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Welsh Ambulance Services
NHS Trust



WELSH AMBULANCE SERVICES NHS TRUST

Annual Report

2019-2020



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Welcome from the Chair and Chief Executive

Drawing together our reflections for the 2019-20 annual report has been a sobering experience. As we write, we still find ourselves in the throes of the Covid-19 pandemic, which has wrought such devastation globally and presented society, as well as our organisation and the wider NHS more broadly, with a challenge not seen for a century.

That said, in some ways, it has also been rather uplifting. In the final months of the financial year, we saw our organisation and our people step up to the challenges of the pandemic in ways that were genuinely inspiring, and continue to be so. To face the challenges of Covid-19 on the back of a pressurised winter period says much for the resilience and dedication of our Welsh Ambulance Service teams. Our priority now, in addition to serving our patients and the public, is to maintain the wellbeing and safety of our people, as being at the forefront of the pandemic inevitably takes its toll, while recognising that we continue to need to be prepared for what may be yet to come.

Much will change as a result of Covid-19, and we are already learning and applying some of the lessons of the last few months. We are changed, as is society, and 2020-21 will doubtless bring us not only fresh challenges, but renewed opportunity to harness the positives from our experience of the pandemic and to push forward towards realising our long term ambitions.

However, 2019-20 was not all about Covid-19. As ever in the world of the ambulance service and the wider NHS, it was a story of constant change and evolution. This annual report will give you a flavour of those developments and how the Welsh Ambulance Service performed.

There is much to celebrate and much to consider as we move into more uncertain times in 2020-21, but what is clear is that our service will never stand still. Our primary purpose is to serve the needs of the people of Wales in a way that optimises their care and delivers the best outcome.

We continue to learn, adapt, innovate and move forward to realise our full potential at the heart of the Welsh health service.

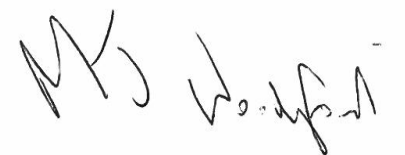
We hope our 2019-20 annual report inspires, challenges and interests you. If you'd like to keep up with our progress, follow us on social media or join us at one of our regular open Boards (at the time of writing, being held digitally), which are open to all and which you'll find publicised on social media or our website.

In the meantime, stay safe and well and thank you for taking the time to find out more about the Welsh Ambulance Service.

Jason Killens
Chief Executive



Martin Woodford
Chair



The Welsh Ambulance Service at a glance: what we are and what we do

It is now more than 20 years since the Welsh Ambulance Service was established in 1998. In the two decades since, the organisation has developed hugely, to become a central part of the NHS family in Wales. It is now the provider of a range of services, including emergency and non-emergency ambulance services, the NHS Direct Wales (NHSDW) telephone and online service and now the 111 service, which will replace NHSDW across Wales within the next two years.

The organisation continues on its journey to be so much more than a transport service. Excellent clinical care, with a focus on treating and keeping patients safely at home wherever possible, is now our main focus. While we are, of course, always there for those who face a life-threatening emergency, thankfully these cases represent a relatively small percentage of our work.

Serving a population of some three million spread across urban, coastal and rural landscapes throughout Wales, our ability to be innovative is important, and is something for which we have a growing reputation, both across the UK and internationally.

We employ more than 3,000 people with a mix of skills, ranging from advanced clinicians, through to a variety of clinical and non-clinical and support staff. We operate from in excess of 100 different bases across Wales, including traditional ambulance stations, shared facilities with other services, clinical contact centres, maintenance, repair and cleaning facilities, administrative and training centres.

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

- Our unscheduled care services (emergency and urgent care) provide support to patients with illnesses that are immediately



life-threatening through to minor injuries. Increasingly, we are working with partners to provide pathways to divert patients away from hospitals in order to treat people closer to home, where it is clinically appropriate to do so and using the higher level skills of our clinicians to avoid a hospital visit.

- Our Non-Emergency Patient Transport Service (NEPTS) helps thousands of patients each year to get to their hospital and medical appointments if there are clinical reasons why they cannot do so under their own steam, including patients travelling for cancer treatments or renal dialysis, for example.
- 111 and NHS Direct Wales provide 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 will replace the NHS Direct Wales service within the next two years and is already available in five of seven health board areas.

Our people have one focus – to care for our patients or support our colleagues who do. 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 for the people of Wales.

Of course, the final months of 2019-20 brought with them unprecedented challenges in the form of the Covid-19 pandemic. As with most other organisations, our experiences of the pandemic will shape our future development, and its impact will be reflected throughout this document, as well as in the figures below.

Here are a few facts and figures to give you a flavour of the Welsh Ambulance Service and our work (all figures relate to the financial year 1 April 2019 – 31 March 2020):

- Total number of 999 calls answered by our staff at our Clinical Contact Centres (CCCs): 515,751 (which is down on the 2018-19

figure of 534,970)

- These translated into 477,971 verified incidents (we often receive more than one call about the same incident) compared with 465,552 verified incidents in 2018-19
- We conveyed fewer than half of our patients to major emergency departments (45.3%) of patients as opposed to 48.6% in 2018-19), which reflects our work to signpost patients to other, more appropriate services and/or treat more patients safely at home. For example, our hear and treat service, which provides clinical advice to callers who do not have a serious or life threatening condition, managed to prevent almost 41,000 (40,851) ambulances from being dispatched, up from 35,934 last year
- Our Non-Emergency Patient Transport Service (NEPTS) made 670,353 NEPTS journeys, compared to 670,343 in 2018-19
- 221,314 calls were made to NHS Direct Wales (NHSDW), down from 243,840 the previous year, while website visits to NHSDW (recently rebranded to NHS Wales 111) sky-rocketed from 3,696,770 visits in 2018-19 to 6,025,100 in 2019-20.
- Similarly, 503,473 calls were made to 111 service, which brings together the services of NHS Direct Wales and the GP out-of-hours service in the Swansea Bay, Aneurin Bevan, Hywel Dda University Health Board areas, in the Bridgend locality of the Cwm Taf Morgannwg University Health Board area and in Powys.

The significant rise in 111 calls and in the use of the NHSDW/111 website were clearly linked not just to 111 being available in more areas, but also to increased demand as a result of the Covid-19 pandemic. The free 111 number has been made available across Wales for Covid-19 queries, including in areas where the main 111 service is not yet available. The NHSDW/111 website also hosts the rapidly developed NHS Wales Covid-19 symptom checker, which was widely publicised as a first point of advice for those concerned that they had coronavirus symptoms.

In terms of our estate and our assets, in 2019-20, we operated from 113 buildings and had 778 vehicles in our fleet. We employed 3,260

people.

Staff numbers

An analysis of staff numbers by category during 2019-20 is 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 the nearest full time equivalent). The table below excludes agency and seconded in staff.

Category	2019-20	2018-19
Additional Clinical Services	1,464	1,467
Administrative & Clerical	517	483
Allied Health Professionals	1,055	983
Estates & Ancillary	58	56
Medical & Dental	1	2
Nursing & Midwifery	165	149
Total	3,260	3,140

Staff composition

An analysis of the number of people of each sex who are senior managers of the Trust (i.e. Non-Executive Directors, Executive Directors, Directors, Board Secretary) as at 31 March 2020 is set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 45% female, 55% male.

Gender	Headcount	%
Female	6	33
Male	12	67
Total	18	100

The gender balance of our senior leadership team continues to be imbalanced, particularly when set against the organisational picture, with 33% of senior leaders being women in 2019-20, down from 37.5% the previous year.

Our vision, purpose and behaviours, which were developed in 2016 with our colleagues, remained unchanged for 2019-20. However, there are plans to refresh these in 2020-21, especially in light of our experiences and lessons from the pandemic and what our people have told us about what is important to them.

Figure 1: Our Story – Being Our Best





Our year in review: the highlights

2019-20 has been much more than simply the story of the Covid-19 pandemic. While the pandemic, of course, dominated the final quarter of the year, there has been much to celebrate and to challenge us over the last 12 months, which will be outlined in the pages that follow.

What has been clear is that the Welsh Ambulance Service is now very firmly positioned as central to the unscheduled care system in Wales and its work with partners both within and beyond NHS Wales is testament to its growing influential status.

While performance against our core “red” performance target of eight minutes for life threatening emergencies is stable, there is still work to do to continue to improve across all areas of Wales. Similarly, performance in the amber category is unduly adversely affected during the pressurised winter season and, following the outcome of the 2018 “Amber Review”, work continues to improve performance, particularly in the “amber one” category of call. You can read more about what we are doing to achieve this in our [Performance Report](#) and further on in this document.

Much of our improvement lies in looking at alternatives to 999 for many callers who simply do not need the services of an ambulance, but may be unsure about where to get help when they feel unwell or have another emergency. Our 111 service, which brings together the telephone and online advice and support service provided by NHS Direct Wales and the GP out-of-hours service, is already live in five of seven health board areas (or parts of them), and will be fully deployed across Wales within two years. NHS Direct Wales continues to be available in those areas of Wales without access to 111 and provides online and telephone clinical advice to help patients make the right choice of care, dependent on their condition.

Couple that with innovative approaches to reducing unwarranted demand on our services including our work with advanced paramedic

practitioners, primary care and residential care homes, as well as working with health boards to establish and develop alternative care pathways, and you have a flavour of the extent of our growing involvement across the Welsh health and care system.

Of course, not all our work focuses on emergencies. Every year, we make hundreds of thousands of journeys taking patients to routine appointments or for life-sustaining treatment, via our non-emergency transport service. This invaluable service has also modernised and improved to ensure that those who are clinically eligible for this free service receive it seamlessly, while continuing to support patients to find alternatives when their needs are not so clinically acute.

Of course, the strength of our services lies in our people and their absolute commitment to the people of Wales. We continue to invest in their training and development and, with the support of Welsh Government, in our fleet and estate, to ensure that they have the skills, environment and equipment to do the very best job they can.

An award-winning service

We are proud and honoured to have picked up several prestigious awards in 2019-20, not just for our work as an organisation, but for the work of some exceptional individuals.

We won not one but three NHS Wales Awards, including the Enriching the Wellbeing, Capability and Engagement of Health and Care Workforce Award for our Trauma Risk Management Service (TRiM). Our Non-Emergency Patient Transport Service's End of Life Care Rapid Transport Service also took home the Delivering Person-Centred Services Award and the Outstanding Contribution to Transforming Health and Care Award.

Two colleagues were recognised in the Queen's New Year's Honours List at the turn of the year: Emergency Medical Technician (EMT) Nick Richards-Ozzati and Joanne Rees-Thomas, of the Non-Emergency Patient Transport Service, were awarded the Queen's Ambulance

Service Medal for exemplary service and exceptional devotion to duty.

Meanwhile, for Her Majesty's Birthday Honours in June 2019, Deborah Goldsmith, Assistant EMS Controller, and Grayham McLean, the Trust's Unscheduled Care Lead, also received the Queen's Ambulance Service Medal, while paramedic Glyn Thomas received a British Empire Medal for services to pre-hospital care in North Wales.

