violently towards staff.

CV asked what it would mean to organisations if the agreement had become a Welsh Health Circular. AH said that the document would become obligatory and the organisation would need to demonstrate how they would meet the requirements of the document. AH offered his help and support throughout the transition process to ensure compliance.

## **19.15 Internal Audit Reports**

CV reminded the Trade Union Partners that there would be an audit on Trade Union facilitated times. The auditors were intending to begin the audit as soon as possible with a focus on systems and processes, time given to Trade Union Partners, and how that time was being accounted. She said that the auditors may be in contact with lead Trade Union Partners. CV emphasised that the purpose of audit would be to look at the current processes and how they could be improved.

CV explained that all internal audit reports which received a limited assurance would come to WASPT for discussion.

### **a) Travel and Subsistence Expenses**

EH explained that the Trust had asked the internal auditors to review travel and subsistence expenses as this was in the Trust's saving plan, and had been for a long time, however, no savings had been made. She explained that the audit gave a limited assurance, therefore this would be audited again in a years' time, and emphasised that the Trust do not want to receive a limited assurance on top of a limited assurance.

EH explained that the report demonstrated clear findings on how to make potential cost savings; this included the process on how expenses are accounted, how expenses are authorised and looking at alternative methods of travel. It is essential that accommodation and train tickets are booked via Capita to ensure best value. The Trust's aim would be a saving of £200k on travel, and there needs to be assurance that staff are claiming within the allowances, and if not, are they being challenged by the budget holder before being approved.

She proposed that a Task & Finish Group would need to be established to develop a Travel Expenses Policy, which will need to be completed by September 2019. Trade Union Partner involvement would be required, and the purpose of the group would be to scope arrangements and to review what would be considered as reasonable to claim for.

CV confirmed that there are discussions around developing an All Wales Travel Expense Policy, and the Trust need to ensure they have representation on that group.

CT explained that the development of a policy should prohibit some of the expenditure and ensure value for money, getting the maximum benefits to what would be spent. He explained that the key driver would be to get a policy and procedure in place to ensure that the Travel and Subsistence Expenses audit do not receive another limited assurance. EH further emphasised that the Trust should not be wasting public money, and there is also a focus on making those

potential savings and releasing the funds for something more valuable. DT said that he was in agreement with tightening expenditure and getting assurance around processes, and welcomed the involvement of Trade Union Partners in the development of the Travel Expenses Policy from an early stage.

#### **19.16 Estates Programme**

Agenda item deferred. To be discussed at the next WASPT meeting.

#### **19.17 Holiday Pay Case Update**

No update to be provided on this agenda item.

#### **19.18 Minutes from previous meeting**

Minutes agreed and approved from 26 November 2018 meeting.

**ACTION:     Approved minutes to go on Siren**

#### **19.19 Matters arising**

Update on actions from 26 November 2018 meeting.

##### 18.108 Trade Union Partners agenda items – Job Description Review

CV asked Trade Union Partners to pull a priority list together for the job description. Once complete, a timeline would be proposed and the review process would commence with Trade Union Partner engagement.

##### 18.68 (b) Uniform in hot weather – Nursing Uniform

CB explained that the nursing staff with NHSDW/ 111 are currently wearing blue tops which does not match the WAST uniform policy or the NHS All Wales Uniform Standard. The decision was now sat with Claire Bevan.

##### 18.06 (a) Timescales around Circulation of Papers for TU Team Meeting – Go Together Go Far Project

CV confirmed that this action was ongoing and would be focused on through the IMTP

#### **19.20 Date of next meeting**

The date of the next meeting had been scheduled for 25 March 2019.

# WELSH HEALTH CIRCULAR



Issue Date: 9 May 2019

Llywodraeth Cymru  
Welsh Government

**STATUS: INFORMATION/ACTION**

**CATEGORY: HEALTH PROFESSIONAL LETTER**

**Title:** NHS Wales National Clinical Audit and Outcome Review Plan  
Annual Rolling Programme for 2019/20

**Date of Review:** April 2020

**For Action by:**  
Health Boards and NHS Trusts  
National Clinical Leads  
National Clinical Audit and Outcome Review  
Advisory Committee.

