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Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust **Annual Performance Report**

2020/21



Version: Trust Board
10 Jun-21

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1. Purpose

In the light of the CoVID-19 pandemic and its impact on NHS Wales in 2020-21 the usual reporting requirements have been amended this year. This Performance Report aims to provide an integrated quality, patient safety, patient experience and performance narrative on the Welsh Ambulance NHS Trust (the Trust) for the period 01 Apr-20 to 31 Mar-21.

The Performance Report is produced in line with the requirements of the NHS Wales 2020-21 Manual for Accounts, in particular, Chapter 3 and Annex 7, and supports the Trust's public facing Annual Report with a more technical supporting document.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ar gais.

This document is available in Welsh on request.

2. Forward from Chief Executive Officer

2020/21 has been dominated by the Trust's response to the CoVID-19 pandemic. Just before the start of 2020/21 the Trust triggered (04 Mar-20) its Pandemic Influenza Plan.

As part of the Trust's pandemic response the 111 number was made available across Wales with supporting information on the NHS 111 Wales website, because the full service was only live in four of the seven health board areas (with the remainder programmed for 2021/22). 111 call answering performance for the year was 60.6% (target 95%), with performance being affected by very high call volumes during some months of the pandemic.

999 call answering performance was excellent throughout 2020/21 with a 95th percentile of three seconds. RED 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, in four of the 12 months of 2020/21, compared to nine months in 2019/20. As part of its pandemic response the Trust prioritised emergency ambulances (patient conveying resource) over rapid response vehicles, in order to convey CoVID-19 patients to hospital. The Trust knew this would have some negative impact on RED performance times, which was further compounded by the need for ambulance crews to don Personal Protective Equipment (PPE) and the unavailability of the Trust's Community First Responders (CFRs) in the initial phases of the pandemic.

The Trust increased the amount of ambulance hours (all resource) that it produced in 2020/21 producing an average of 114,219 hours per month, compared to 111,900 in 2019/20; an extra 202 shifts per month. The Trust lost 73,123 hours to the delayed handover of patients at hospitals, compared to 112,058 in 2019/20, however, it is too early to say whether this change is more permanent. Throughout the pandemic the Trust continued to prioritise the recruitment and training required to expand the emergency ambulance response workforce. I am pleased to report that the Trust achieved its target of uplifting the response full time equivalents (FTEs) by 136 FTEs.

The opening of a new district general hospital is a major event for any health care system. As part of its pandemic response Aneurin Bevan University Health Board (ABUHB) brought forward the opening of the Grange University Hospital (GUH) to Nov-20, from Mar-21. The Trust responded well to this challenge and stood up the required inter-site ambulance transfer service to the very tight timescales. The Trust also provided system leadership on a range of projects in 2020/21 including CoVID-19 mobile testing units, Contact First and the Operational Delivery Unit (ODU).

The Non-Emergency Patient Transport Service (NEPTS) performed well throughout 2020/21 with 68% of core patients arriving within 30 minutes of their appointment and +70% of renal patients arriving within 30 minutes prior to their appointment in 10 of the 12 months of 2020/21; however, oncology inbound remains an area of concern. NEPTS also completed the NEPTS Demand & Capacity Review, a strategic review, which is a key enabler in setting the strategic direction for this service over the next decade.

Throughout 2020/21 the Trust retained a strong focus on patient safety with continuous reporting throughout the year. There were 1,850 long patient waits (12 hours and over) compared to 2,632 in 2019/20. Whilst an improvement this is far too many. It is instructive that in May-20 there were only three patient waits of 12 hours or over, when both the Trust and the wider unscheduled care system had more capacity as part of the pandemic response. There were 56 patient serious adverse incidents (SAIs) in 2020/21 compared to 42 in 2019/2020, but only two in May-20, which again is instructive and offers an indication of the levels of patient safety the Trust aspires to as it transforms the 999 Emergency Medical Service (EMS) through a combination of investment, efficiencies and activities that “shift left” patient demand (effectiveness). The Trust also referred 72 patient Serious Case Incident Forum (SCIFs) to health boards under the “Appendix B” arrangements. The Trust cannot compare this number with the previous year as this arrangement only came into being in Aug-19.

The Trust’s rolling 12 month sickness rate to Mar-21 was 7.36%, which given the pandemic is surprisingly low; however, there is a difference between contractual sickness and abstractions off rosters from sickness absence with very high levels of abstraction through the second wave. Throughout 2020/21 the Trust retained a strong focus on staff well-being, in particular, PPE, homeworking, access to psychological support services and vaccination. I am pleased to report that as at 31 Mar-21 78% front line staff had received their second vaccination.

The e-risk platform developed in 2019/2020 by the Trust was embedded across the Trust in 2020/2021. The risk profile of the Trust is subject to continuous senior management scrutiny and revision and, as of 25 Mar-21, the Trust Board was informed that there were 11 risks scoring 15 or above on the Trust’s Corporate Risk Register. The Trust achieved financial balance in 2020/21, with a small revenue surplus of £0.070m and has met its statutory duty to breakeven during this financial year. The Trust submitted its 2020/21 Integrated Medium Term Plan (IMTP) on time to Welsh Government, but this was quickly overtaken by the pandemic response and the need for quarterly operating frameworks, which were submitted on time to Welsh Government. The Trust has continued to collaborate closely with the Chief Ambulance Services Commissioner (CASC) and Emergency Ambulance Services Committee (EASC) through 2020/21 with agreement from EASC to fund an extra 127 FTEs in 2021/22 in order to close the EMS Response relief gap, which will be a significant milestone for the Trust. The Trust also continued to collaborate with the Ministerial Ambulance Availability Taskforce, which resumed its work after the first wave, and produced its interim report in Feb-21.

Finally, I would like to take this opportunity to thank colleagues, our volunteers and the Trust’s partners for the extraordinary team effort that has been required to respond well to the pandemic. The Trust has received excellent support from our funders: Welsh Government, EASC and health boards, to enable the Trust to grow the capacity required to respond to the pandemic and at an individual level there is no doubt that colleagues, volunteers and our partners have shown great commitment, flexibility and resilience in making the strategic support we have received a reality on the ground.

3. Response to CoVID-19

In early Mar-20, whilst a global pandemic was yet to be declared, it was clear and indeed inevitable that this would be the case and that the domestic impact of what is now known as CoVID-19 would be substantial. On 4 Mar-20 the Trust triggered the arrangements within its

existing Pandemic Influenza Plan. In so doing, two clear corporate objectives were set and communicated widely. These were:

- i. Take all reasonable, necessary and proportionate measures in all the circumstances to fulfil the objectives set in our pandemic strategy; and
- ii. Continue with recruitment to fulfil the minimum of 136 FTE growth of the EMS service as agreed with EASC for 2020/21. All other, non-essential Trust activity would cease to enable the Trust to focus solely on these two critically important tasks.

The Plan was implemented with centrally agreed assumptions whilst retro-fitted forecasting and modelling was undertaken. The Trust planned around six key areas of business:-

- i. Ambulance response EMS, Unscheduled Care Service (UCS) and NEPTS – arrangements to generate additional capacity to respond to growing demand;
- ii. Fleet – arrangements to ensure maximum fleet and equipment availability;
- iii. Information and Communication Technology (Information Communication Technology) – arrangements to protect mission critical systems and support remote and flexible working;
- iv. Supply chain – arrangements to ensure sufficient supplies of necessary equipment and materials such as PPE and enhancements to for emergency front line staff;
- v. Resource Centre - arrangements to facilitate greater numbers of staff being deployed and maintain core rostering services; and
- vi. Clinical Contact Centre (999, 111, Clinical Support Desk and NEPTS) – arrangements to protect mission critical control functions, grow their capacity and diversify tasks

Through 2020/21 the Trust moved in and out of two parts of its Pandemic Influenza Plan, Response and Monitor Mode. The Trust normally produces a three year rolling IMTP and submitted its 2020-23 IMTP to Welsh Government in Mar-20; however, because of the pandemic, Welsh Government requested quarterly “Operating Frameworks”.