At the South Wales Argus Health and Care Awards in September 2019, Newport-based Emergency Medical Technician (EMT) Stefan Cartwright won the Outstanding Achievement Award, while EMT Rhys Tucker, of Barry, picked up the Paramedic or First Responder Award.

The Trust's Assistant Director of Paramedicine, Andy Swinburn, was named Allied Health Professional of the Year at the inaugural Advancing Healthcare Awards in November 2019 for his work to introduce and embed a new clinical leadership structure across the service.

Meanwhile, Andy's Business Administration Manager, Helen Lumber, won Skills for Health's Our Health Heroes regional award for Operational Services Support Worker of the Year.

We had a double award win at the Action on Hearing Loss Excellence Wales Awards in May 2019, where we took home both the Service Excellence and People's Choice Awards.

Deborah Armstrong, the Trust's Interim Head of Education Professional and Clinical Practice, was also named Exceptional Mentor of the Year by the Association of Ambulance Chief Executives.

This annual report will provide you with more detail about our successes, challenges and innovations, but let's begin with a little more about the way in which our services are commissioned.

Planning and delivering our services

Ambulance services in Wales are commissioned on a collaborative basis by the seven health boards through the Emergency Ambulance Services Committee and the Chief Ambulance Services Commissioner (CASC). Both the Commissioning and Quality Delivery Framework (CQDF) for Emergency Medical Services and the equivalent for the Non-Emergency Patient Transport Service were live during 2019-20.

The Commissioning Quality & Delivery Frameworks (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 2: Five-Step EMS ambulance care pathway



Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Services NHS Trust.

Figure 3: Five-step NEPTS ambulance care pathway



Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 Welsh Ambulance Services NHS 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 EMS and NEPTS 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](#).

Our Clinical Response Model has been in place for some four years now and continues to underpin the way we categorise calls. The model focuses on quality and clinical outcomes as key indicators, using time targets only for those conditions 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 4: 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.

Ambulance Quality Indicators

The Emergency Medical Services Commissioning and Quality Delivery Framework includes a set of published Ambulance Quality Indicators (AQIs), which measure the quality of our service against a range of clinical standards. These are published quarterly by Emergency Ambulance Service Committee (EASC) and you can find out more about them [here](#).

In July 2018, the Welsh Ambulance Service Trust started reporting a set of Non-Emergency Patient Transport Service Ambulance Quality Indicators (AQIs). The Emergency Ambulance Service Committee does not require these to be publicly reported in the same way as the Emergency Medical Service Ambulance Quality Indicators, but they are based on the same principles.

In 2019-20, these show that 12.8% of NEPTS journeys were aborted, while 5.5% of calls were abandoned, meaning that callers ended the call before their call was answered.

You can find out more about our how we fared on clinical indicators in our [Performance Report](#).



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 sharing its performance data. 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 Service Committee publishes a comprehensive set of Ambulance Quality Indicator (AQIs) on a quarterly basis (suspended for Quarter 4 as a result of the pandemic) and, at every Board meeting, the Trust Board receives a range of reports considering quantitative and qualitative information on progress against the Integrated Medium Term Plan (IMTP) and performance metrics.

Internally, the Trust closely monitors progress against the IMTP, the key components of which were:

- 10 IMTP priorities;
- 42 IMTP key deliverables, each assigned to a Director lead;
- a suite of performance indicators; and
- achievement of a balanced financial plan.

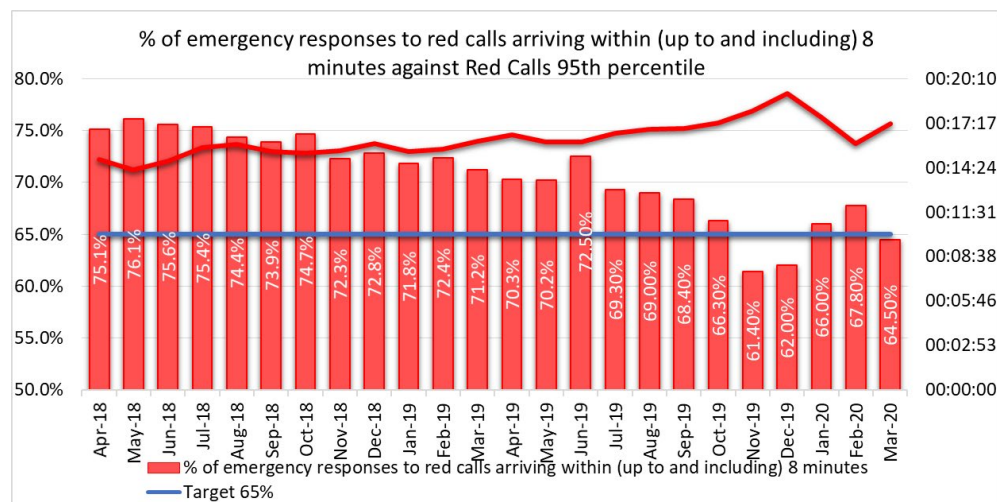
A new approach to IMTP delivery was agreed in 2019-20, with a new Strategic Transformation Board (STB) established to oversee progress, supported by an overhauled and updated Quality and Performance report, which is reported to each Board (and monthly to Executive Management Team). You can find out more about our IMTP later in this document or [here](#) in our Performance Report.

Red performance

We maintained our “red” eight minute performance above the 65% Welsh Government target for nine months in 2019-20. Unfortunately, November 2019 was the first time since the introduction of the current Clinical Response Model in October 2015 that the Trust’s red performance fell below the 65% target. This happened again in December, before a combination of incentivised overtime and a renewed focus on hours lost to handover at a number of key hospital sites across Wales increased ambulance resourcing and availability. In March 2020, red performance again dipped just under the 65% target as the impact of Covid-19 began to be felt.

Red performance has been on a gradual downward trend for some time, reflecting concerns over the organisation’s current capacity to meet growing demand. While last year’s demand and capacity review identified this issue clearly, with commissioners supporting an increase in staffing, it has been important to work with the National Collaborative Commissioning Unit (NCCU) on behalf of our commissioners to

Figure 5: Percentage of emergency responses to red calls arriving within eight minutes



improve matters in the interests of providing the best care to our patients.

To that end, in 2019-20 we entered a period of “enhanced monitoring” with the NCCU on our red performance. The Trust responded by producing a comprehensive Red Improvement Plan, which was monitored weekly until the onset of the Covid-19 response. The vast majority of the actions in the Red Improvement Plan were delivered and we will continue to keep a focus on our core performance as we move through 2020-21, recognising that the legacy of the recent pandemic and the possibility of a second wave of illness may affect this.

During 2019-20, for clinical reasons, the Trust made the decision to change its call answering process in respect of calls related to breathing difficulties, resulting in many additional calls being coded as red. As a result red demand increased by more than 10 per cent each month. You can read more about the background to this in our [Performance Report](#).

Amber category calls

Amber Review

Given the concern about longer waits in the amber category, an independent review (the Amber Review) was requested by the Chief Ambulance Services Commissioner in 2018. The Amber Review concluded 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 the 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 absence levels, and to improve the availability of ambulances and other resources by ensuring we are optimising the way we deploy our teams.

Summary Progress on the Amber Review
Assurance Mechanisms



Figure 6: summary progress on the Amber Review assurance mechanisms

The Amber Review was published in November 2018 and, under the direction of the National Collaborative Commissioning Unit (NCCU), an Amber Implementation Programme was established, including nine recommendations with “assurance mechanisms” to be delivered by November 2019. The pie chart below summarises progress on the recommendations and their assurance mechanisms.

While the Trust has made good progress on delivering actions arising from the Amber Review, there will be a time lag before these actions impact on amber performance, which remains below where we would like it to be. You can read more about the challenges in improving amber performance and what we are doing to address them in our [Performance Report](#).

Although there are a number of factors which influence performance, there is a strong correlation between hours lost handing over patients to the care of hospitals and how quickly we are able to respond to amber calls. The Trust lost 112,058 ambulance hours to handover in 2019-20, compared to 66,521 in 2018-19, a figure which was already considered high.

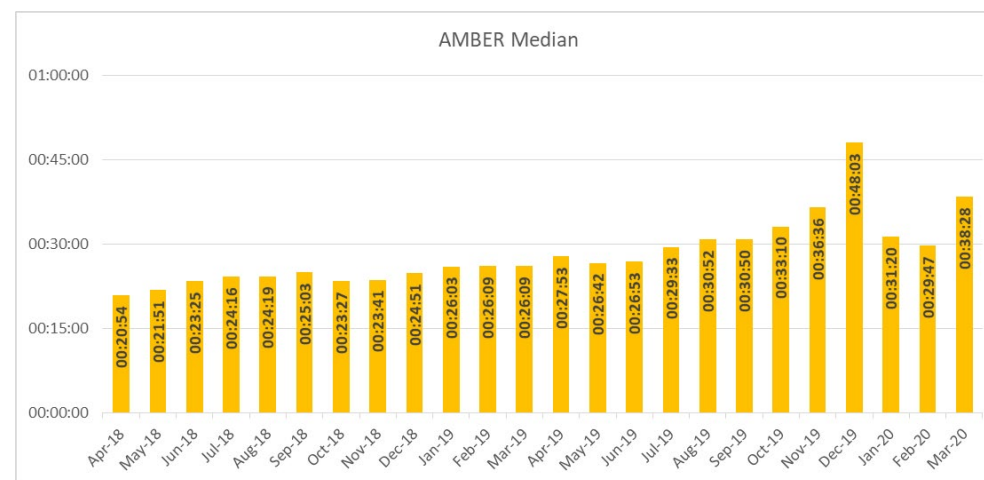


Figure 7: Amber Category calls – median response times

In January 2020, the Minister for Health and Social Services, Vaughan Gething, announced as part of his written statement on unscheduled care pressures, the establishment of a [Ministerial Ambulance Availability Taskforce](#). The taskforce was in its infancy when pandemic pressures interrupted progress and the Welsh Ambulance Service will continue to play its part in whichever form the taskforce takes moving forward.

Telephone and online clinical advice: NHS Direct Wales/111

111 is a free-to-call non-emergency clinical advice line, with associated website, that brings together NHS Direct Wales and GP out-of-hours services across Wales. A national 111 Programme Board has been established to oversee implementation of the service which, to-date, has been rolled out across all or part of five health board areas (Swansea Bay, Aneurin Bevan, Hywel Dda and Powys, and also the Bridgend locality of the Cwm Taf Morgannwg University Health Board area).

The remaining areas of Wales, including Cardiff and Vale and Betsi Cadwaladr University Health Board areas, as well as the remaining parts of Cwm Taf Morgannwg, continue to benefit from the existing NHS Direct Wales (NHSDW) service, with a plan to roll out the full 111 service to them over the next two years or so.

That said, the 111 number has been made available across Wales during the Covid-19 outbreak to deal with pandemic-related calls only. The NHSDW website was also rebranded as 111.wales.nhs.uk and became the national host for the coronavirus symptom checker, which has been used more than one million times since it was introduced.