**For information:**  
Chief Executives  
Medical Directors  
Directors of Primary Care

**Action required by:** N/A

**Sender:** Dr Frank Atherton, Chief Medical Officer

**DHSS Welsh Government Contact(s):**

*Population Health Division, Health and Social Services Group, Welsh Government, Cathays Park, Cardiff, CF10 3NQ. Email: [PopulationHealthcare@gov.wales](mailto:PopulationHealthcare@gov.wales)*

**Enclosure(s):** NHS Wales National Clinical Audit and Outcome Review Plan: Annual Rolling  
Programme from 2019/20

Dr Frank Atherton  
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru  
Chief Medical Officer/Medical Director NHS Wales



Llywodraeth Cymru  
Welsh Government

Dear Colleagues,

Health boards and trusts in Wales are required to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan. This circular provides a copy of the National Clinical Audit and Outcome Review Plan for 2019/20, which shall also be available via the Welsh Government website: <https://gov.wales/national-clinical-audit-and-outcome-review-plan-2019-2020>

National clinical audits are a major source of information aimed at measuring and benchmarking the improvement of healthcare services in Wales. The audit data are used to assess the quality and effectiveness of the healthcare provided by health boards and trusts and can make a big difference to the way we provide services when coupled with suitable improvement actions. It is essential all parts of NHS Wales participate fully in the national programme.

The Plan details the role each of us has for taking this work forward and includes the list of National Clinical Audits and Outcome Reviews which all healthcare organisations **must fully** participate when they provide the service.

If you have any queries regarding the annual plan please contact:  
[wgclinicalaudit@gov.wales](mailto:wgclinicalaudit@gov.wales).

Yours sincerely

A handwritten signature in black ink, appearing to be 'Frank Atherton'.

DR FRANK ATHERTON



# **NHS Wales National Clinical Audit and Outcome Review Plan**

## **Annual Rolling Programme from 2019/20**

**April 2019**

This is the 8<sup>th</sup> annual National Clinical Audit and Outcomes Review Plan confirming the list of National Clinical Audits and Outcome Reviews which all health boards and trusts are expected to participate in 2019-20 (when they provide the service). The plan also confirms how the findings from audits and reviews will be used to measure and drive forward improvements in the quality and safety of healthcare services in Wales.

As with previous reports, to ensure consistency, changes to the list of audits and reviews have been kept to a minimum.

Section 1 of the National Health Service (Wales) Act 2006 places a duty on the Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement in the physical and mental health of the people of Wales. Section 2 of that Act empowers Welsh Ministers to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of that duty.

### **1. What do we want to achieve?**

NHS Wales needs to be a learning organisation which regularly seeks to measure the quality of its services against consistently improving standards and, in comparison with other healthcare systems across the UK, Europe and the World. This measurement should be used to set improvement priorities and, the standardised improvement methodology taken forward by 1000 Lives Plus is a recognised approach for how this work should be taken forward within NHS Wales.

The Welsh Government and NHS Wales is committed to the principles of prudent healthcare to help meet the challenges of rising costs and increasing demand, while continuing to improve the quality of care. Participation in the national clinical audit programme is entirely in line with the principles of prudent healthcare. It clearly demonstrates the commitment to make the most effective use of all skills and resources and, to reduce inappropriate variation using evidence based practices consistently and transparently.

Clinical audit is an integral component of the quality improvement process and is embedded within the Welsh healthcare standards. The requirement to participate and learn from audits is also a central component of the suite of Delivery Plans developed for NHS Wales e.g. Stroke Delivery Plan, Diabetes Delivery Plan, Heart Disease Delivery Plan, etc.

## **2. What is the role of the National Clinical Audit and Outcome Review Advisory Committee?**

To encourage greater focus on Welsh priorities, a National Clinical Audit and Outcome Review Advisory Committee (from hereon referred to as the Advisory Committee) exists to:

- Provide national leadership and professional endorsement for NHS Wales participation in a rolling annual programme of clinical audit and review.
- Ensure that audits, reviews and national registries are relevant to Wales and provide clearly identifiable Welsh data, where appropriate.
- Maximise the benefit by encouraging widespread learning.
- Promote action to improve the quality and safety of patient care through application of the 1000 Lives Plus standardised improvement methodology in areas prioritised by the audit.
- Recommend a programme of national clinical audits and clinical outcome reviews which all health boards and trusts who provide the relevant services must participate in as a minimum. This programme will be reviewed annually, and may be subject to additions during the course of the year if the Committee supports Welsh participation in any new National Audits being developed.
- Liaise with HQIP in respect of NHS Wales' requirements.

New proposed audits are assessed by the Advisory Committee against the following criteria. Proposals must;

- Have national coverage of all relevant providers (achieved or intended)
- Focus on improving the quality of clinical practice
- Provide comparison of providers at an organisational, hospital or unit level
- Evaluate practice against clinical criteria/guidelines and/or collect outcomes data
- Publish regular open (public) reports of findings
- Apply to the complete audit cycle and/or monitors clinical/patient outcomes data in an ongoing way as part of a programme of driving change
- Be prospective - i.e. does not include retrospective reviews of adverse outcomes such as confidential enquiries
- Collect data on individual patients and includes patients in their governance – recruits data from patients during the current financial year.