Throughout 2020/21 the Trust maintained a strong focus on quality, patient safety, patient experience, performance and the continued delivery of its transformation deliverables (as per the IMTP) subject to the demands of the pandemic.

4. Areas of Responsibility

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed.

Services include:-

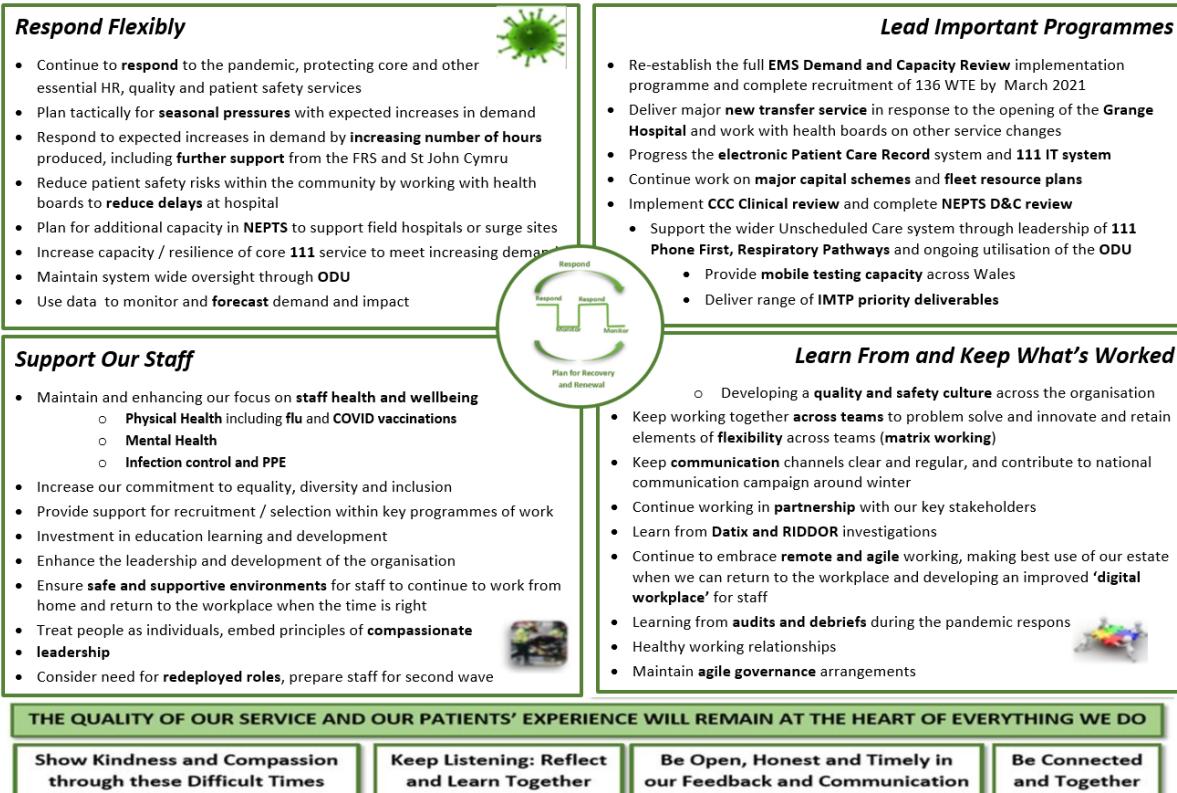
- The blue light ambulance services: including call taking, hear and treat, see and treat and if necessary, conveyance to an appropriate hospital.
- NEPTS: taking patients to and from hospital appointments and transferring them between hospitals.
- The NHSDW service: a health advice and information service available 24 hours a day, every day, including an online and telephone offering (available in Betsi Cadwaladr and Cardiff & the Vale university health boards).
- The 111 service: a free-to-call service which incorporates the NHSDW service and the call taking and first stage clinical triage for the out-of-hours service. The number is live pan-Wales and the full service is live in Aneurin Bevan, Cwm Taf Morgannwg Swansea Bay, Hywel Dda and Powys health boards. The Trust continues to provide the NHSDW service in other parts of Wales as above.
- The Trust also supports CFRs, Co-Responders and Uniformed Responders to provide additional response resource.
- All the services had CoVID-19 patients flowing through them therefore the Trust made no distinction between CoVID-19 care and non-CoVID-19 care in terms of its delivery arrangements in 2020/21.

5. Impact of CoVID-19 on Delivery of Services

As per section three the Trust enacted its Pandemic Influenza Plan in Mar-20 and through the first Quarter of 2020/21 two clear corporate objectives were set out which were widely communicated across the Trust and agreed with the CASC.

All other Trust activity, considered less essential, ceased to enable the Trust to focus solely on these two critically important tasks. The Trust started producing a quarterly Operating Framework as part of its pandemic response at the behest of Welsh Government. The Quarter One plan described a framework which allowed the Trust to respond flexibly to core service demand whilst supporting key essential service delivery in health boards and planning early for recovery through a range of actions which were aimed at looking after the wellbeing of the Trust, restarting important programmes and learning from innovative change during the highest peak of the Trust's response.

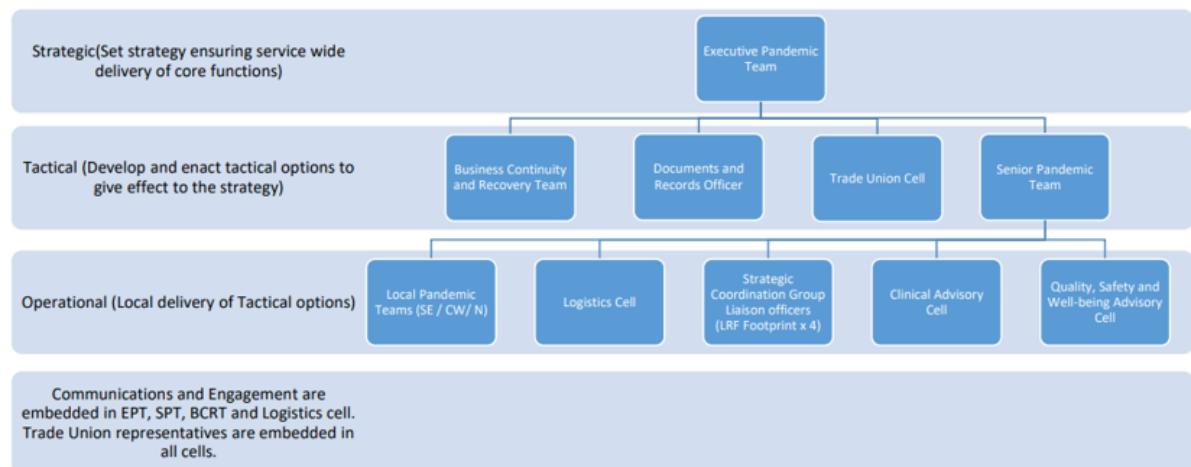
Trust's 2020/21 Operating Framework



The flexible response actions were operationalised through a command, control and co-ordination (3C) structure led by twice weekly meetings of the Executive Pandemic Team (EPT) and supported throughout by the Resilience Team.

Command, Control and Co-ordination Structure

Response Structure



As the Trust moved into quarter two, the Trust continued to operate a 3C response structure to allow some of the substantive governance and delivery structures to be re-established and its recovery planning to further develop. By 03 Aug-20 the Trust entered a transition period to its Recovery Phase and the 3C response structures were scaled down. During this period, the Business Continuity and Recovery Team (BCRC) took over the tactical lead of the recovery structure and the Trust began to pick up more of the programmes of work set out in its IMTP as well as fully re-establishing previously scaled back business critical functions such as Putting Things Right and Human Resources.