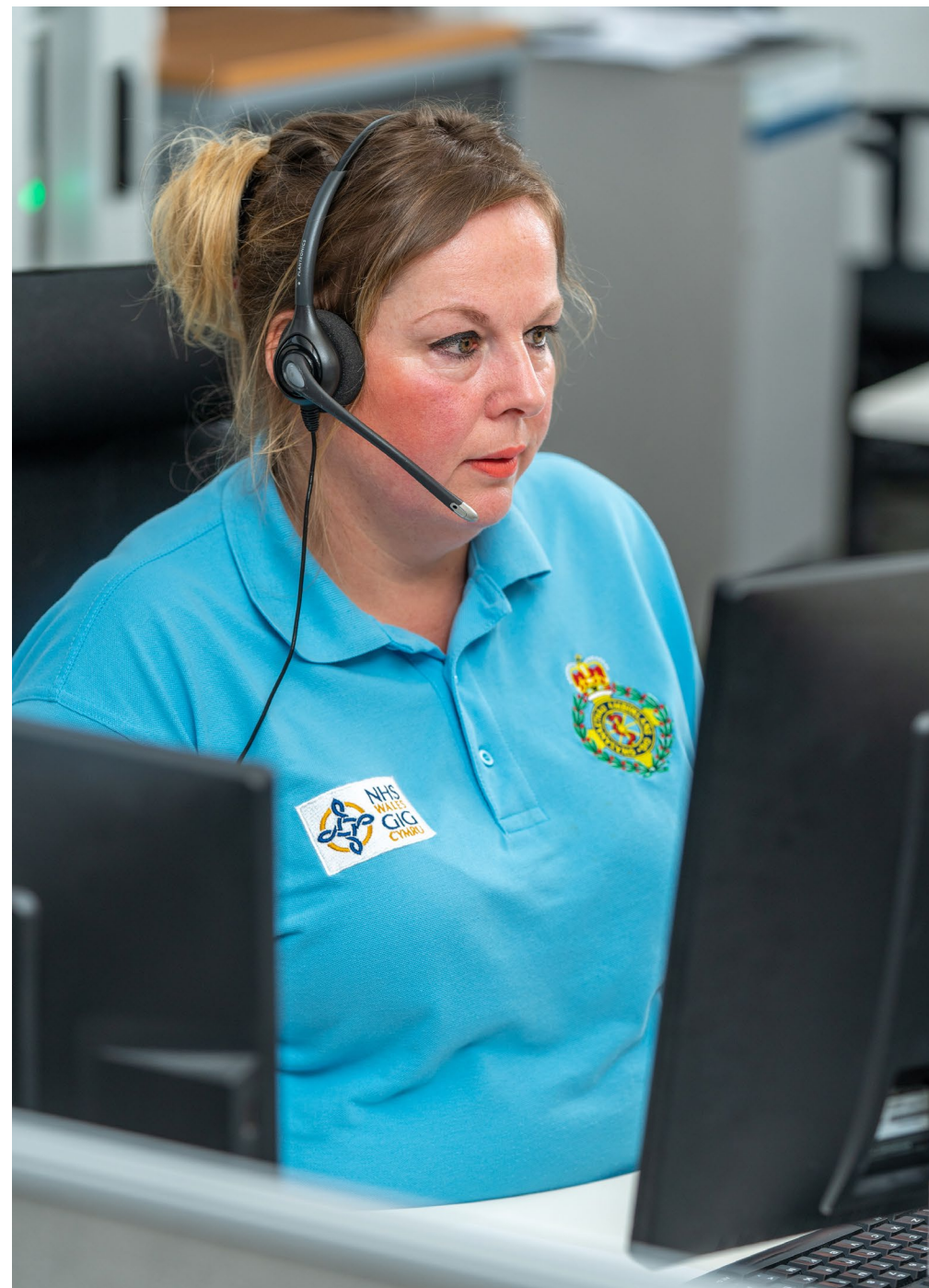
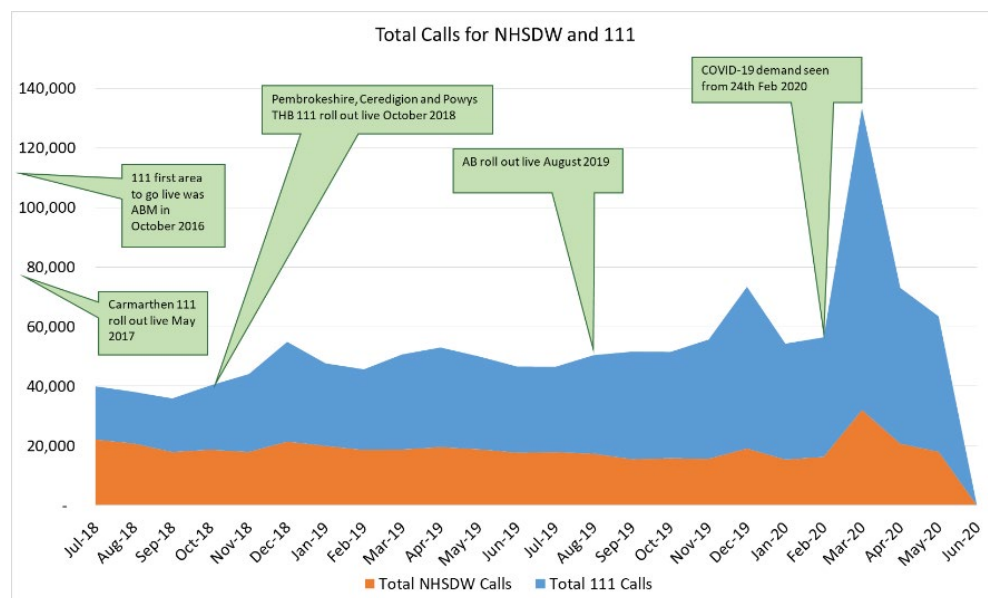


Figure 8: total calls to NHSDW and 111



Similarly, from late February 2020, the NHSDW and 111 phone lines have seen a sharp upturn in calls as a result of the Covid-19 pandemic as shown in the diagram below, with extra resources drafted in to cope with demand.

Further digital infrastructure is now planned for 2020-21 and beyond to ensure that the 111 service can manage future demands, including the final phases of the roll-out to deliver an all-Wales service, which you can read more about in our Performance Report.

Recognising the importance of our 111/NHSDW services and, indeed, call handling more generally, there have been a number of developments in 2019-20 designed to improve what we do and how we do it, to provide even better services for our patients.

Peer review

The Trust's 111/NHSDW service was peer reviewed in August 2019, with a focus on the operational and clinical infrastructure for call handling, nurse triage and the clinical support hub functions. We welcomed the support and have progressed a number of actions and recommendations arising from the resulting report.

Clinical Support Desk & NHS Direct/111 remote working

Technological enhancements which enable our Clinical Support Desk (CSD) clinicians to operate from other Trust locations (e.g. Ty Elwy, our North Wales regional office), rather than our clinical contact centres, have progressed to a stage where live testing has now taken place. This initiative will support the CSD to continue to provide its functions during periods of severe weather and provide extra capacity during times of significant operational pressure.

Clinical Information Line

As part of our winter pressures initiatives, a scheme was developed to improve the access of patient facing staff to clinical information to



support on-scene clinical assessment by enabling telephone access to clinicians in NHS Direct Wales. The clinical information resources available to support decision-making include Toxbase, the Directory of Services and patient clinical records held within the Welsh Clinical Portal.

What3Words

During 2019-20, we incorporated the 'what3words' system into our clinical contact centres. What3words is a really simple way to talk about locations, which has been integrated into our call handling system in order to assist in searching for a patient's location.

Each 3m2 in the world has been assigned a unique three word address that will never change. Each small square (there's 57 trillion of them!) has its own unique three word identifier. For example Tugging.Litigate. Autumn marks the exact entrance to Ty Elwy, our North Wales regional office.

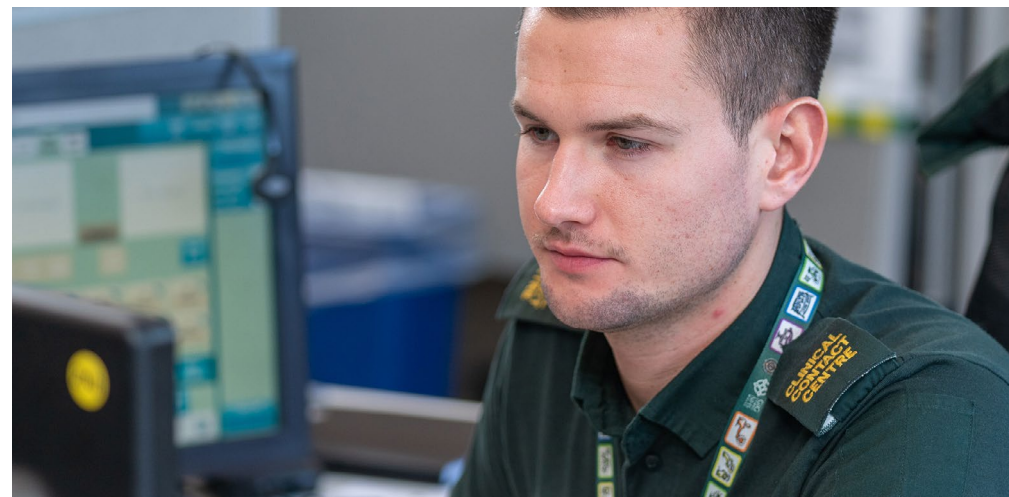
What3words addresses are easy to say and share, and are as accurate as GPS coordinates. A what3words App is available to download on all smart phones.

The Trust has implemented what3words through a new interface on our call system where call handlers can enter a what3words location directly into the address search function, while processing a 999 call. This will automatically plot the location on our mapping system and also direct the responding resource to the exact location of the patient.

This new functionality will be particularly helpful for rural or 'off track' locations and large outdoor events such as the Royal Welsh Show or the National Eisteddfod.

Clinical Contact Centre - Clinical Review

During September 2019, a review of the clinical services delivered from our Clinical Contact Centres (CCCs) was undertaken. This review



was jointly commissioned by the Medical and Operations Directorates, supported by the Executive Management Team (EMT), in partnership with Trade Unions. The priority of this review was to consider the clinical services provided to patients and to evaluate their efficiency, quality and safety. The interfaces with NHS Direct Wales/111 services and the Emergency Medical Retrieval and Transfer Service (EMRTS) were also considered as part of the review.

A cross-directorate team completed the review and made a number of recommendations for service development and improvement alongside some areas for further work, which will be progressed as we move forward in 2020-21, having been delayed by the Covid-19 pandemic

Clinical Desk

Investment has been made by commissioners in our clinical support desk, with staff numbers increasing from 30 to 41 whole time equivalents. The number of calls we are able to deal with on a "hear and treat" basis continues to increase.

We have also expanded the band 7 senior clinician role in our Clinical Contact Centres (CCC) to provide visible, clinically-led operational oversight of the clinical support desks across Wales.