The agreed NHS Wales programme of audits includes the majority of audits currently supported by the National Clinical Audit and Patients Outcome Programme (NCAPOP) managed by the Healthcare Quality Improvement Partnership (HQIP), but can also include a number of other national or multi-organisational audits recognised by the Advisory Committee as being essential.

The Clinical Outcome Review Programme (formerly Confidential Enquiries) is commissioned by HQIP on behalf of the Welsh Government, NHS England, NHSSPS Northern Ireland, ISD Scotland and the Channel Island and Isle of Man

governments. The programme is designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data.

The final agreed list of audits and reviews will be published annually. The programme for 2019-20 is attached at Annex A.

Full list of Advisory Committee membership:

1.	Dr Jacinta Abraham – Chair	Medical Director, Velindre NHS Trust
2.	Prof Chris Jones	Deputy Chief Medical Director, Welsh Government
3.	Jane Ingham	CEO, Healthcare Quality Improvement Partnership
4.	Jenny Thomas	Medical Director, Welsh Health Specialised Services Committee
5.	Rhidian Hurle	Medical Director, NHS Wales Informatics Service
6.	Arlene Shenkerov	Chair, Welsh Clinical Audit & Effectiveness Association
7.	Gill George	NHS Delivery Unit
8.	Heather Payne	Senior Medical Officer, Maternal & Child Health, Welsh Government
9.	Dr Aidan Byrne	Interim Deputy Medical Director, Abertawe Bro Morgannwg University Health Board
10.	Mark Townsend	Head of Clinical Audit & Quality Informatics, Cwm Taf University Health Board
11.	Kate Hooton	Ass. Dir. Patient Quality & Safety, Aneurin Bevan University Health Board
12.	Adrian Thomas	Executive Director of Therapies, Betsi Cadwaladr University Health Board
13.	Alexandra Scott	Patient Safety and Quality Assurance Manager Cardiff and Vale University Health Board
14.	Ceri Brown	Consultant Anaesthetist, Hywel Dda University Health Board
15.	Howard Cooper	Head of Clinical Governance, Powys Teaching Health Board
16.	Olivia Shorrocks	Head of Major Conditions, Welsh Government
17.	Chris Connell	NICE
18.	Gareth Hewitt	Head of Older People's Health & Chronic Conditions Management, Welsh Government
19.	David Thomas	Representative from Dental Deanery
20.	John Boulton	Representative of 1000 Lives Improvement Service
21.	Andrew Havers	Primary Care Representative, Welsh Government
22.	Caroline Whittaker	Quality Lead, Public Health Wales
23.	John Watkins	Public Health Consultant, Public Health Wales
24.	Joseph Wilton	Health Inspectorate Wales
25.	Rachel Powell	Welsh Ambulance Service Trust

### **3. How will participation, learning and action on findings be encouraged throughout Wales?**

This will be achieved by:

#### **Improved communication and encouragement of audit:**

- With the regular publication of a National Clinical Audit and Outcome Review e-bulletin highlighting developments and findings from recent reports.
- Feeding back on the benchmarked performance of individual providers within clinical audits and reviews to organisations as appropriate for reflection and action.
- By raising the profile of clinical audit with boards, patient groups, clinicians and all staff working within the NHS. To include national events, organisational visits and liaison with professional bodies in Wales to encourage audit amongst their disciplines and specialism.
- Developing closer partnerships working with health boards/trusts clinical audit teams to improve knowledge and understanding of national and local audit/review activities.
- Working in partnership with other healthcare organisations e.g. Public Health Wales, National Welsh Information Service to promote and encourage a culture of participation in audit and action on findings.

#### **Identifying areas needing a national approach to improvement:**

- Reviewing common issues for all Welsh healthcare providers arising from audit and reviews and sharing solutions.
- Through the development of closer links to 1000 Lives Plus improvement programme.
- By ensuring the findings and recommendations from audits are fully considered by the appropriate Delivery Plan implementation groups.
- Working in partnership, via HQIP and with audit project teams to ensure the provision of Welsh-specific findings and potential solutions, and develop and organise workshops and events to disseminate them.

#### **Addressing clinical services where performance may give cause for concern:**

- Clearly identifying the comparative performance of individual provider organisations and understanding the reasons for any disparity.
- Ensuring issues are considered in regular performance review meetings between health boards/trusts and the Welsh Government Performance & Delivery Unit.
- Developing and publishing a protocol confirming the arrangements for the identification and handling of organisations identified in audits and reviews as

being “Outliers” including such activity designed to improve and encourage quality improvement.