With Wales on the verge of a second wave of CoVID-19 alongside the traditional seasonal challenges that present in quarters three and four, the Trust returned to a Response phase in quarter three. The Trust's Operational Plan for quarters three and four therefore focused on the key actions and programmes of work which would deliver safe, responsive and effective services, with quality and good patient and staff experience at the heart of everything the Trust did. The aim was to keep the system moving, whilst ensuring that the four areas of harm identified by Welsh Government in its Operational Framework were minimised or eliminated in those areas that the Trust could influence itself or with its partners. The second wave of CoVID-19 was to some extent more challenging than the first. Whilst in wave one some of the "normal" activity across urgent and emergency care subsided and saw in particular a reduction in delays at hospitals, the system continued to see normal seasonal pressures over winter, combined with a high impact of CoVID-19 on hospitalisation with an inevitable knock on impact on community response. It was also agreed that the Trust would not stand down some of the key priorities across IMTP delivery and some of its important business as usual functions e.g. Safeguarding, Health & Safety, Clinical Audit etc. Therefore on 07 Dec-20 the EPT further reviewed the situation and determined that the Trust should move into a full Response Position and to level 2 of Protocol 36 with effect from 09 Dec-20.

Following a challenging second wave, the Trust moved back into Monitor Position on 01 Mar-21. At the time of writing the Trust is currently reviewing (on a weekly basis) the potential to move back to a Recovery phase. The move back to Monitor Position allowed the Trust to develop its 2021-24 IMTP (incorporating its Annual Plan) for the next three years in Mar- 21 and this was signed off by Trust Board on 26 Mar-21.

6. Planning and Delivery of Safe, Effective and Quality Services

The section looks at delivery in terms of numeric information with a supporting narrative before going onto to look at how the Trust performed in terms of its IMTP deliverables.

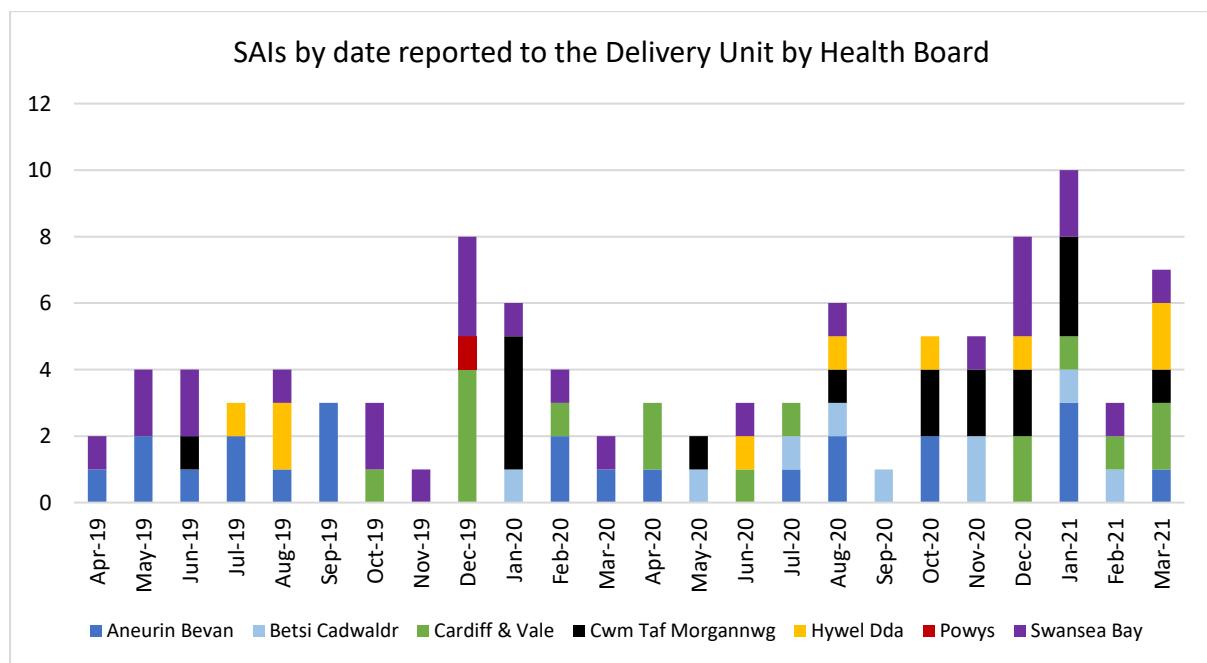
The Trust reviews quality and performance through four integrated lens:-

- i. Our Patients (Quality, Safety and Patient Experience);
- ii. Our People;
- iii. Finance and Value; and
- iv. Partnerships and System Contribution.

These four areas of focus broadly correlate with the “quadruple aims” set out in “A Healthier Wales”. These are now looked at in turn.

Our Patients (Quality, Safety and Patient Experience)

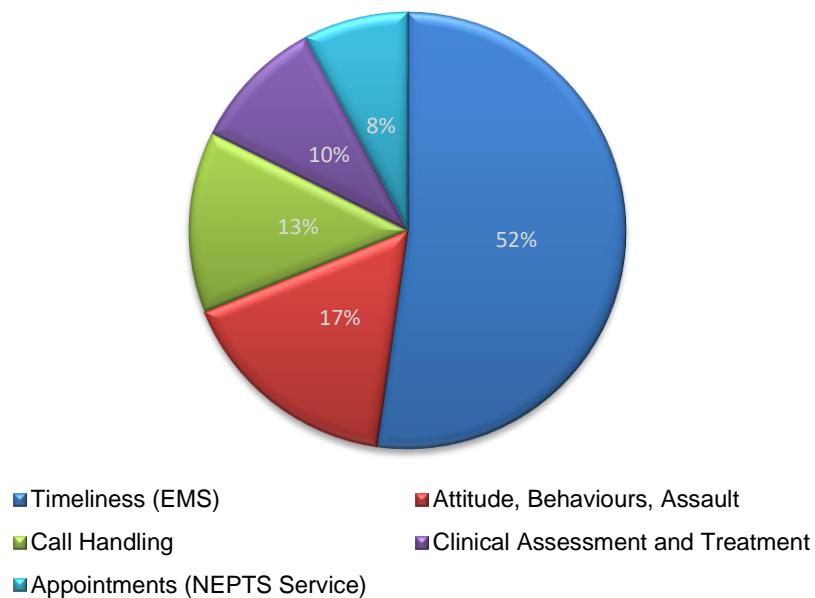
There were 56 patient SAIs in 2020/21 compared with 42 in 2019/2020. This is too many and reflects the pressure in the health care system. Most, but not all of these SAIs relate to the Trust’s 999 service. Dec-20 and Jan-20 were particularly concerning; however, there were only two SAIs in May-20 when ambulance lost hours to handover at hospitals were very low, which is instructive and offers an indication of the levels of patient safety the Trust aspires to as it transforms the 999 EMS through a combination of investment, efficiencies and activities that “shift left” patient demand (effectiveness).



The Trust also referred 72 patient SCIFs to health boards under what are referred to as the “Appendix B” arrangements. These are patient safety incidents for the Trust where the primary cause (and responsibility) is a health board issue, for example, ambulance lost hours at hospitals leading to delayed responses of ambulances. The Trust has a 75% target for responding to patient concerns within 30 days which the Trust achieved in seven of the 12 months in 2020/21. There were 725 concerns received in 2020/21 compared to 1,575 in

2019/20. 29 cases were referred to the Public Service Ombudsman Wales (PSOW), of which four remain currently open with one under investigation. The remaining 3 cases are where the Trust has agreed to undertake "Early resolution" and is monitoring the agreed actions. The majority of the issues raised with the PSOW relate to timeliness of Ambulance response. 52% of all formal concerns, received by the Trust, relate to timeliness. This is the time it takes for an Emergency Ambulance or Rapid Response Vehicle to arrive with a patient who is in need of the Trust's services. The top five reasons why people raise a concern with the Trust are:-