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 2019-20 we continued to work with health boards across Wales to transfer all commissioned non-Welsh Ambulance Services NHS Trust Non-Emergency Patient Transport Services to our organisation. This is a complex and lengthy process, which was developed during 2017-18 and, during 2019-20, we continued with the successful transfers of work from Swansea Bay University Health Board and Hywel Dda University Health Board to the Welsh Ambulance Service. 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 the Welsh Ambulance Service, 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 reinvested 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 the Welsh Ambulance Service.

In terms of performance, in 2019-20 the Trust undertook 670,353 NEPTS journeys, compared to 670,343 in 2018-19.

NEPTS demand and capacity review

Making sure we have sufficient capacity in our non-emergency service is very important if we are to be able to meet the needs of our patients, both now and in the future. As a result, a review by Operational Research in Health Ltd (ORH) has recently been commissioned of our demand and the capacity required to meet it in the future. The review is the first to be undertaken for NEPTS and includes contact, planning

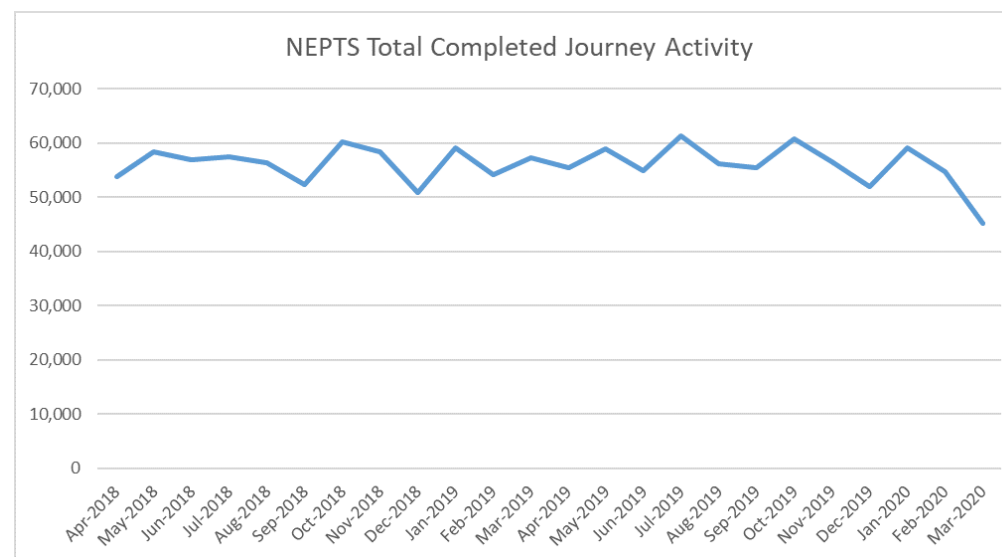
and dispatch centres and patient transport.

The key purpose of the review is to examine the levels of capacity and efficiency required to meet current and future forecast demand and stakeholder requirements. As this is the first review of the NEPTS service, it is unclear what the outcome of the review will be at this stage; however, we do know that it will increase our (and stakeholders') understanding of NEPTS and assist with further improving the service we provide to patients.

The review will be undertaken in collaboration with our system stakeholders: the National Collaborative Commissioning Unit, Welsh Renal Clinical Network and health boards. Trade Union partners will also be fully involved in the review

The review formally commenced in February 2020 and is being managed by the NEPTS Demand & Capacity Review Steering Group. This activity was suspended during the height of the Covid-19 pandemic but has recently restarted at the time of writing.

Figure 9: NEPTS completed journey activity





Hospital discharges and transfers

A key measure of quality and performance for our Non-Emergency Patient Transport Service is the timely transportation of patients, who need to be discharged from hospital or transferred to another health care setting. An effective discharge and transfer service is not only key to ensuring patients are transported to their destination in a timely manner, it is also vital in helping to create capacity and maintain patient flow across NHS Wales.

During 2019-20, our Non-Emergency Patient Transport Service undertook 51,433 discharges and 15,701 transfers, which demonstrates the extent of our support to our hospital colleagues in supporting patient flow. In August 2019, in conjunction with health boards and the Chief Ambulance Services Commissioner, we introduced a new discharge and transfer process to improve the planning and coordination of the service. Since the introduction of the new process, we have seen significant reductions in the length of time a patient has to wait for their transport. Over the winter period, our Non-Emergency Patient Transport Service continued to provide additional discharge and transfer capacity to help patient flow.

Transport Solutions initiative

December 2019 saw the launch of the “Transport Solutions” initiative. The purpose of the initiative is to oversee an integrated approach to providing sustainable non-emergency patient transport provision across Wales. The Transport Solutions service will focus on eligibility and identify alternative, more appropriate transport provision for patients who are not medically eligible for NEPTS transport. The initiative will deliver a solution that:

- Empowers and assists non-eligible patients to identify and access suitable provision to meet their healthcare transport needs
- Accurately identifies the transport needs of non-eligible patients across Wales
- Works in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs in the most effective and prudent manner possible.
- Supports improvements in service quality to patients medically eligible for transport.

There are four separate groups being implemented, with a wide membership on each group, and the management group will report monthly to the Delivery Assurance Group, as part of the normal commissioning and monitoring arrangements.



End of Life Care Rapid Transport Service

Our dedicated End of Life Care Rapid Transport Service marked its 1000th compassionate journey during 2019-20. The team swiftly and safely moves terminally ill patients to their preferred place of death, easing the stress from patients and their families and relieving the pressure on emergency vehicles. The milestone was passed when a gentleman was transported from his home to a specialist palliative care unit.

In 2019-20, Non-Emergency Patient Transport Services undertook 2,016 end of life journeys, compared to 920 journeys in 18-19.

Now operating across Wales, the service has its own dedicated booking number and desk in our clinical contact centres, which healthcare professionals use to arrange transport. With the Rapid Transport Service in place, vehicles often arrive within the hour and the crew members are specifically trained to look after patients near the end of their life.

NEPTS staff are given face-to-face workshops and an e-learning package to help build their knowledge and receive training in matters like communication skills and facilitating difficult conversations. Each journey is carefully planned and, if needed, a nurse or doctor can travel with the patient for symptom control purposes.



Wish Ambulance

Launched in 2019, the Trust's Wish Ambulance has been developed to enable people near the end of their life to have a meaningful journey. The service is provided by volunteer staff from the Welsh Ambulance Service, with support from the patient's Specialist Palliative Care Team (SPCT).

The Wish Ambulance enables people near the end of their life the ability to have a meaningful journey, along with their loved ones, to a destination of their choosing.

Examples of the types of journeys undertaken by the Wish Ambulance are as follows:

- A patient wanting to visit her local beach one last time with her children. The crew conveyed the patient via stretcher so that she and her family could watch the waves and share time together;
- A patient that had always wanted to see a particular music artist with her daughters. The patient had bought tickets prior to becoming ill; the last wish of this patient was to attend the concert. The volunteer crew conveyed the patient via stretcher to the music venue with her daughters, they remained with the patient throughout to provide support and administer necessary medication.



The work of the Welsh Ambulance Service staff in this area was celebrated at the NHS Wales Awards 2019 with the Trust's Non-Emergency Patient Transport Service receiving the 'Delivering Person-Centred Services' award.

The team was also given the tremendous honour of being awarded the 'Outstanding Contribution to Transforming Health and Care Award' for their End of Life Care Rapid Transport Service.



Our volunteers

Volunteering Strategy

Our volunteers make an important and valuable contribution in enhancing the service provided by our paid workforce and improving the experience of our patients and service users across Wales. We are committed to taking our corporate social responsibility seriously and bringing these opportunities to life. We also hope to strengthen and support further collaborative opportunities with the third sector.

During 2019, work began on the Trust's first Volunteer Strategy, which will outline our ambition for the next five years. We are committed to finalising and delivering the strategy. Supporting the implementation of this strategy will be a detailed action plan outlining how these aspirations will be delivered.

Volunteer Car Service

Our Volunteer Car Service (VCS) is an important and highly valued part of our Non-Emergency Patient Transport Service 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 2019-20, our volunteers undertook 122,828 journeys, which was a decrease on 2018-19, recognising, of course, that the pandemic has had a significant impact on outpatient appointments particularly, from March 2020 onwards.

Attracting volunteers is a challenge for 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 will 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 01633 626262 or email us at enquiries.vcs@wales.nhs.uk.



Community First Responders (CFRs)

Our community first responders are central to supporting our emergency medical services and are frequently the first on scene to help local people in their community. CFRs are trained in CPR and the use of a defibrillator to help restart the heart of patients in cardiac arrest and contribute to the saving of many lives in Wales.

CFR Conferences

During 2019, three regional CFR Conferences were held across Wales. These conferences were an opportunity to bring our responders together across each of the three regions of Wales to network, to celebrate our collective success, to learn about new things and for us to have the opportunity to say thank you.

CFR Recognition Scheme

In the winter months we recognised the contribution of our CFRs who give up their time selflessly to support their local communities. Each month during January 2020 through to March 2020, we:

- Recognised the CFRs who volunteered the most hours each month in each of our three regions across Wales
- In addition, we recognised the CFR Team that volunteered the most hours in each of our three regions across Wales
- We recognised the three individuals and three teams by awarding an AED every month to the relevant scheme - a total of six AEDs per month
- Where the scheme did not want or need an AED, we facilitated them to nominate a Public Access Defibrillator (PAD) plus cabinetry where required in a location of their choice
- In totality, WAST enabled a further 18 AEDs across Wales through this initiative

Sharing expertise overseas: Wales for Africa

It is not only members of the public who volunteer to support the Welsh Ambulance Service; many of our staff also give generously of their free time to support others, including overseas. The Trust's continued dedication to overseas international health partnerships and projects was reconfirmed in October 2019 when, along with the Minister for Health and Social Services, and other health organisations, the Welsh Ambulance Service signed its recommitment to the Charter for International Health in Wales.

We continue to support staff engagement with the Welsh Government's 'Wales for Africa' scheme, through partnerships such as the Partnerships Overseas Networking Trust (PONT).

PONT works in the Mbale region of Uganda, tackling poverty and improving access to basic health care. Sharing passion, expertise and knowledge, our people have been instrumental in the development of a motorbike ambulance service in Mbale. The service has now completed more than 34,000 journeys since its launch in December 2010. In 2019, WAST took part in a match funding event and helped to raise more than £25,000 for the project.

Staff have also engaged in Wales for Africa projects led by other health boards, such as delivering first aid training in Lesotho partnered with Betsi Cadwaladr University Health Board. Through contributing to the Charter Implementation Group, we are able to identify, capture and help to further develop the benefits and shared learning from these partnerships.



Outside of the Wales for Africa programme, in 2019 the Welsh Ambulance Service was invited by Cardiff University to participate in a grant application to the Global Challenges Research Fund with Cardiff University, the Massachusetts Institute of Technology and the largest ambulance service provider in Indonesia, Ambulans 118. The grant application was successful and in February 2020, we engaged in a scoping visit to Indonesia to identify shared learning opportunities and support for the development of Ambulans 118 in its challenging operational environment.

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).