**Greater transparency:**

- By seeking to improve the way in which the findings, recommendations and improvement actions from audit and reviews are made available to patients, public and all staff working in the NHS.

**4. What is the Role of Welsh Government?**

In partnership with NHS England and HQIP, the Welsh Government supports and funds the cost of NHS Wales’ participation in the National Clinical Audit and Clinical Outcome Review Programme. Through improved communication, leadership, feedback and by building on the advice that it receives from the Advisory Committee, the Welsh Government also seeks to encourage greater participation and learning from clinical audits and reviews leading to improved services, better patient outcomes and safer patient care.

Given ongoing financial restraints the Welsh Government will continue to work closely with NHS England and HQIP to systematically review the current programme with a view to reducing costs where possible onwards.

**5. What are the responsibilities of Welsh health boards and trusts?**

Welsh health boards and trusts should provide the resources to enable their staff to participate in all audits, reviews and national registers included in the annual plan (where they provide the service). They should ensure the full audit cycle is completed and that findings and recommendations from audit link directly into the quality improvement programme and lead to improved patient care and outcomes.

To ensure the maximum benefit is derived from the clinical audit programme health boards and trusts should:

- Ensure the necessary resources, governance and organisational structures are in place to support complete engagement in audits, reviews and national registers included in the annual Plan.
- Appoint a clinical lead to act as a champion and point of contact for every National Clinical Audit and Outcome Review which the health board is participating in. Health boards and trusts should also encourage and support clinical leads to take on the role of all-Wales representative on audit steering groups where required.
- Ensure there is a formally recognised process for reviewing the organisations performance when reports are published. This review should include consideration of improvements (planned and delivered) and an escalation process to ensure the executive board is made aware when issues around participation, improvement and risk identification against recommendation are identified.

- Complete the assurance pro-forma developed and agreed by the National Clinical Audit & Outcome Review Advisory Committee which should be used for providing internal and external assurance of the actions being taken to address audit report findings. The assurance pro-forma should be completed within four weeks of audit report publications and should be regularly updated.
- Have clear lines of communication which ensures full board engagement in the consideration of audit and review of findings and, where required, the change process to ensure improvements in the quality and safety of services take place.
- Facilitate the wider use of data from audit and national registries to be used as supporting information for medical revalidation and peer review.
- Ensure learning from audit and review is shared across the organisation and communicated to staff and patients.

## **6. How Will We Measure Success?**

By year on year consideration of audit reports and in comparison with other UK, European and International healthcare systems to determine how compliance with best practice and achievement of healthcare outcomes compares to national and international benchmarks.

The following key criteria will also be used for judging success:

- 100% participation, appropriate levels of case ascertainment and submission of complete data sets by all health boards and trusts (where applicable) in the full programme of National Clinical Audits and Clinical Outcome Reviews.
- Less variation between local services and measurable year on year improvements in performance to achieve the highest standards. Organisations recognised as being above the audit “average” or within the top quartile for each audit and maintaining that level.
- Improvements in the quality and safety of patient outcomes and experience brought about by learning and action arising from the findings of National Clinical Audit and Clinical Outcome Review reports.

## **7. How Will We Maintain Success?**

It is one thing to attain success and another to maintain it sustainably. The audit and quality improvement approach has the advantage of engaging those placed to make change and those expected to deliver and maintain change on a daily basis. This approach has a demonstrated track record of delivering and maintaining service improvement for a range of issues in a range of settings. Where there are expectations of delivering and maintaining better quality care and outcomes, the audit and quality improvement should be the normally used first-line approach.

## **8. Conclusion**

The findings and recommendations from national clinical audit, outcome reviews and all other forms of reviews and assessments will be one of the principal mechanisms for assessing the quality and effectiveness of healthcare services provided by health boards and trusts in Wales.

In line with our stated ambition to develop a healthcare service that is recognised as being one of the best in the world, and to drive forward improvement, the clinical audit process will also be used to assess Welsh healthcare services against similar services being provided in other countries across the UK, Europe and Internationally.