Top 5 Reasons for Complaint

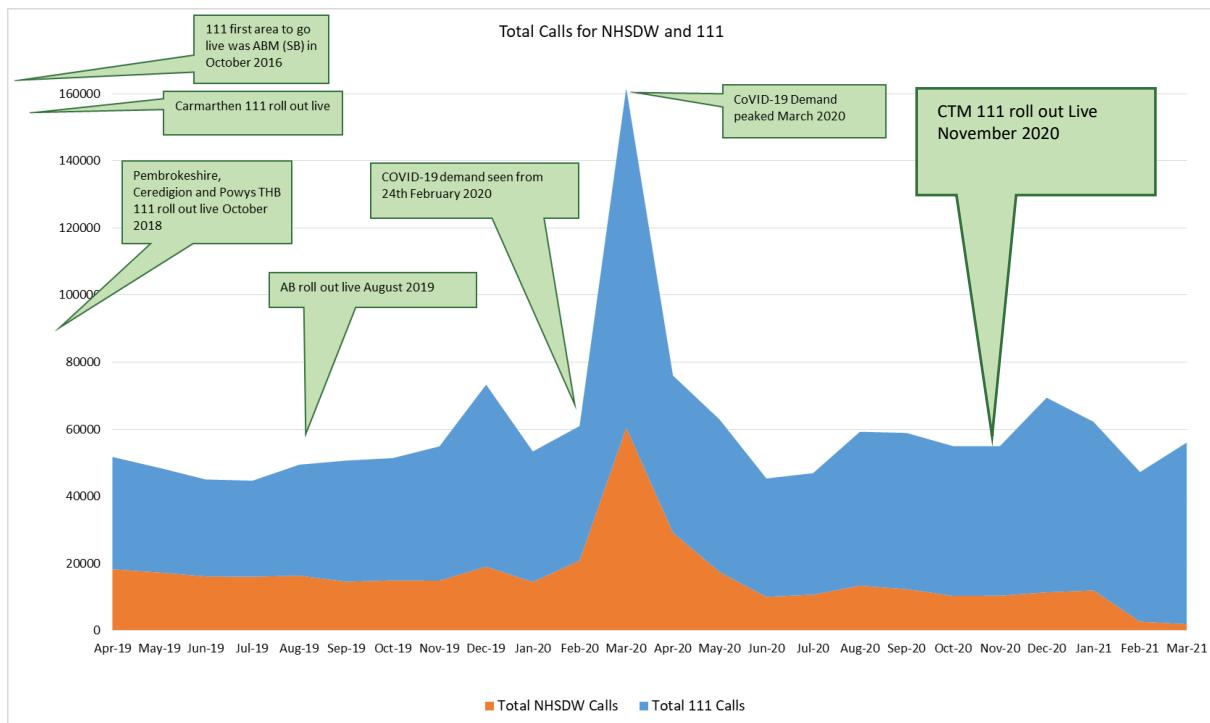


A contributory factor in many of the concerns, relate to delays at hospital when transferring the care of patients from ambulance staff to hospital staff.

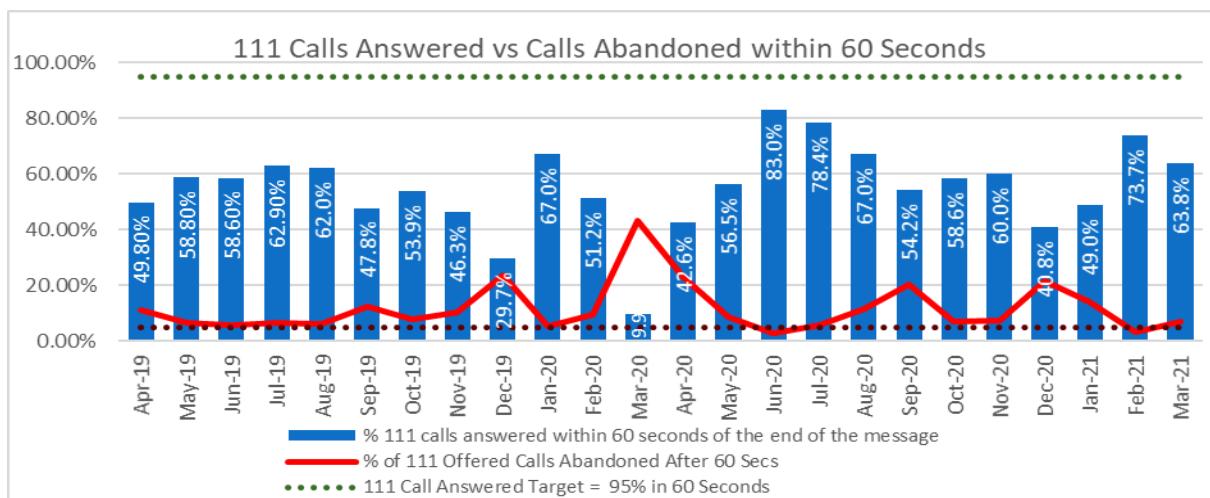
There were 2,600 patient safety, incidents, near misses and hazards in 2020/21, compared to 2,079 in 2019/20. The Trust actively encourages the reporting of all incidents no matter how small. This allows the Trust to understand what the issues are and what measures are required to prevent recurrence. In 2018/19 the Trust established a Putting Things Right Scrutiny Panel, the aim of which is to provide a forum of expertise for scrutiny. Due to the pandemic a decision was made by the Trust to suspend the panel for a period of time, which has now been reinstated as the Trust moves into 2021/22.

The Trust has also introduced a Patient Safety and Experience Monitoring and Learning Group, which monitors patient safety and experiences closely with the aim of identified improvement and learning priorities. The scope of the group applies to the whole of the Trust, incorporating EMS, NEPTS, 111 and NHSDW.

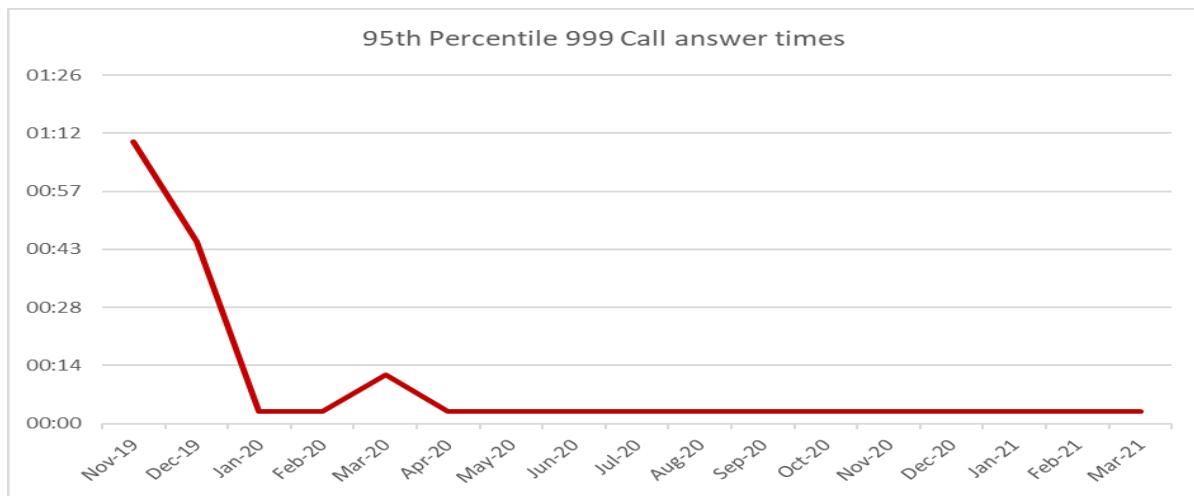
For many of our patients, the first point of contact with the Trust is the 111 number. The 111 number is now operational across all of Wales (as part of the pandemic response), but the full 111 Service is not yet live in every part of Wales, with some health board areas still operating the NHSDW service. The expansion of 111 continued in 2020/21 with the full 111 service going live in Cwm Taf Morgannwg University Health Board.