We have 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.

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 Trust's Business Continuity Policy and the Pandemic Flu plan were reviewed and approved by Trust in October 2019. The Pandemic Flu Plan was invoked on 4 March 2020 in response to the Covid-19 outbreak and the necessary structures were put in place to manage the Trust's response to the virus.

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).

This year, colleagues from our Resilience Team have been at the forefront both of contingency planning in respect of the UK's planned departure from the European Union and, of course, at the heart of our pandemic planning and structures.





Working with others

The Welsh Ambulance Service prides itself on being a collaborative partner, and works closely with a range of other organisations across the public and third sector to deliver better services for the people of Wales. These partnerships range from those with the other emergency services and charities to formal structures such as Regional Partnership Boards. A flavour of our work with others is detailed below.

St John Ambulance Wales

As part of the winter plan for 2019, St John Ambulance Wales provided additional urgent care capacity across Wales, which equated to an approximate additional resource of 377 hours per week. This additional Urgent Care Service (part of our emergency service) capacity remained in place until 31 March 2020.

The previous Memorandum of Understanding (MOU) between the Trust and St John Ambulance Wales was also refreshed and refocused, and now includes increased quality assurance measures. As part of these

measures, the Trust completed a quality assurance verification visit in January 2020.

Emergency Services 999 Weekend

The first 999 Weekend took place on 21 and 22 September 2019 in Cardiff Bay. The Trust showcased how we work with our multi-agency partners from South Wales Police, South Wales Fire and Rescue, and wider health partners. The event was aimed at families and each service provided an opportunity to demonstrate their capabilities and promote their safety and wellbeing messages. The Trust had a significant presence at the event with members of staff from across the organisation involved and a number of our vehicles on display to the public.

The Emergency Medical Retrieval and Transfer Service (EMRTS) and Wales Air Ambulance Charity

The Welsh Ambulance Service works closely with the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service (EMRTS) to help some of our most vulnerable patients, often in challenging conditions. The Wales Air Ambulance Charitable Trust (WAACT) relies on donations to raise £6.5 million a year and has seen its three emergency helicopters carry out more than 35,000 missions since its launch on St. David's Day 2001. In 2016, the charity also introduced a fourth aircraft dedicated to inter-hospital transfers.

EMRTS Cymru provides consultant and critical care practitioner (CCP) delivered pre-hospital critical care across Wales. In addition, the service has a number of helicopter transfer practitioners (HTPs) to support inter-hospital transfers. Their medics work on WAACT helicopters and, when required, on a fleet of rapid response vehicles. It is a partnership between NHS Wales, WAACT and Welsh Government.

Services offered include:

- Pre-hospital critical care for all age groups (i.e. any intervention/ decision that is carried outside standard paramedic practice).
- Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres (including Emergency Departments, Medical Assessment Units, Minor Injury Units) for patients requiring specialist intervention at the receiving hospital.



In addition, the service provides an enhancement of neonatal and maternal pre-hospital critical care, both for home deliveries and deliveries in free-standing midwifery-led units (MLUs).

Finally, it provides a multitude of roles at major incident or mass-casualty events and offers a strategic medical advisor who is available 24/7. This advisor is known as a top cover consultant.

The service is operational 12 hours a day, seven days a week from the WAACT bases in Llanelli, Welshpool and Caernarfon. The dedicated

transfer helicopter operates during the same timeframe from Cardiff Heliport.

EMRTS was due to start the first phase of an enhanced 24/7 service on 1 April 2020. However, as a result of the Covid-19 pandemic, this has been put back until 1 July 2020.

The Service is tasked via the Air Support Desk (ASD), based at the Welsh Ambulance Service Clinical Control Centre in Cwmbran. The ASD is staffed by a dispatch team including a clinician.

Between April 2019 and March 2020, EMRTS/WAACT received 3008 callouts. During this period, EMRTS medics carried out 55 blood product transfusions and administered 296 emergency anaesthetics.

These figures include the work of the EMRTS twilight critical care car, an additional service staffed by a consultant and critical care practitioner. It was initiated to support frontline ambulance and hospital services in south Wales during the pressurised winter months. It ran on selected days, 2pm to 2am, between December 2019 and March 2020, although it was extended beyond March to support the Covid-19 response.

Exit from the European Union (EU) – Contingency Planning in Partnership

Much work was undertaken by the Welsh Ambulance Service during 2019-20 to plan for the UK's proposed exit from the European Union, now scheduled for 31 December 2020. This built on significant efforts during 2018-19. Planning has taken place across Wales via the four Local Resilience Forums (LRFs). North Wales LRF held regular planning meetings to look at contingency planning for Holyhead Port. Planning across the other three LRFs was undertaken in line with the Wales EU Exit Risk Assessment.

The Trust's Resilience Team was fully engaged with this planning, working closely with the Trust's executive lead, partners and Welsh Government to understand any risks inherent in the exit process and mitigate them as far as possible, ensuring continuity of service and high quality care for our patients and our staff.



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 \(AQS\)](#), 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

It's important that our patients, and the public more broadly, have confidence in the quality of the care we provide and that we can demonstrate where we are making improvements. The table below details some of what we have achieved in 2019-20 against the health and care standards.

WE SAID WE WOULD DO	WHAT WE HAVE DONE
Staying healthy	
<p>Create resources for the general public that promoted self-care and health promotion, including developing further content for the NHS Direct Wales website, information leaflets/booklets, audio and film and video resources.</p> <p>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 receives the very best service possible, and where possible experiences more joined up services when they are in crisis.</p>	<ul style="list-style-type: none"> • Created new public resources that include: 'Seven Vital Signs', a leaflet that explains the tests our emergency staff do when responding to patients; a 'Mental Health Services' information leaflet and a video explaining how we respond to calls '999 – What Happens Next'. We created a new section on dementia for the NHS Direct Wales website. This has information for those living with dementia, their families and friends. • We have a comprehensive dementia plan which considers the needs of people affected by dementia. The plan focuses on learning and development, partnerships, and ensures the voices of people living with dementia and their carers are at the centre of our work. • We have been heavily engaged with service users, our staff, local health boards, Welsh Government and other emergency services to guide and shape the work we are doing. We have also kept abreast of ongoing and current themes with regard to common mental health problems and complexities to ensure we are tackling the right problems at the right times. •

WE SAID WE WOULD DO	WHAT WE HAVE DONE
<p data-bbox="1048 181 1189 215">Safe care</p> <p data-bbox="125 485 1088 595">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.</p> <p data-bbox="125 639 1088 748">We will develop an electronic safeguarding process to improve the way safeguarding referrals are shared with partner agencies and to ensure a safe, robust and effective process.</p> <p data-bbox="125 793 1088 901">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.</p>	
	<p data-bbox="1151 252 2114 671"> There has been approval for significant investments to modernise our service and make us digitally enabled. Over £2.5m of investment has been agreed, with £600k for a new Radio Frequency Identification (RFID) asset tracking system that will allow us to offer improved availability and safer services to patients as a result. £1.5m has been provided to provide personal issue iPads to all frontline staff (EMS, UCS and NEPTS). These will not only be the platform we use to support future electronic patient care records (ePCR), they will also host a variety of resources that will ultimately help keep staff informed and clinically up-to-date to improve their clinical decisions. </p> <p data-bbox="1151 716 2114 825"> We identified an electronic safeguarding process and began to roll it out in July 2019. A full roll out across the organisation is expected by April 2020 </p> <p data-bbox="1178 869 2087 1094"> The campaign was planned to launch in the spring of 2020 with a series of roadshows giving clear messages with visual aids, discussions around cleanliness audit tools, help with risk assessments, governance, newsletters, partnership working and reporting methods. This will resume at an appropriate time post pandemic </p>

WE SAID WE WOULD DO	WHAT WE HAVE DONE
Effective care	
<p>Launch our Public Health Plan to make sure we are making every contact count and supporting people to live healthier lives by signposting them to advice and support</p>	<p>The Public Health Plan was launched at our Trust Board in September 2019 and is available here.</p>
<p>We will continue to roll out the 111 service across Wales and the recruitment of staff required. We will develop a 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 a professional Nursing Career Framework.</p>	<p>To support recruitment, a Band 6 clinician job description has been developed to broaden the clinical workforce to include paramedics, along with a Recruitment & Retention Plan.</p> <p>Opportunities to work clinically across NHS Direct Wales into GP out-of-hours face to face settings, supported by academic study, have commenced, with a commitment from the service to support this rotation on an ongoing basis pending its evaluation.</p>
Dignified care	
<p>Develop an Older People's Framework with a focus on frailty, loneliness/isolation and falls.</p>	<p>A steering group for Older People and governance structure (that includes frailty, loneliness & isolation, carers and falls) has been established with funding received for two posts to lead the work on older people and falls.</p>
Timely care	
<p>Continue to promote and embed the Good SAM app, opening this up to an increased range of staff and other emergency services.</p>	<p>Good SAM app is available to members of staff that are trained in basic life support, including our volunteer Community First Responders.</p>
Individual care	
<p>We will continue to engage and involve people with sensory loss to improve accessibility to all our services.</p>	<p>We have continued to engage with service users, sharing updates through our Quality Committee and during the annual 'It Makes Sense' campaigns held in November. Ongoing developments are now going through our WAST Innovation and Improvement Network portal (WIIN).</p>

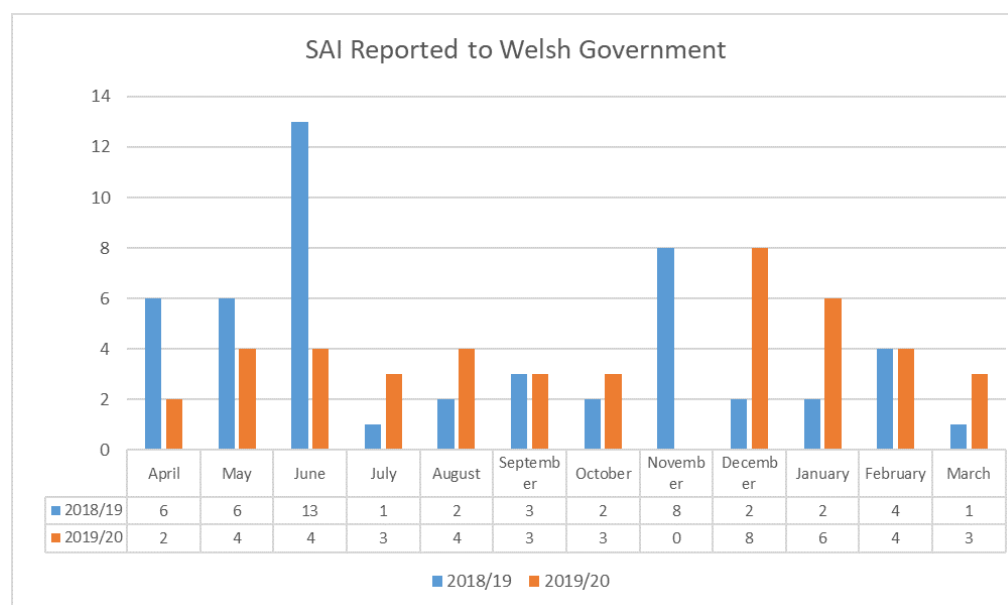
WE SAID WE WOULD DO	WHAT WE HAVE DONE
Staff & resources	
<p>We will design and launch a campaign aimed at reducing the incidence of violence and abusive behaviour towards Trust Staff and; seek support to invest in improving the support for staff who are victims of incidents of violence and abuse.</p> <p>Use our 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.</p> <p>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 clinical contact centres. An evaluation will be carried out to assess nurse feedback, confidence levels and audit of call dispositions/outcomes.</p>	<ul style="list-style-type: none"> • We have continued to build a Case Management Service for staff who are victims of Violence and Aggression. This is in line with the new Obligatory Responses to Violence in Healthcare document developed by the Wales Anti-Violence Collaborative. • A presentation on the Obligatory Responses Document has been developed and delivered to various forums across our services and forms part of this year's continuing professional development. • Through the WIIN platform we are collecting staff ideas and developing innovation and improvement projects. Currently, WIIN is open to ideas and suggestions from all topic areas; there will be further development of a Hot Topic section for staff to contribute directly on specific areas of interest. WIIN activity is reported quarterly to a WIIN Steering Group, and disseminated through various Trust meetings. • Two NHS Direct Wales/111 nurses have completed a one year secondment (one shift per week) in a face to face practice in a GP out of hours setting. Two further NHS Direct Wales/111 nurse in North Wales commenced a similar programme in February 2020. • The nurses have been interviewed and a final report was made available at the end of March 2020.