## Annex A

### Annual Programme for 2019 - 20 of National Clinical Audit and Outcome Reviews in which all Welsh health boards and trusts must participate (where services are provided)

Acute	Audit website homepage	Main Contact	Collecting data in 2019/20
National Joint Registry	<a href="http://www.njrcentre.org.uk">www.njrcentre.org.uk</a>	Elaine Young <a href="mailto:elaine.young@hqip.org.uk">elaine.young@hqip.org.uk</a>  Welsh Clinical Lead <a href="mailto:robin.rice@wales.nhs.uk">robin.rice@wales.nhs.uk</a>	Yes (W, E & NI)
National Emergency laparotomy Audit *	<a href="http://www.nela.org.uk">www.nela.org.uk</a>	Jose Lourtie <a href="mailto:jlourtie@rcoa.ac.uk">jlourtie@rcoa.ac.uk</a>  Welsh Clinical Lead <a href="mailto:hywel.jones3@wales.nhs.uk">hywel.jones3@wales.nhs.uk</a>	Yes (W & E)
Case Mix Programme (CMP)	<a href="http://www.icnarc.org">www.icnarc.org</a>	Bernadette Light <a href="mailto:cmps@icnarc.org">cmps@icnarc.org</a>	Yes (W, E & NI)
Major Trauma Audit #	<a href="https://www.tarn.ac.uk/">https://www.tarn.ac.uk/</a>	Antoinette Edwards <a href="mailto:antoinette.edwards@manchesterr.ac.uk">antoinette.edwards@manchesterr.ac.uk</a>	Yes (W, E & NI)
National Ophthalmology Audit (Adult Cataract surgery) *	<a href="https://www.nodaudit.org.uk/">https://www.nodaudit.org.uk/</a>  Project closes August 2019	Beth Barnes <a href="mailto:noa.project@rcophth.ac.uk">noa.project@rcophth.ac.uk</a>	Yes (W & E)

Long Term Conditions	Audit website homepage	Main Contact	Collecting data in 2019/20
National Diabetes Audit *	General: <a href="https://digital.nhs.uk">https://digital.nhs.uk</a>		(W & E)
<b>Note this covers the following areas :</b> National Diabetes Foot Care Audit	Footcare: <a href="https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-foot-care-audit">https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-foot-care-audit</a>	Julie Michalowski <a href="mailto:ndfa@nhs.net">ndfa@nhs.net</a>  Welsh Clinical lead <a href="mailto:Scott.Cawley@wales.nhs.uk">Scott.Cawley@wales.nhs.uk</a>	Yes
• National Diabetes Inpatient Audit (NaDia)	NaDia: <a href="https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-">https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-</a>	Sharon Thandi <a href="mailto:nadia@nhs.net">nadia@nhs.net</a>  Welsh Clinical lead <a href="mailto:Neera.Agarwal@wales.nhs.uk">Neera.Agarwal@wales.nhs.uk</a>	Yes



<ul style="list-style-type: none"> <li>National Pregnancy in Diabetes Audit</li> <li>National Core Diabetes Audit</li> <li>National Diabetes Transition Audit</li> </ul>	<a href="#">inpatient-audit</a>  Pregnancy: <a href="https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit">https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit</a>  Core: <a href="https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit">https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit</a>  Transition: <a href="https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-transition-audit">https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-transition-audit</a>	Cher Cartwright <a href="mailto:npid@nhs.net">npid@nhs.net</a>  Welsh Clinical lead <a href="mailto:Margery.Morgan@wales.nhs.uk">Margery.Morgan@wales.nhs.uk</a>  Cher Cartwright <a href="mailto:diabetes@nhs.net">diabetes@nhs.net</a>  Welsh Clinical Lead <a href="mailto:Julia.Platts2@wales.nhs.uk">Julia.Platts2@wales.nhs.uk</a>  Gary Jevon <a href="mailto:diabetes@nhs.net">diabetes@nhs.net</a>  Welsh Clinical Lead <a href="mailto:Sara.Crowley2@wales.nhs.uk">Sara.Crowley2@wales.nhs.uk</a>	Yes   Yes   Yes
National Diabetes Paediatric Audit (NPDA) * #	<a href="http://www.rcpch.ac.uk/npda">www.rcpch.ac.uk/npda</a>	Holly Robinson <a href="mailto:npda@rcpch.ac.uk">npda@rcpch.ac.uk</a> <a href="mailto:holly.robinson@rcpch.ac.uk">holly.robinson@rcpch.ac.uk</a>  Welsh Clinical Lead <a href="mailto:justin.warner@wales.nhs.uk">justin.warner@wales.nhs.uk</a>	Yes (W & E)
National Asthma and COPD Audit Programme (NACAP)* # <b>Note this covers the following areas :</b> <ul style="list-style-type: none"> <li>COPD</li> <li>Adult Asthma</li> <li>Children and Young People Asthma</li> </ul>	<a href="https://www.rcplondon.ac.uk/projects/national-copd-audit-programme">https://www.rcplondon.ac.uk/projects/national-copd-audit-programme</a>  <a href="https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd">https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd</a>  <a href="https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-adult-asthma">https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-adult-asthma</a>  <a href="https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-children-and-young">https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-children-and-young</a>	Viktoria McMillan Juliana Holzhauer-Barrie <a href="mailto:copd@rcplondon.ac.uk">copd@rcplondon.ac.uk</a> <a href="mailto:viktoria.mcmillan@rcplondon.ac.uk">viktoria.mcmillan@rcplondon.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Simon.Barry@wales.nhs.uk">Simon.Barry@wales.nhs.uk</a>	Yes (W & E)