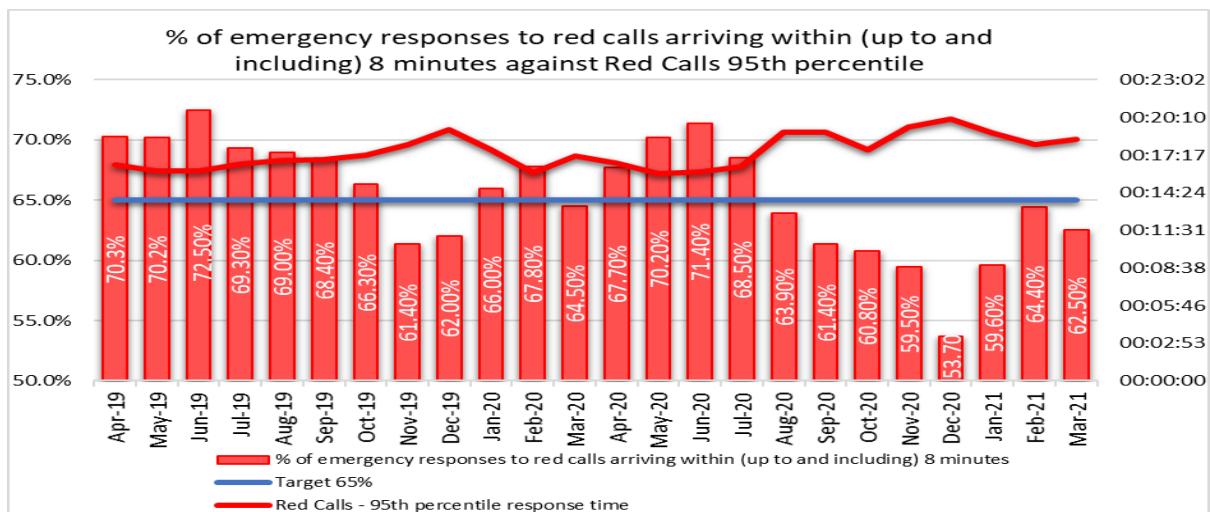
60.6% (target 95%) of 111 calls were answered within 60 seconds during 2020/21. 11% of calls to the 111 number were abandoned after 60 seconds (target 5%) in 2020/21 with some significant year variation caused by the pandemic and subsequent calls volumes.



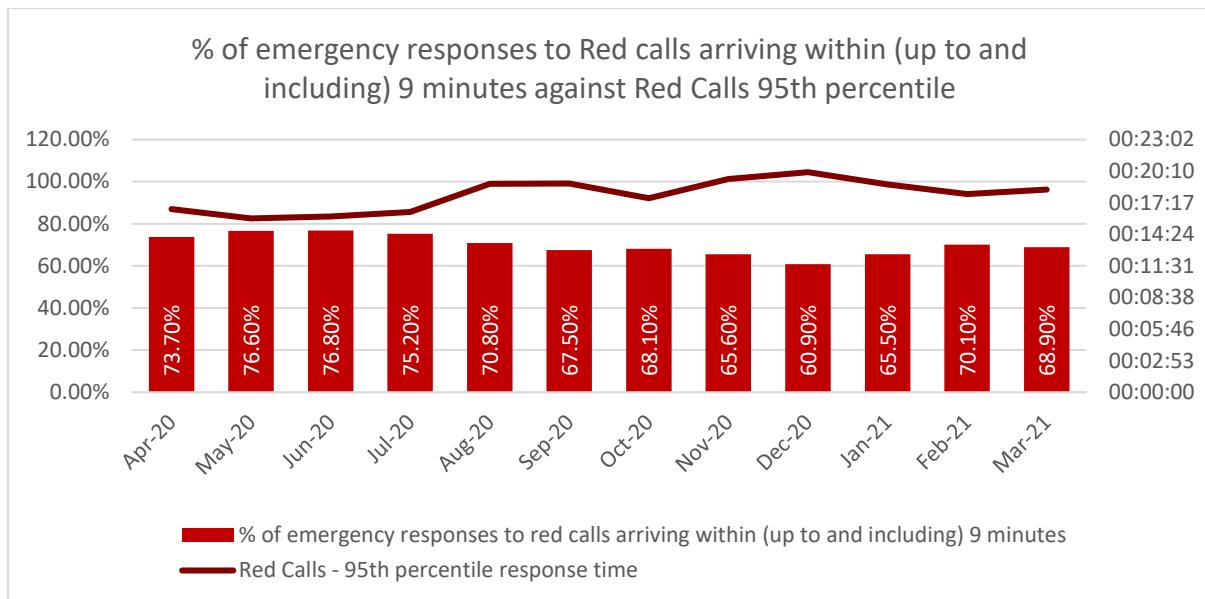
The number of 111 call taking staff in post has doubled since mid-Sep-20, from eight per weekday to 16. Further recruitment is ongoing. To support call intake during the pandemic, the Trust also promptly launched an online coronavirus symptom checker via the NHS 111 Wales website. Another key call answering metric for the Trust is 999 call performance. 999 call answering performance in 2020/21 was excellent with 95% of calls being answered within 3 seconds throughout the year.



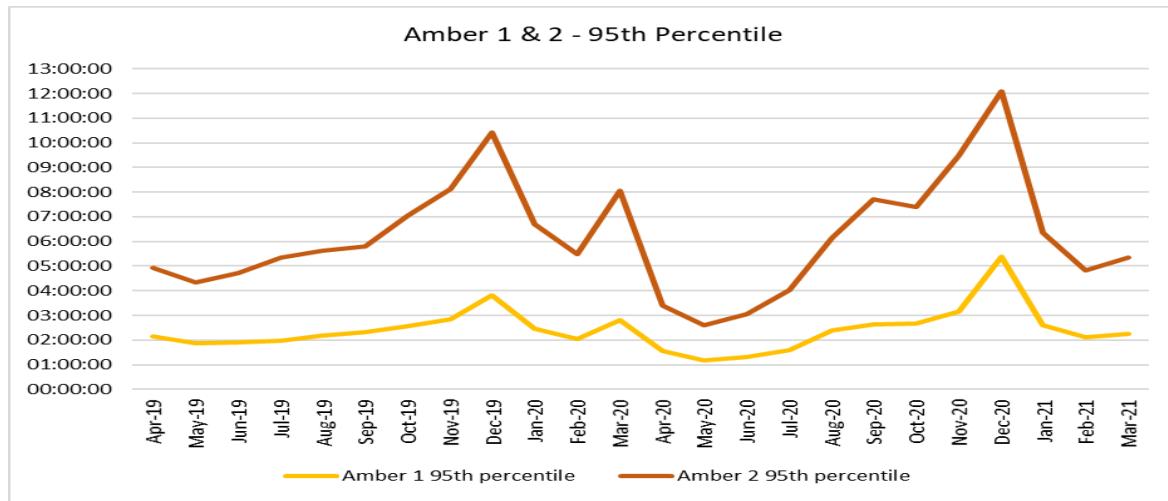
The headline patient metric for the Trust is RED A8 performance; this is the percentage of RED – immediately life threatening – incidents responded to within 8 minutes. The Trust was only able to maintain RED 8 minute performance above the 65% Welsh Government target for four months in 2020/21. Since Aug-20 the Trust's RED performance has fallen below the 65% target.



Clearly this is a concern for the Trust. A detailed analysis of the reasons was undertaken during the year and further analysis is currently being undertaken. Many factors (an estimated 23) affect RED performance, but key ones include high Red demand, the decision to prioritise emergency ambulances over RRVs as part of the pandemic response, the donning of PPE, an identified need to recruit more response staff, the initial standing down of CFRs on health and safety grounds and lost hours caused by delays at hospitals and also what are referred to as post production lost hours. Whilst every minute does count for RED calls and the clinical time measure is 8 minutes, it is worth noting from a patient perspective that the Trust's 9 minute RED performance for 2020/21 was 69.98%



RED performance is clearly very important for patient safety, but forms around 10% of patient demand. AMBER (serious, but not immediately life threatening) makes up the bulk of patient demand and is an area of focus for the Trust as prior to the pandemic, AMBER waiting times had been identified as too long (independent Amber Review). AMBER performance was largely maintained through 2020/21, with the exception of the peak of the second wave period, with Dec-20 being a particularly difficult month for the Trust and wider health care system.