Our Quality, Experience and Safety (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](#).

Making sure our services are safe

The key headline measure for quality, safety and patient experience is the number of Serious Adverse Incidents (SAIs) that we report, investigate and learn from. During 2019-2020, we reported 44 SAIs compared to 50 in 2018-19. The table below represents the SAIs reported to Welsh Government by reporting month, comparing 2018-19 to 2019-20.

Figure 10: number of SAIs reported to Welsh Government 2018-19 and 2019-20



In relation to patient safety incidents, there were 2,081 patient safety incidents in 2019-2020 compared to 1,748 in 2018-19. This represents an overall increase of 19% in the total volume of patient safety incidents being reported through the Trust's Datix system.

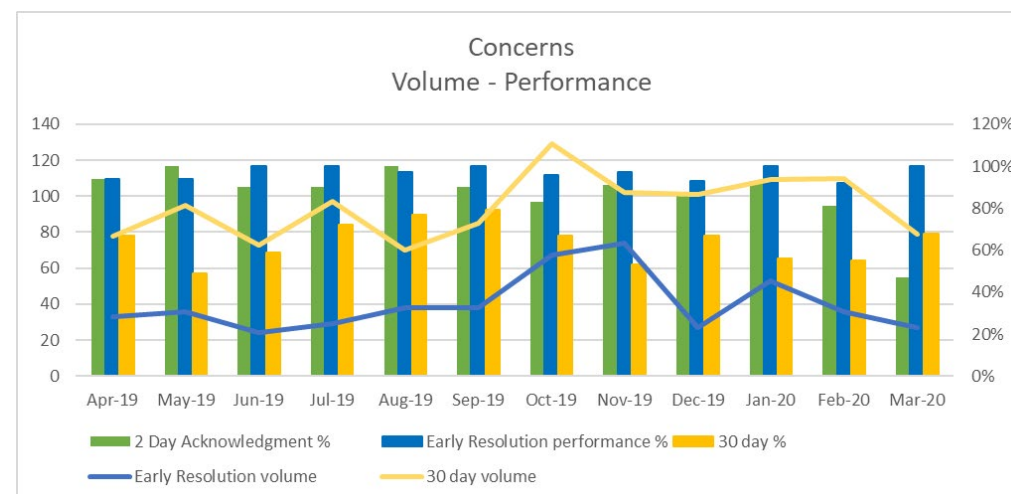
Another key quality, safety and patient experience metric, is the compliance against the 30 day concerns resolution target. The

NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the 'Regulations') apply to all Welsh NHS bodies, primary care and independent providers in Wales, which provide NHS funded care.

The Regulations set out the process for the management of concerns (known as Putting Things Right), and are supported by detailed guidance on raising a concern. The process aims to make it easier for people to raise concerns, to be engaged and supported during the process, dealt with openly and honestly and for bodies to demonstrate learning. The process has enabled a single, more joined up approach, bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

The Trust received a total of 1,610 concerns in 2019-20 compared to 1,460 in 2018-19, which represents an increase of 10%. In relation to the Trust's Tier 1 target of responding to 75% of concerns within a 30 day period, overall the Trust has achieved 64% for this time period. The table below represents the two-day acknowledgement (performance), early resolution (volume & performance) and 30-day compliance (volume and performance).

Figure 11: concerns handling – volume and performance



In relation to coroners' activity, there were 229 'for information' requests received, with eight physical attendances by staff at inquests. This reflects the significant improvement in the quality of the statements being provided by our staff members, and the improvement work undertaken by our Legal Services Team. This year, the Trust received four Regulation 28 Prevention of Future Death Reports, all of which were responded to within the 56 day timeframe, with a focus on addressing shortcomings and learning from experience.

During 2019-20, the Trust set out to scope and develop a three year quality strategy that will drive improvement in quality management across the organisation and the wider health and care system. The developing strategy is aligned to the Health and Social Care (Quality and Engagement) (Wales) Bill, which will place a duty on the Trust to secure improvements in the quality of organisational services provided to patients and service users. The Bill includes a Duty of Candour. As a result, the Trust's Putting Things Right and Patient Safety Teams are revising current process and guidelines to implement the changes as set out in new legislation. These changes will build upon the already established mechanisms with the Trust of being 'open and honest', to support a culture of 'openness, transparency and candour'.

The Trust introduced an in-house designed electronic risk management system during 2019-20, which has improved the ease with which managers can record and share risks. The Corporate Risk Register is a live document in this system and is formally reported to committee each quarter. The [Performance Report](#) provides a summary of the Trust's corporate risk register at the end of 2019-20.

Our safeguarding annual report provides an overview of how the Trust has performed over this reporting period in relation to safeguarding people in our care. It aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015, and the Welsh Government Adult and Child Protection guidance, are being fulfilled.

The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Director of Quality, Safety and Patient Experience is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Quality Safety & Patient Experience Directorate provides strategic direction, expertise and support to all our staff for Infection Prevention and Control (IPC) in line with legislation and national standards. During the pandemic, this work has come to the fore, both in terms of cleaning and, importantly, the issue of personal protective equipment (PPE) for our staff. The safety and well-being of our people remains of paramount importance and the advent of Covid-19 has demonstrated the critical importance of strong IPC practices and of staff readiness to adapt to the use of personal protective equipment.

Our experiences during the pandemic will doubtless be the source of a great deal of learning moving forward, particularly as we face the prospect of subsequent outbreaks of Covid-19 during 2020-21 and beyond.



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.

In 2019-20 our Patient Experience & Community Involvement team attended some 260 local events across Wales, listening to a range of people and their experiences. Colleagues from across the organisation also attended the 2019 Royal Welsh Show and National Eisteddfod of Wales, and we regularly review our concerns, social media and mainstream media comments. In addition, our Board meetings are open to the public and often include an engagement session that allows members of the public to pose questions to the Board and receive answers in real time. At the time of writing, this approach is being developed digitally to enable wider engagement through the pandemic.

You can read more about all aspects of our quality agenda in the 2019-20 [Annual Quality Statement](#).

Clinical excellence, improvement and innovation

Advanced Paramedic Practitioners (APPs)

As an ambulance service at the forefront of promoting advanced clinical practice, we have continued to progress the role of the advanced paramedic practitioner (APP). There has been a commitment to developing APPs so that they can undertake prescribing as part of their role and an evaluation is planned of the impact of the introduction of non-medical prescribers in the Trust.

Work has been underway too with Clinical Contact Centre (CCC) colleagues to increase the activity of APPs in supporting clinical advice within the CCC.



Mortality reviews

The Trust has a well-established and effective mortality review system in place. The purpose and intention is to consider patients who were either alive when the Trust was contacted or deemed to have a potentially survivable illness or injury and subsequently died whilst in our care. This work has led to the development of a secure portal where information can be accessed so that a multi professional group considers the cases.

UK ambulance services are developing similar systems based on the outcome and findings of our system. Themes identified as part of the review system are identified and work plans put in place to improve compliance. Reassuringly, themes that have been identified in previous review periods appear to show improvement in subsequent periods, which indicates that our review process is effective in identifying and improving our compliance.



Research and innovation

The Welsh Ambulance Services NHS Trust is a leading research active ambulance service 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 inquiries, this acquired knowledge will contribute to advancing our clinical knowledge for the benefit of patients.

During 2018-19, we 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 infographic below summarises its principles and functions.

WIIN is supporting front-line staff to progress Silver Improving Quality Together (IQT) projects and aims to link with the research functions of the Trust, as well as with our 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.

Since the launch of WIIN in early 2019, we have received more than 100 submissions, with more than 60 being taken forward as an improvement project or signposted to an appropriate lead. This has contributed to the completion of 48 Silver IQT projects. Ongoing support and coaching is provided throughout the testing of ideas, and regular updates are entered on to the WIIN database so that there is a clear and up-to-date log of how ideas have progressed. Ideas that aren't immediately supported and progressed are transferred to the ideas warehouse, 15 of which have already been taken forward.

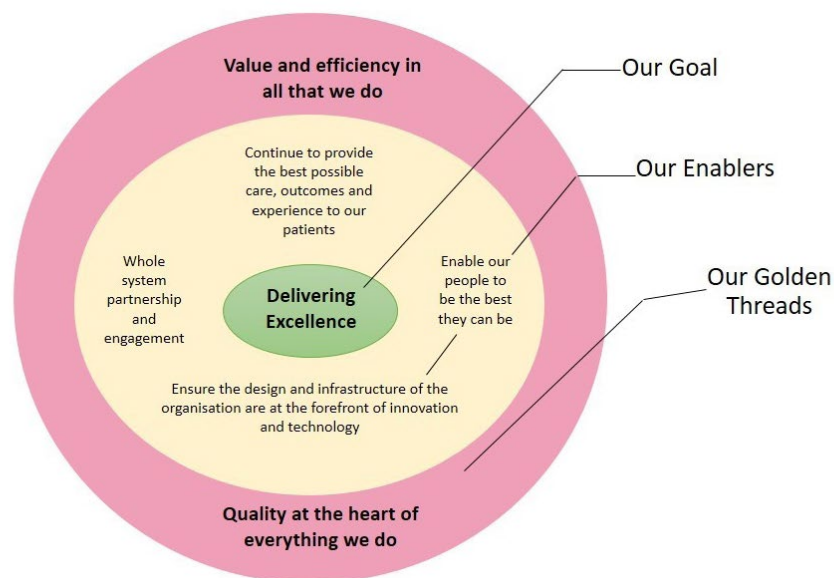
Planning for tomorrow, today

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 recognise that we need to continually evolve and adapt, pushing the boundaries of what it means to be an ambulance service in the digital era.