<ul style="list-style-type: none"> <li>Pulmonary Rehabilitation</li> </ul>	<a href="https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-pulmonary-rehabilitation-workstream">https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-pulmonary-rehabilitation-workstream</a>		
Renal Registry (Renal Replacement Therapy) #	<a href="https://www.renalreg.org/">https://www.renalreg.org/</a>	<a href="mailto:renalregistry@renalregistry.nhs.uk">renalregistry@renalregistry.nhs.uk</a>  Hilary Doxford <a href="mailto:Hilary.Doxford@renalregistry.nhs.uk">Hilary.Doxford@renalregistry.nhs.uk</a>	Yes (W, E & NI)
National Early Inflammatory Arthritis Audit * #	<a href="https://www.rheumatology.org.uk/Practice-Quality/Audits/NEIA-Audit">https://www.rheumatology.org.uk/Practice-Quality/Audits/NEIA-Audit</a>	Jessica Ellis, Project Manager <a href="mailto:JEllis@rheumatology.org.uk">JEllis@rheumatology.org.uk</a>	Yes (W & E)
All Wales Audiology Audit #		<a href="mailto:john.day@wales.nhs.uk">john.day@wales.nhs.uk</a>	Yes (Wales only)

Older People	Audit website homepage	Main contact	Collecting data in 2019/20
Stroke Audit (SSNAP) *	<a href="http://www.strokeaudit.org">www.strokeaudit.org</a>	Alex Hoffman <a href="mailto:ssnap@rcplondon.ac.uk">ssnap@rcplondon.ac.uk</a>  Welsh Clinical lead <a href="mailto:Phil.Jones@wales.nhs.uk">Phil.Jones@wales.nhs.uk</a>	Yes (W, E & NI))
Falls and Fragility Fractures Audit Programme Including: <ul style="list-style-type: none"> <li>Inpatient Falls</li> <li>National Hip Fracture Database</li> <li>Fracture Liaison Service Database</li> </ul> *	<a href="https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap-2014">https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap-2014</a>	<b>General email:</b> <a href="mailto:FFFAP@rcplondon.ac.uk">FFFAP@rcplondon.ac.uk</a>  <u>Inpatient Falls</u> Catherine Gallagher <a href="mailto:falls@rcplondon.ac.uk">falls@rcplondon.ac.uk</a>  <u>Hip Fracture Database</u> Elizabeth Fagan <a href="mailto:elizabeth.fagan@rcplondon.ac.uk">elizabeth.fagan@rcplondon.ac.uk</a>  Fracture Liaison Service Database Naomi Vasilakis <a href="mailto:FLSDB@rcplondon.ac.uk">FLSDB@rcplondon.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Antony.Johansen@wales.nhs.uk">Antony.Johansen@wales.nhs.uk</a>	Yes (W, E, NI))
National Dementia Audit *	<a href="http://www.nationalauditofdementia.org.uk">www.nationalauditofdementia.org.uk</a>	Chloe Hood <a href="mailto:nad@rcpsych.ac.uk">nad@rcpsych.ac.uk</a> <a href="mailto:chloe.hood@rcpsych.ac.uk">chloe.hood@rcpsych.ac.uk</a>  Welsh Lead <a href="mailto:Elizabeth.Davies025@gov.wales">Elizabeth.Davies025@gov.wales</a>	Yes (W & E)

National Audit of Breast Cancer in Older People (NABCOP) *	<a href="https://www.nabcop.org.uk/">https://www.nabcop.org.uk/</a>	Ms Jibby Medina nabcop@rcseng.ac.uk <a href="mailto:jmedina@rcseng.ac.uk">jmedina@rcseng.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Marianne.Dillon@wales.nhs.uk">Marianne.Dillon@wales.nhs.uk</a>	Yes (W&E)
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End of Life	Audit website homepage	Main contact	Collecting data in 2019/20
National Audit for Care at the End of Life (NACEL) *	<a href="https://www.nhsbenchmarking.nhs.uk/news/nationalauditforcareattheendoflife">https://www.nhsbenchmarking.nhs.uk/news/nationalauditforcareattheendoflife</a>	Debbie Hibbert <a href="mailto:debbie.hibbert@nhs.net">debbie.hibbert@nhs.net</a>  Welsh Clinical Lead <a href="mailto:Melanie.Jefferson@wales.nhs.uk">Melanie.Jefferson@wales.nhs.uk</a>	TBC (W & E )