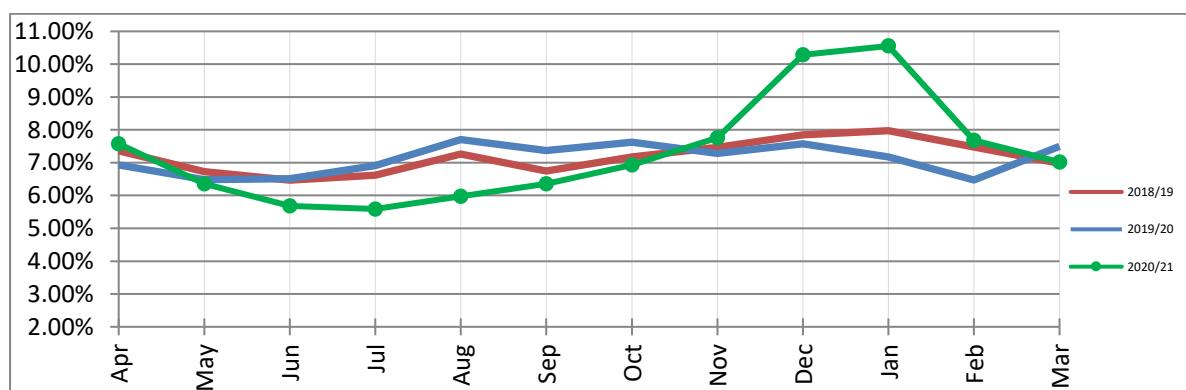
Whilst largely maintained the Trust acknowledges that AMBER waiting times are currently too long. The Trust's key strategic response, is the EMS Demand & Capacity Programme, which emerged out of the independent Amber Review. Strategic forecasting and modelling work has identified quality, patient safety and patient experience ambitions for Amber 1 patients of 18 minutes (median) and 35 minutes (90th percentile). For 2020/21 the Trust achieved 32 minutes and two hours and 24 minutes (95th percentile) respectively. A large part of the EMS Demand & Capacity Programme had to be stopped, due to the pandemic response in 2020/21, but the whole programme was live again by the year end.

NEPTS performed well throughout 2020/21 with core patients arriving within 30 minutes of their appointment 68% of the time (target 70%) and renal patients arriving within 30 minutes prior to their appointment (achieved 70% target in 10 of the 12 months); however, oncology patient arrival times remains an area of concern (54%). NEPTS also completed the NEPTS Demand & Capacity Review, a strategic review, which is a key enabler in setting the strategic direction for this service over the next decade. As the Trust moves into 2021/22 and the health care system “re-sets” the Trust will use the findings from the review to build on the NEPTS Transformation Programme and also respond to changes in outpatient services within health boards as a result of the pandemic.

Our People

The amount of ambulance hours produced is key for our patients and for our people (our staff). The Trust increased the amount of ambulance hours (all resource) that it produced in 2020/21 producing an average of 114,219 hours per month, compared to 111,900 in 2019/20.

The Trust’s rolling 12 month sickness rate to Mar-21 was 7.36%, which given the pandemic is surprisingly low; however, there is a difference between contractual sickness and abstractions off rosters from sickness absence with very high levels of roster abstraction through the second wave and special leave (linked to the pandemic) accounted for another 3.11%.



Throughout 2020/21 the Trust retained a strong focus on staff well-being, in particular, PPE, homeworking, access to psychological support services and vaccination. As at 31 Mar-21 78% front line staff had received their first and second vaccinations. See also sections on Infection Prevention & Control and Workforce Management & Well-being.

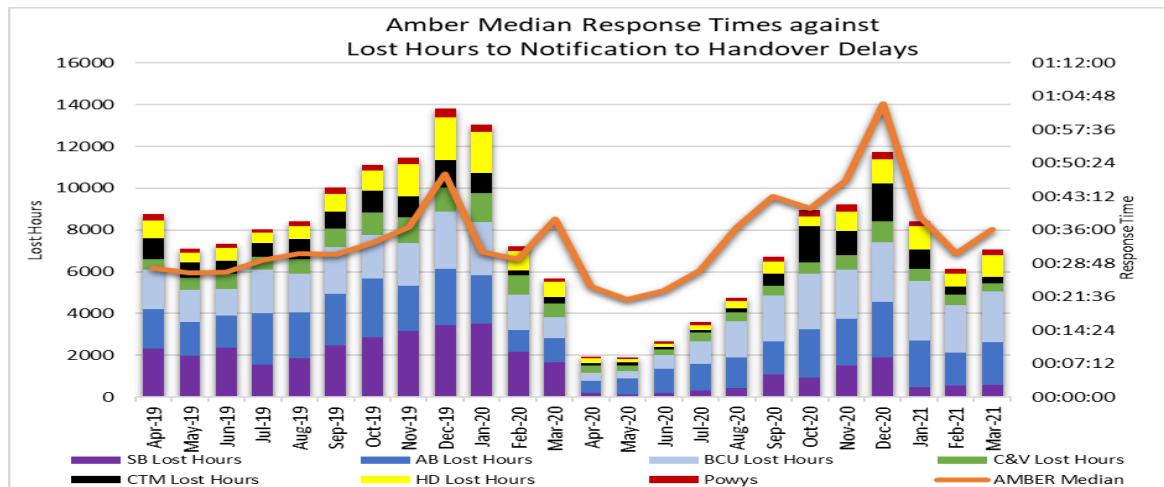
Finance & Value

The Trust achieved financial balance in 2020/21, with a small revenue surplus of £0.070m and met its statutory duty to breakeven during this financial year. Further information can be found in the Trust’s annual accounts and financial statements.

Partnerships & System Contribution

Whilst there are many metrics (23) that affect RED and AMBER quality, patient safety, patient experience and performance the Trust knows that three are particularly important: patient demand, the ambulance hours produced and the ambulance hours lost. The Trust

lost 73,123 ambulance hours to patient handover at hospitals, compared to 112,058 in 2019/20.



This is too many and it is too early to assess whether the reduction in handover lost hours seen in 2020/21 will continue, but the Trust is pleased that the EASC commissioning intentions for 2021/22 include a clear commitment by health boards to reduce handover lost hours to a maximum of 150 hours per day 95% of the time. The Trust will look to support this reduction in handover lost hours by reducing the number of patients it conveys to emergency departments (where it is clinically safe and appropriate to do so). In 2020/21 the Trust conveyed 45% of its patients to emergency departments compared to 46% in 2019/20.

Infection Prevention & Control (IPC)

At the beginning of the pandemic the biggest challenge faced by the Trust was the consistent provision of Respiratory Protection Equipment (RPE) for staff. The Trust's own stock levels as well as the pandemic stock made available to the Trust via Welsh Government soon became depleted with this scenario seen nationally.

As a consequence of this several RPE options were sourced from a variety of manufacturers to bridge the gap. This caused significant pressure and challenges to the Trust, every new model used required further face fitting (Fit Testing) tests to be performed, essential to ensure that staff were protected against the CoVID-19 pathogens. In addition a suite of bespoke guidance documents had been published within the Trust to support the ever changing RPE. Both internal staff and external voluntary staff worked around the clock to ensure that the Trust kept pace with the numerous RPE options and fit testing requirements providing the resilience to respond to the people of Wales.

This was not sustainable long term, and as a result of the stresses in the system regarding RPE provision the Trust made the decision to move towards a reusable half mask to mitigate the need for high numbers of Fit Testing required for the traditional single use masks. In addition to this there were also cohorts of staff that failed the fit testing process on all masks requiring the purchase of a number of powered respirator hoods (PRHs) to provide those staff members with the same level of protection.

Many lessons were learnt over this time:-

- Sustainable provision of RPE;

- Resilience of PPE supply chains;
- IPC Team resources to provide effective leadership, guidance and expertise;
- Provision of IPC skills, knowledge and practice across the workforce;
- Preparedness of staff in RPE fit testing, and contemporary training in its use;
- Effective management systems, and provision of resources, for the dissemination of IPC, RPE and PPE training and testing; and
- Quality assurance and quality control of systems of work for training and fit testing of RPE and PPE.