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](#).

To help drive this long-term ambition of excellence, we have attempted to capture the factors that we believe will help us deliver our aspiration, as highlighted in the diagram below:

Figure 13: delivering excellence



Underpinning this strategic framework is our Integrated Medium Term Plan (IMTP). The Trust's 2019-20 IMTP documented 42 strategic deliverables which we wanted to progress. Whilst good progress has been made towards delivering these key commitments, there remains work to do. There have been a range of factors that have impacted on our ability to deliver against our quality and performance standards, including demand and capacity pressures, wider health system pressures and internal constraints linked to our estate and capital developments. You can read more about our performance against these priorities in our [Performance Report](#).

In addition, as a result of the onset of the Covid-19 pandemic, the Trust postponed the majority of its non-operational programmes in order to divert resources to support our frontline essential services during the crisis. This did not materially impact on the Trust's 2019-20 IMTP but will have some impact on the 2020-23 IMTP, particularly in the 2020-21 financial year. The Board has been fully engaged and has approved the redeployment of resources in order to respond to the emergency and has also been fully engaged with plans on how the Trust intends to recover from this position.

That said, there were a number of achievements in 2019-20, as set out in the visual below.

We successfully implemented the 111 Service into Aneurin Bevan and Powys Health Boards



We won the National NHS Wales Innovation Award for our End Of Life Care service

We delivered a WISH service for terminally ill patients

We successfully transferred Swansea Bay & Hywel Dda Health Board non-WAST NEPTS work to WAST



We expanded our APP rotational model across Wales

We were the first UK ambulance service to train Paramedic Prescribers



We approved our People & Culture and Transforming Education & Training Strategies



We launched the Mental Health portal to support staff health and wellbeing

We developed and implemented our National Falls Framework

We developed our first Public Health Plan

We launched our safeguarding E-referral System

We were recognised as best practise for our Mental Health & Dementia Improvement plans



We successfully collaborated with the Project A Initiative



We embedded the Optima modelling software into business analysis

We hosted the first 999 Weekend with South Wales Fire & Rescue Service and South Wales Police



We developed an Outline Business Case to replace our Fleet workshop in South East Wales

We gained approval of our business cases to develop a Make Ready Depot in Cardiff

We progressed our electronic Risk Register system

We completed a detailed EMS Demand & Capacity review



We introduced 25 self-charging petrol hybrid vehicles



We jointly supported a range of service transformation programmes across NHS Wales



We expanded our Clinical Desk capacity



We implemented our Improvement & Innovation (WIIN) Network

You can read more about our [Integrated Medium Term Plan here](#) or in our [Performance Report](#).

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 and 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

Our three-year Leadership and Management Development Strategy provides a description of the leadership and management skills, knowledge and behaviours essential for future success. It is fundamental to encouraging and developing appropriate leadership and management behaviours at all levels in current and future leaders and managers, and to delivering our strategic objectives. The strategy is an evolving document being shaped by the 'direction' and 'priorities' of WAST, NHS Wales and the wider public service and Welsh Government.

We recognise that the implementation of the strategy cannot be undertaken in isolation and we are building on opportunities for collaborative working across the system. This also includes our emergency service partners and, following the first joint senior leadership event in autumn 2019, it has been agreed that this will become an annual event.

Building on all-Wales work led by Health Education Improvement Wales (HEIW), we recognise the importance of challenging our current approaches to succession planning and talent management and to exploring different approaches going forward. Individuals have been identified across the Welsh Ambulance Service to be part of an all-Wales talent pool of potential to participate in a forthcoming talent summit, while one of our deputy directors has secured a place on the national Aspiring Director programme.

There is a real appetite and openness for approaching the development of our leaders and managers using different and less traditional approaches. A masterclass approach is planned and the first session was held in November 2019. Further events are being planned and adapted to use Zoom and Teams given current restrictions as a result of the pandemic.

As an organisation we plan to re-engage with a Trust-wide conversation in relation to our behaviours. As a result of discussions we will have: a refreshed Vision and Purpose; a clear sense of what our behaviours mean (and how we support and challenge each other to live them) and an updated way of describing them.



Health and Wellbeing Strategy

The health and wellbeing of our staff is a priority for us and, while the development of the updated Health and Wellbeing Strategy was paused pending the appointment of a new lead for this work (who became full time at the end of March 2020), significant work has continued to ensure that colleagues are helped and supported at work.

The Wellbeing Team has provided support for all staff in a number of ways including telephone consultations, a virtual, live wellbeing Q&A session delivered over Zoom, drop-in listening sessions and physical presence at stations that have experienced loss, particularly during the pandemic.

In addition, in recent months a Covid-19 Colleague Health and Wellbeing Strategy has been developed in partnership with representatives from staff across the organisation which outlines the full wellbeing provision. It is designed to be responsive to feedback and open to regular review to ensure everyone is able to access effective support as close as possible to their workplace. The strategy provides information about support available to colleagues in relation to domestic abuse and death in service, as well as a handy, at-a-glance list of key services and associated access details including signposts to the www.wastkeeptalking.co.uk comprehensive website which now incorporates a Covid-19 specific resource page.

The Trust continues to develop the TRiM model of service and recently secured funding for our TRiM practitioners to attend update training, which will incorporate moral injury. All of our wellbeing advocates and blue light champions have access to mental health awareness training. We are also taking the opportunity to plan for the long term; this includes the development of a wellness action plan template for all staff and ensuring quality therapy provision provided by trauma informed therapists.



Transforming Education and Training Strategy

In July 2019, the Trust Board approved the Transforming Education and Training Strategy. Since then, significant progress has been made in relation to delivery of its year one and two strategic objectives.

This strategy details our commitment to focusing on innovative delivery models, with local provision for continuous professional development and broader professional learning accessed within localities and delivered via a combination of educators from the National Ambulance Training Centre, operational instructors and education support managers. Quarters three and four of 2019-20 saw the first stages of this plan come to life with the recruitment and training of 12 driving and nine clinical instructors. Our work on this has seen us recommended as a centre of excellence by our regulated education providers, Future Qualls.

A comprehensive plan was developed to ensure that we could recruit and train the additional 136 staff commissioned for 2020-21 as a result of last year's demand and capacity review within our emergency service, and a project team was established to oversee delivery.

Work continues on the planning of our new training centre at Matrix House, providing a state-of-the-art facility in south Wales; a second immersive learning environment was also installed at our Ty Elwy education centre in north Wales.

We have continued to work closely with Swansea University and successfully developed the BSc Paramedic Science course, which will begin in September 2020. Work continues on the EMT to paramedic BSc programme which commences a year later.

Welsh Government approved a higher apprenticeship framework suitable for emergency medical technicians and the first cohort of trainee EMTs was due to start in April 2020. Work continues to secure similar support for apprenticeship frameworks for healthcare support worker roles within the Welsh Ambulance Service.



Working with our Trade Union partners

As an organisation, we are committed to working closely with our Trade Union partners on a range of issues. The increasing strength of these relationships has been evidenced through the very close working which has been required through the early stages of the Covid-19 pandemic and beyond.

With Trade Union partners represented on a variety of our pandemic structures, we have been able to work quickly and effectively together, addressing challenges where we identify them and improving our speed of decision-making in the interests of our people and our patients.

There is much for us to learn from this approach and we will doubtless begin to look at whether there are new and innovative ways that we can work together to continue that process of agile decision-making when we are no longer working through a national emergency.



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

Sickness absence data

	2019-20	2018-19
Days lost (long term)	61,110.67	60,459.52
Days lost (short term)	23,734.84	21,760.66
Total days lost	84,845.51	82,220.18
Average working days lost	16.25	16.37
Total staff employed in period (headcount)	3,530	3,378
Total staff employed in period with no absence (headcount)	955	1,123
Percentage staff with no sick leave	28.01%	32.67%

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 2019–2020. These include:

- 85% of staff that manage sickness absence across the Trust have undertaken the appropriate level of training in the new All Wales Attendance at Work Policy. This has enabled the Trust to fully embed the new focus on attendance at work and health and wellbeing.
- Meetings have continued within localities to discuss long and short term sickness with Occupational Health, HR and line managers in attendance. This has supported effective management and timely interventions to be deployed to support staff during periods of ill health.
- The fast-track musculoskeletal service across Wales has been in place since December 2018 to provide an initial triage service and to provide telephone advice and, where necessary, face to face physio within 5-7 days. The Trust has seen an increase in the number of referrals to these services during 2019-20 and has received positive feedback from staff.
- The Trust's online cognitive behavioural therapy service has been available to staff since January 2019. Staff utilisation of the service has increased of late.
- Sickness audits have been undertaken across the Trust by HR with the initial focus being on hot spot areas identified through the monthly sickness absence data. The aim of the audits is to ensure that appropriate reporting and processes have been undertaken by managers.
- In July 2019, Swansea Centre for Health Economics provided the Trust with research on the impact of the roles within emergency services on staff health and wellbeing. This research will be taken forward by the Trust's Clinical Psychologist during 2020-21.

The pressures of working through the Covid-19 pandemic are not lost on us, and it will be important moving forward that we keep a close eye on sickness absence rates to ensure that we are identifying staff members who may be struggling physically or mentally with the aftermath. This is a matter of some concern to us and we are committed to ensuring we do as much as possible to support our employees with compassion and care through what has happened in 2019-20 and what may be yet to come in 2020-21.



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, as outlined earlier in this document, is one of our key strategic actions and is outlined in our People and Culture Strategy enabling plans.

Equality, diversity and human rights

Much of 2019-20 has been spent both on progressing our existing equality and human rights strategy Treating People Fairly while refreshing it for its next four year iteration from 2020-24. This has given us an opportunity to reflect with our staff and our Board on what more we can and should be doing to create 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 look forward now to our next four years of progressing this important work.



Improving our infrastructure

One of our key priorities as an organisation is to ensure our people can work in safe, well maintained and modern environments which meet the increasingly diverse needs of our people. 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).