Heart	Audit website homepage	Main contact	Collecting data in 2019/20
National Cardiac Audit Programme (NCAP)	<a href="https://www.nicor.org.uk/">https://www.nicor.org.uk/</a>	Akosua Donkor <a href="mailto:Akosua.donkor@bartshealth.nhs.uk">Akosua.donkor@bartshealth.nhs.uk</a>	(W & E)
<ul style="list-style-type: none"> <li>National Heart Failure Audit *</li> </ul>	<a href="https://www.nicor.org.uk/national-cardiac-audit-programme/nicor-and-data-gov-uk/national-heart-failure-audit/">https://www.nicor.org.uk/national-cardiac-audit-programme/nicor-and-data-gov-uk/national-heart-failure-audit/</a>	<a href="mailto:nicor-auditenquiries@bartshealth.nhs.uk">nicor-auditenquiries@bartshealth.nhs.uk</a>	Yes
<ul style="list-style-type: none"> <li>Cardiac Rhythm Management *</li> </ul>	<a href="https://www.nicor.org.uk/national-cardiac-audit-programme/cardiac-rhythm-management-arrhythmia-audit/">https://www.nicor.org.uk/national-cardiac-audit-programme/cardiac-rhythm-management-arrhythmia-audit/</a>	Welsh Clinical lead <a href="mailto:Jonathan.Goodfellow2@wales.nhs.uk">Jonathan.Goodfellow2@wales.nhs.uk</a>	Yes
<ul style="list-style-type: none"> <li>National Adult Cardiac Surgery Audit*</li> </ul>	<a href="https://www.nicor.org.uk/national-cardiac-audit-programme/adult-cardiac-surgery-surgery-audit/">https://www.nicor.org.uk/national-cardiac-audit-programme/adult-cardiac-surgery-surgery-audit/</a>		Yes
<ul style="list-style-type: none"> <li>National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) *</li> </ul>	<a href="https://www.nicor.org.uk/adult-percutaneous-coronary-interventions-angioplasty-audit/">https://www.nicor.org.uk/adult-percutaneous-coronary-interventions-angioplasty-audit/</a>		Yes
<ul style="list-style-type: none"> <li>National Congenital Heart</li> </ul>	<a href="https://www.nicor.org.uk/national-cardiac-audit-programme/congenital-">https://www.nicor.org.uk/national-cardiac-audit-programme/congenital-</a>		Yes

Disease Audit * #  • Myocardial Ischaemia National Audit Project (MINAP)*  • National Vascular Registry Audit (includes Carotid Endarterectomy Audit) *	<a href="http://heart-disease-in-children-and-adults-congenital-audit/">heart-disease-in-children-and-adults-congenital-audit/</a>  <a href="https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/">https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/</a>  <a href="http://www.vsgip.org.uk">www.vsgip.org.uk</a>		Yes       Yes
	Cardiac Rehabilitation Audit	<a href="http://www.cardiacrehabilitation.org.uk/">http://www.cardiacrehabilitation.org.uk/</a>	<a href="mailto:corinna.petre@york.ac.uk">corinna.petre@york.ac.uk</a>  Yes (W, E & NI)

Cancer	Audit website homepage	Main contact	Collecting data in 2019/20
National Lung Cancer Audit *	<a href="https://www.rcplondon.ac.uk/projects/national-lung-cancer-audit">https://www.rcplondon.ac.uk/projects/national-lung-cancer-audit</a>	Dominic Leadbetter <a href="mailto:nlca@rcplondon.ac.uk">nlca@rcplondon.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Gareth.M.Collier@wales.nhs.uk">Gareth.M.Collier@wales.nhs.uk</a>	Yes UK & Rep. I.
National Prostate Cancer Audit *	<a href="http://www.npca.org.uk">www.npca.org.uk</a>	Dr Julie Nossiter <a href="mailto:npca@rcseng.ac.uk">npca@rcseng.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Howard.Kynaston@wales.nhs.uk">Howard.Kynaston@wales.nhs.uk</a>	Yes (W & E)
National Gastrointestinal Cancer Audit Programme *	<a href="https://www.nogca.org.uk/">https://www.nogca.org.uk/</a>	Alison Roe <a href="mailto:oq.cancer@nhs.net">oq.cancer@nhs.net</a>  Welsh Clinical Lead <a href="mailto:Tom.Crosby@wales.nhs.uk">Tom.Crosby@wales.nhs.uk</a>	Yes (W & E)