IMTP Delivery

Alongside the many actions the Trust had to take to respond effectively to the CoVID-19 pandemic in 2020/21, the Trust also continued to focus on its transformation overseen by the Strategic Transformation Board (STB). STB continued to meet through 2020/21, with one or two exceptions during periods of maximum escalation. The Trust has actually made better than expected progress towards delivering the key strategic commitments and deliverables in its 2020-23 IMTP with a number of instances where there has been an acceleration of initiatives within the IMTP, including leaps forward in its use of estate, fleet and technology to keep the Trust functioning. Some of the Trust's key achievements are highlighted overleaf.

IMTP Deliverables 2020/21

South Wales Major Trauma Network – we established and implemented the Major Trauma desk and rolled out eLearning ahead of the revised go live date for the network in September 2020.



APP development - Graduation of 23 trainee APPs in summer 2020

EMS D&C recruitment – 136 WTE additional headcount were recruited as planned in our IMTP and as one of our key pandemic response priorities.



Electronic Patient Care Record (ePCR) – we finalised procurement and let the contract for an ePCR system with a preferred supplier TerraFix.

NEPTS D&C Review – we finalised a Demand and Capacity Review for non-emergency patient transport



Mobile Testing – supported the pandemic effort by providing surge mobile testing capacity to target hot spots.

Education and training – we have delivered virtual training in many areas and successfully trained colleagues innovatively and safely throughout the pandemic.



Digital Strategy - we wrote and approved our first Digital Strategy setting out the roadmap for innovation and technology across four digital missions.

Estates – we have increased space available to meet COVID-19 requirements for social distancing.



NHS Wales 111 roll out – 111 was successfully rolled out to Cwm Taf Morgannwg and work has commenced on a national Contact First programme, which is now live in ABUHB and SBUHB

Mental Health – during the pandemic we evaluated the impact of Mental Health Practitioners on the Clinical Support Desk. The positive outcomes demonstrated will enable us to progress with substantive Mental Health Practitioners in both the Clinical Contact Centre and the 111 settings of care.



New transfer and discharge service in ABUHB – the GUH transfer service was developed and delivered ahead of schedule to support the early opening of the hospital.



Deploying technology - we procured and deployed 3,000 iPads and over 500 new laptops for our people. Together with completing phase 1 rollout of Office 365 making us more agile in response to the pandemic.



Operational Delivery Unit – we enhanced our leadership role across NHS Wales to support the flow and functioning of the Unscheduled Care system.

7. Delivering in Partnership

The importance of having strong and effective partnerships has never been so keenly evidenced than through the pandemic year of 2020/21. Throughout the year, the Trust has worked closely with a range of partners and stakeholders, some of them well-established, but some more recent, to ensure that the service could continue to maintain its services to patients while maintaining the safety of its people, as the country remained in the grip of CoVID-19.

From consolidating its relationships with partners across the wider NHS Wales system and local resilience forums (LRFs), to working closely with military and Fire & Rescue Service colleagues to support frontline planning and delivery of services; from working with partners in UK government on the running of mobile testing units, to working closely with our partners like St John in the third sector and working with the university sector and private sector on forecasting and modelling the pandemic, partnerships and strong relationships have been at the heart of the Trust's pandemic response.

In an unprecedented emergency such as that posed by CoVID-19, it would be simply unsustainable to work unilaterally. So much of what was achieved during the extraordinary year of 2020/21 was down to brilliant people, across so many different organisations, coming together to do brilliant and innovative things when the situation could not have been more serious – a real testament to the power of people and partnerships to move mountains. And while the Trust continued to make a full contribution as members of statutory bodies like Regional Partnership Boards, the real power of partnership has been seen in so many of our people, working with our Trade Unions, coming together across the Trust to work much more laterally to create innovative solutions.

Whether this was working on the logistics of PPE supply, creating a campaign to attract volunteers to support the Trust's pandemic efforts, or working with industry and higher education partners to find a solution to the problem of how best to rapidly deep clean an ambulance, everything the Trust has done so far during this pandemic has been predicated on building, consolidating and developing trusted, effective and sustainable relationships and partnerships, both within the Trust and beyond.

The key moving forward, and recognising that we are far from out of the woods at the time of writing, is that these relationships and partnerships endure. The Trust has learnt much about what makes them successful, as the Trust has moved at pace and under exceptional pressure, but it is this urgency which has delivered results and, while the Trust hopes that such pressures will not be repeated to the same extent, it recognises that pace and a clear, mutually beneficial goal, coupled with passion and determination, are prerequisites for effective partnerships that focus on outcome.

It is these facets of working partnership that the Trust will take forward, harnessing our passion and our purpose to deliver more for our people and the people of Wales.

8. Workforce Management & Well-being

Staff Well-Being

Throughout 2020/21 the Trust retained a strong focus on staff well-being, in particular, PPE, homeworking, access to psychological support services and vaccination. The Occupational Health Team was grown to meet the demands of an expanding workforce. The Health and Wellbeing Strategy 2020-2024 was approved by Trust Board in Nov-20 and the actions started to be implemented immediately, including Mental Health and Wellbeing awareness now embedded into all areas of management training, as well as inductions for new starters, and the introduction of our new Employee Assistance Programme partner, Health Assured at the end of Mar- 21. Wellbeing apps are now available on Trust iPads and there is more information for staff on Siren (the Trust's intranet site) and social media, to raise awareness of the extensive offers for staff to support their wellbeing. The Trust is also delighted to share that it received glowing feedback from the Corporate Health Standards status check 'I was extremely impressed by the planned and strategic approach to health and wellbeing and how it is now at the centre of everything that is done at the Trust'.

Health & Safety

During Wave one (Mar-20) all premises were instructed to complete a Workplace Risk Assessment to demonstrate means of control of pathogen spread. In the interim phase of CoVID-19 waves one and two, respective area leads were instructed to complete the UK Government guidance document Working Safely during CoVID-19 for Offices and Contact Centres. Additionally, due to high footfall in some locations and the inability to conform to social distancing requirements the Trust located some staff to alternative premises supported by the Health & Safety Function. The compliance rate of completion was 100%. During wave two, the workplace risk assessment was amended to blend the original Workplace Risk Assessment, Working Safely Document and also some of the guidance within the Association of Ambulance Chief Executives (AACE) Working Safely December 2020, which have been adopted by the Trust. Additionally some learnings from Local Authority Inspectors during an inspection at Vantage Point House have also been incorporated.

CoVID-19 Vaccination

In Aug-20, the Chief Medical Officer commenced system planning for the delivery of vaccinations in accordance with JCVI guidelines; arrangements were agreed for the Trust's people to be vaccinated by the health board in which they reside. Data relating to all the Trust's employees, volunteers and a range of associated personnel such as co-responders, partner providers and soldiers who formed the workforce supplied under the military aid, were included. As 31 Mar-21 78% front line staff had received their first and second vaccinations. The Trust is indebted to the seven population serving health boards and Velindre University Health Board who have provided this service to and for the Trust's people.

CoVID-19 Staff Fatalities

It is with sadness that the Trust has to report four staff fatalities with COVID-19 being detailed as the cause of death, during 2020/21:-

- Apr-20: Paramedic in the central & west area;
- Jan-21: NEPTS Call Handler in the south east area;
- Feb-21: Paramedic in the central & west area;
- Feb-21: ICT Service Desk Analyst in the north.

Investigations were undertaken for all cases and subsequently reported to RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

Workforce Planning

Workforce planning was a key enabler during the Trust's pandemic response. As well as a significant number of existing staff being temporarily redeployed to support areas of need, significant recruitment and training activity was planned, resulting in the appointment of additional staff as follows:

- 136 FTE front line staff to join the Trust to support EMS response (in addition to business as usual recruitment and training of over 500 front line staff);
- Over 90 staff to deliver on the mobile testing unit workforce requirements across Wales;
- Over 60 urgent care assistants to support the opening of the Grange University Hospital and their transfer and discharge service; and
- Over 90 call takers and to work towards recruiting 55 clinical advisors to support the roll out of the 111 and Contact First service across Wales and to meet the increase in call demand.