<b>Women's and Children's Health</b>	<b>Audit website homepage</b>	<b>Main contact</b>	<b>Collecting data in 2019/20</b>
Paediatric Intensive Care (PICaNet) * #	<a href="http://www.picanet.org.uk">www.picanet.org.uk</a>	Victoria Hiley- Operational Manager <a href="mailto:v.hiley@leeds.ac.uk">v.hiley@leeds.ac.uk</a>  Sophie Butler- Project Officer <a href="mailto:S.Butler1@leeds.ac.uk">S.Butler1@leeds.ac.uk</a>	Yes (UK)
National Neonatal Audit Programme Audit * #	<a href="http://www.rcpch.ac.uk/nnap">www.rcpch.ac.uk/nnap</a>	Rachel Winch <a href="mailto:Rachel.Winch@rcpch.ac.uk">Rachel.Winch@rcpch.ac.uk</a>  Welsh Clinical Lead <a href="mailto:Siddhartha.Sen@wales.nhs.uk">Siddhartha.Sen@wales.nhs.uk</a>	Yes (W & E)
National Maternity and Perinatal Audit * #	<a href="http://www.maternityaudit.org.uk/pages/home">http://www.maternityaudit.org.uk/pages/home</a>	Fran Carroll <a href="mailto:fcarroll@rcog.org.uk">fcarroll@rcog.org.uk</a>  Welsh Lead <a href="mailto:Karen.Jewell@gov.wales">Karen.Jewell@gov.wales</a>	Yes (W, E & S)

<b>Other</b>	<b>Audit website homepage</b>	<b>Main Contact</b>	<b>Collecting data in 2019/20</b>
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) * #	<a href="https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit">https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit</a>	Calvin Down <a href="mailto:Calvin.down@rcpch.ac.uk">Calvin.down@rcpch.ac.uk</a>	TBC
National Clinical Audit of Psychosis *	<a href="https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis">https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis</a>	Krysia Zalewska <a href="mailto:krysia.zalewska@rcpsych.ac.uk">krysia.zalewska@rcpsych.ac.uk</a>  Welsh Lead <a href="mailto:Elizabeth.Davies025@gov.wales">Elizabeth.Davies025@gov.wales</a>	Yes (W & EW)

(\* denotes NCAPOP Audits)

(# denotes reports likely to include information on children and / or maternity services)

## Annex B

### Clinical Outcomes Review Programme

The Clinical **Outcome Review** Programme (CORP) is designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling learning from adverse events and other relevant data. It aims to complement and contribute to the work of other agencies such as NICE, the Royal Colleges and academic research studies which support changes to improve NHS healthcare.

Without high quality data, improvement in clinical care is unlikely to occur. National clinical audits and outcome reviews are focused on areas of healthcare considered to be important, where there are often issues of concern and where national results are considered essential to improve practice and standards.

With the ability to measure against recognised standards and compare services on a local, regional or national basis, clinical audit and outcome reviews are very powerful tools for assessing the quality of services being provided. When used as part of the wider quality improvement cycle, they provide a strong mechanism for driving service change and improving patient outcomes, but full participation and a determination to learn from the findings is essential.

Service provider contracts for these programmes have been awarded to the following suppliers (links are provided to website homepages):

Clinical Outcomes Review Programme	Programme website homepage	Main Contact	Collecting data in 2019/20
Medical and Surgical programme *	<a href="http://www.ncepod.org.uk/">http://www.ncepod.org.uk/</a> <ul style="list-style-type: none"><li>- Dysphagia in Parkinson's Disease <i>Patients with Parkinson's disease</i></li><li>- Cancer in Children, Teens &amp; Young Adults <i>Review the quality of care provided to patients under 25 who died/ or had an unplanned admission to critical care within 30 days of receiving systemic anti-cancer therapy</i></li><li>- Acute Heart Failure <i>Review the quality of care provided to patients 16 and above, for patients admitted to hospital with acute heart failure</i></li></ul>	Dr Marisa Mason <a href="mailto:mmason@ncepod.org.uk">mmason@ncepod.org.uk</a>  Welsh Lead <a href="mailto:Heather.Payne@gov.wales">Heather.Payne@gov.wales</a>	(W, E)  TBC  No  No



	confidential enquiries		Yes
	- Maternity mortality surveillance and mortality confidential		Yes
	- Maternity morbidity confidential enquiries		Yes