The change in workforce numbers is reflected in the table below:

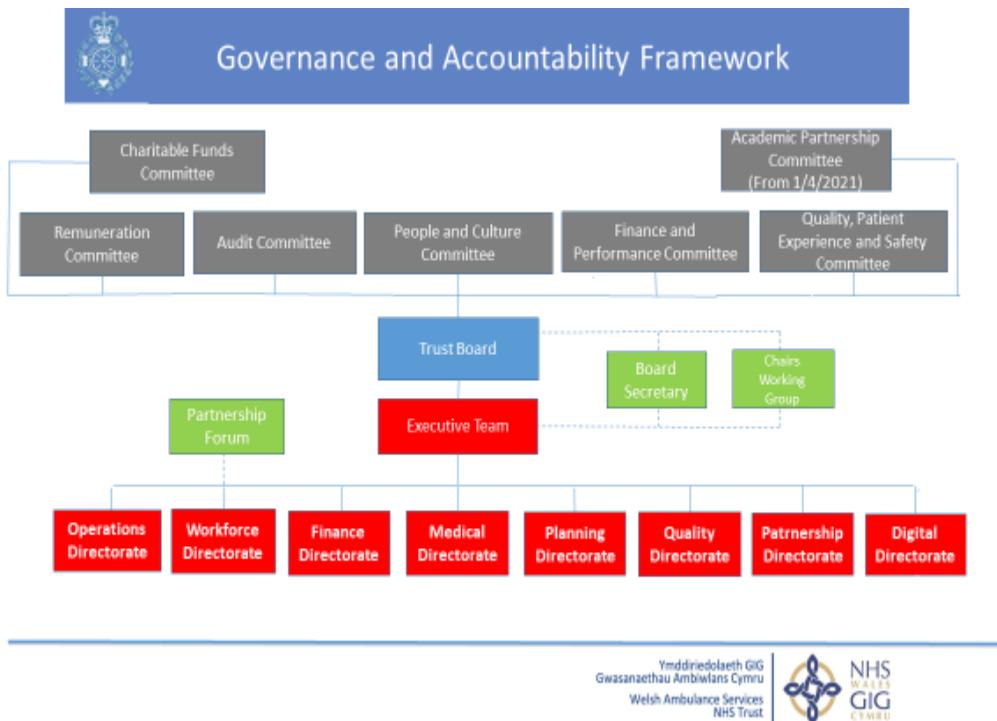
Category	2020-21	2019-20
Additional Clinical Services	1,746	1,464
Additional Professional, Scientific & Technical	1	0
Administrative & Clerical	551	517
Allied Health Professionals	1,104	1,055
Estates & Ancillary	61	58
Medical & Dental	1	1
Nursing and Midwifery	171	165
Total	3,635	3,260

9. Decision Making & Governance

Trust's Governance & Accountability Framework

The Trust produces a separate Accountability Report which provides a comprehensive review of the Trust's arrangements for decision-making and governance.

The Trust's governance and accountability is discharged through the following framework:-



Governance & Accountability in the Pandemic Influenza Plan Period

At the Trust Board meeting on 26 Mar-20, it was confirmed that the Trust's Pandemic Plan had been triggered and that this plan would determine how the Trust would manage its response to the Covid-19 pandemic. The plan called for the Trust to establish a cell structure which would ensure good governance and record keeping throughout the pandemic. The Board was also informed on where resources needed to be focussed and the consequential recruitment and redeployment of staff.

The Board also considered the consequential impact on Board and Committee business, as well as planned dates and timings of meetings. The Board recognised that meeting agendas may need to be more focussed in supporting the Trust through the pandemic, but at the same time, Board and Committees needed to continue to discharge their responsibilities of scrutiny and challenge and maintaining good governance. The Board concluded that all Board and Committee dates should remain in place, with the exception of the Apr-20 meeting of the People & Culture Committee which was deferred to a later date and that the May-20 meeting of the Audit Committee needed to be put back by one month to comply with the revised Welsh Government timetable for the annual accounts. The Board recognised that meetings going forward would be held electrically.

The Board also discussed the governance processes which should be put in place, should there be occasions when urgent financial approval was needed on matters which exceeded the Executives delegated financial limits. The Board considered various options, including

raising the CEO's delegated limits, but concluded that the current system for Chair's Action should be used as this provided the right level of governance, control and assurance. This was on the understanding that Chair's Action meetings could be arranged at short notice.

Ambulance Commissioning

A key aspect of the Trust's accountability and governance is that the Trust is a commissioned service for EMS and NEPTS. The commissioning is undertaken by EASC, on behalf of health boards, who are also supported by the CASC and the National Collaborative Commissioning Unit (NCCU). EASC and its supporting committees have continued to meet through the pandemic period, with one or two exceptions during periods of maximum escalation. Similarly, the monthly CASC Assurance meeting has continued to function through most of 2020/21, again with one or two exceptions for maximum escalation periods. Right through the pandemic period the Trust has maintained its weekly dialogue with the CASC on quality, performance, governance and financial commitments. The Trust also received direct support from the NCCU during wave one with a number of NCCU colleagues working in the Clinical Support Service. The Trust continues to operate a collaborative and open style of working with the CASC and his team.

10. Conclusions & Look Forward

2020/21 has been an extraordinary year for the Trust as it has responded to the global pandemic. The Trust has responded well to the demands of the pandemic. There is no doubt that the Trust's staff have stepped up to the challenge, as have the Trust's partners.

Whilst the Trust has acquitted itself well, patient experience and safety were not at the levels the Trust, or its stakeholders, aspire to. The pandemic has exacerbated this, particularly, during period of maximum escalation in the winter, but some of the underlying fundamentals were a problem pre-pandemic.

As the Trust moves forward into 2021/22 it will continue to monitor and respond to the needs of CoVID-19 at a tactical level, whilst getting back on track with the transformation programmes of work required to modernise the Trust and the service it provides to patients and people in Wales. The pandemic has also offered opportunities for transformation, some of which have already been taken and further opportunities to build on the Trust's transformation programme in 2021/22 and beyond. The Trust's IMTP 2021-24 provides further details on the Trust's strategic plans.

Finally, the Trust is acutely aware of the impact of CoVID-19 on the communities it serves and also its own staff, both those colleagues who have passed and those recovering from CoVID-19; the Trust will continue its emphasis on well-being and work to support those affected.

11. Links to Further Information

The Trust reports delivery against its IMTP throughout the year and reports on performance to every Trust Board meeting through the Integrated Quality & Performance Report.

For further information and to view these reports please click on the following links:-

Board Date	Board Agenda Item	Link to Board Papers
28 May 2020	Item 3.1a	Quarter 1 Plan
28 May 2020	Item 3.1b	WAST Trust Board Papers 28 May 2020
25 June 2020	Item 4.2	WAST Trust Board Papers 25 June 2020
30 July 2020	Item 3.2	Quarter 2 Plan
30 July 2020	Item 3.4, 3.4a - c	WAST Trust Board Papers 30 July 2020
01 October 2020	Item 3.2, 3.2a-c	WAST Trust Board Papers 01 October 2020
26 November 2020	Item 3.3, 3.3a-c	WAST Trust Board Papers 26 November 2020
28 January 2021	Item 3.5 and 3.5a	WAST Trust Board Papers 28 January 2021
25 March 2021	Item 3.2	WAST Trust Board Papers 25 March 2021

Ambulance Quality Indicators

Each health board receives a performance indicator dashboard, from Welsh Government, to ensure consistent reporting in their annual reports. The Trust is not a health board and is a commissioned service by EASC; 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 AQIs by EASC.

[Home - Emergency Ambulance Services Committee \(nhs.wales\)](#)

Performance Report Contact Details

Should you require any further information on this Performance Report, please contact:-

Hugh Bennett
Assistant Director, Commissioning & Performance
hugh.bennett2@wales.nhs.uk
07788 183961