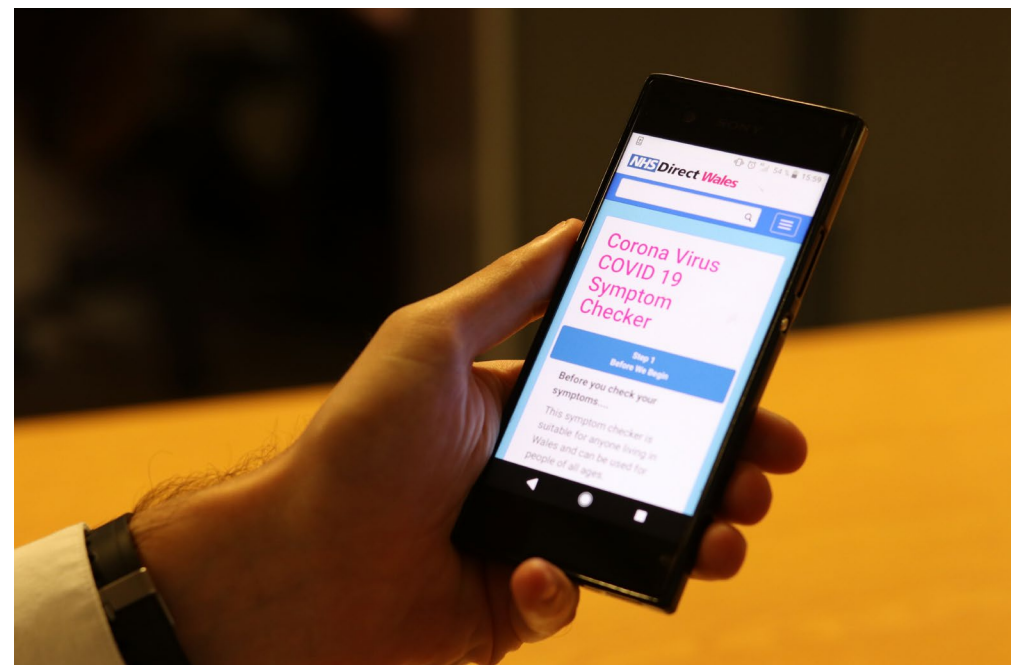
The Board and Executive Team recognise that there is much work still to do in this arena, but there has been progress this year on some long awaited developments, including in Wales' capital city.

A key estate development in 2019-20 was work on the replacement of Blackweir (Cardiff) ambulance station. The Full Business Case (FBC) for the development of the Cardiff area ambulance station and make ready depot (Merton House), to replace the existing station at Blackweir, was approved by Trust Board in November. Following agreed investment by Welsh Government of some £7.96m in January 2020, the acquisition of Merton House in the Pentwyn area of the city was completed in February 2020, with work on the development scheduled to start in July.

Other key areas of estate progressed in 2019-20 included the approval by our Board of an Outline Business Case for the development of a south east Wales fleet workshop, which has been submitted to Welsh Government for consideration, and completion of a training and development facility at our north Wales regional office, Ty Elwy.

Work commenced in 2019-20 on reviewing and refreshing the Estate's Strategic Outline Programme (SOP) which included engagement with key stakeholders and the development of a prioritisation framework. Further consideration is to be given to the EMS and NEPTS demand and capacity reviews and their impact on the programme, with refresh work being completed in 2020-21.

There will doubtless also be a need to review our existing plans in light of our learning from the Covid-19 pandemic, which has demonstrated opportunities for more agile and remote-working and which may have a bearing on our future use of estate, particularly for administrative and corporate functions.



Digital Developments

Through its Long Term Strategic Framework, the Welsh Ambulance Service has already made a commitment to harnessing the potential of digital technology to improve what we do and how we do it. In January 2020, we were joined by our new Director of Digital Services, Andy Haywood, to help drive this agenda across the organisation and to ensure we are optimising our use of technology to support both our staff and our patients.

That timing was particularly apposite given the advent of the Covid-19 pandemic and the need to accelerate the introduction across Wales of the Microsoft Office 365 system and its Teams application, which has made a huge difference to our ability to work remotely, allowing staff to connect with each other and join meetings from wherever they are. To support this, additional laptops were purchased and distributed to those needing to work away from their normal office. At the time

of writing, distribution of iPads to all road based staff is currently underway and should be finished by the end of August 2020, which will allow staff to access systems away from stations using either WiFi or 4G mobile networks.

These devices will provide opportunities to enhance clinician to clinician communication through use of Microsoft Teams for communication and collaboration, along with other similar applications such as Consultant Connect and Attend Anywhere. The latter is already well used for patient consultation in delivery of the 111 GP Out-of-Hours service from the Trust's three Clinical Contact Centres. Similarly, the Trust was also well placed to quickly expand its call taking capacity across both 111 and 999 services to accommodate the increased demand during the peak of the pandemic. In addition, work took place to rebrand the former NHS Direct Wales website to 111.wales.nhs.uk and to develop a Covid-19 symptom checker, which has been used well over one million times to-date, including via a ChatBot, reflecting our interest in the use of artificial intelligence to improve our services. The further expansion of AI technologies is under further consideration across several other areas of the Trust.

The Trust has successfully rolled out nine QlikSense (the Trust's performance software) applications to increase insight and intelligence in all frontline service areas of 111 and NHS Direct Wales, 999 emergency services and non-emergency patient transport service operations. We continue to develop our current business intelligence intentions, with new solutions becoming available as part of the national Microsoft license agreement.

Our ICT infrastructure continues to develop and is sufficiently robust and resilient to allow us to consider the application of new and developing technologies to support delivery of clinical care.

Keeping us moving: our fleet

The Welsh Ambulance Service has one of the most modern and well-equipped fleets in the UK, thanks to continued support from Welsh Government. A key action for the Trust in 2019-20 was to ensure the second year plan of the Welsh Government-endorsed 10-year strategic outline programme (SOP) for the Trust's fleet was delivered. Capital investment in our fleet, provided by Welsh Government, totalled some £13.6m, which was used to procure a range of replacement vehicles.

As at 31 March, the Trust had 778 vehicles in its fleet:

Vehicle role	Number
Emergency ambulances (including UCS + neonatal)	266
Rapid Response Vehicles	142
Non-Emergency Patient Transport Service	283
Specialist vehicles (all other vehicles)	87
Total	778



Wherever possible the Trust is reducing its carbon footprint. As part of the vehicle replacement programme, we replaced 25 diesel powered rapid response vehicles (RRVs) with ultra-low emission, self-charging petrol hybrid variants. These vehicles, along with all NEPTS vehicles replaced in 2019-20, are fitted with solar panels that negate the need for shore-line charging from the mains supply.

The Fleet SOP will undergo detailed review in 2020-21 to ensure that our plans are fit for purpose moving forward and align with the available capital.



Freedom of Information (FOI)

During 2019-20, the Welsh Ambulance Service dealt with 210 freedom of information requests, which is down on the 2018-19 figure of 248. Of these, 177 were answered within the 20 working day deadline as set out in the Act, giving an overall compliance of 84%.

If you would like to request information under the Freedom of Information Act, you can email us at 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

Our role in moving Wales forward: people and partnerships

As the national ambulance service of Wales, we are committed to working in partnership with other sectors and organisations to deliver improved public services for the people of Wales.

As a national service, we have a very broad set of stakeholders with whom we need to engage if we are to realise our ambitions to be a central point around which the wider health and care system pivots.



Our work is also shaped by some of the strategic and legislative frameworks in Wales, including the Well Being of Future Generations Act (Wales) 2015, which 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.

Indeed, our Long Term Strategic Framework, which was approved by the Board in March 2019, 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.

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.





During 2019-20, the Board adopted a wide-ranging organisational engagement framework, the only one of its kind in Wales linked to the priorities of the IMTP. This sets out how the organisation will engage with its partners and its people over the next three years, with a one year delivery plan to be refreshed annually.

The framework encompasses the breadth of stakeholder engagement, from colleagues and volunteers, to patients, carers, young people and vulnerable groups, through to wider health and social care partners, using the architecture of Regional Partnership Boards as a mechanism for wider system engagement.

This development has seen the Welsh Ambulance Service now participating in four of seven Regional Partnership Boards, or their substructures, across Wales. As a commissioned service, there is more to do in this space and, during 2020-21 efforts will be made to secure representation on the remaining three RPBs.

While our stakeholders are relatively well-defined, our range of partners is expanding, focusing not only on those with whom we deliver

services or have shared care of a patient, but also partners who are supporting us to develop new solutions, for example in the technology arena.

In the same way, our relationship with our patients and wider public is beginning to evolve. Our focus is increasingly on education, self-care and opportunities for community level collaboration, whether that be through the formal partnership structures in Wales or by working with local communities in a way that supports them to be more resilient.

As the Welsh Ambulance Service establishes itself increasingly as a system connector and leader, it is important that it becomes a key partner in the development, testing and delivery of service change plans across the health and care community in Wales.

In this respect, building real, enduring relationships with health boards, local authorities and commissioners is vital, both to secure ambulance involvement from the inception of service change ideas, and also to ensure that partners appreciate the contribution the Welsh Ambulance Service can play across the system as new ways of working are developed.

Similarly, the ambulance service needs to work with health boards, primary care and third sector partners on new models of care that it will wish to develop, which may require a discrete set of engagement arrangements above and beyond those provided by peer groups, commissioning arrangements and regional partnership boards, for example. We also have strengthening relationships with our blue light partners.

The Covid-19 pandemic has placed a renewed focus on the strength of our relationships, with our people, our partners and the people of Wales. The shared experience of the pandemic will doubtless influence our engagement, partnerships and relationships moving forward, recognising that collaboration has been key to our approach to managing the challenges of Covid-19.

Welsh Language

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011. This sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust to comply with the new standards in the form of a Statutory [Compliance Notice](#), which it received from the Welsh Language Commissioner on 30 November 2018.

The Trust has responded positively to the Welsh Language Standards, as they provide an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh. Such developments have included the setting up of Welsh language social media accounts for [Facebook](#) and [Twitter](#), together with the redevelopment of the Trust's bilingual [corporate website](#). In addition the Trust's [111 Wales website](#) has 32 bilingual online symptom checkers that are available to provide help and advice to the public on how they can manage their symptoms.

During 2019-20, the Trust continued to work across the organisation in progressing the future actions as set out in the [More than Just Words interim action plan 2019 and 2020](#). Part of this work was to recognise staff who help to promote the Welsh language and improve bilingual provision in healthcare and, as a result, a new Welsh Language Award was introduced by the Trust and was amongst the categories for the 2019 Staff Awards. The award was given to Llinos Jones, Interim Senior Nurse Advisor, NHS Direct Wales, who offered her services in her own time to develop and provide clinical teaching sessions for groups of nurses learning Welsh at the National Welsh Language Centre.



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

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

- Ensuring compliance with all relevant legislation and Welsh Government Directives;
- Sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030;
- 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](#). 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 to landfill in line with Welsh Government requirements; and
- Adopting a carbon based management approach specifically aimed at reducing CO2 including adapted vehicle and building design along with sustainable travel and agile working arrangements.

During 2019-20 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.

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 \(AGS\)](#) is a key feature of our annual report and accounts. It demonstrates how we managed and controlled resources in 2019-20 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.

Further information on the corporate health of the organisation, can be found in the Trust's 2019-20 [Annual Quality Statement](#). Looking forward, our targets and ambitions are explained in the Trust's [Integrated Medium Term Plan](#).

You can read more about our governance arrangements in our [Accountability Report and Annual Governance Statement](#).



The year ahead: challenges and opportunities

It's very clear that 2020-21 will be a very different year from the one we had originally envisaged here at the Welsh Ambulance Service.

While the annual report refers specifically to the 2019-20 year, it would be remiss not to mention the way our people have responded to the pandemic, albeit that it was in its very early days at the end of that particular financial year.

The efforts of our people to work through these unprecedented times, whether on the frontline of emergency response, NEPTS and CCC staff or in our corporate functions, have been Herculean; their commitment, courage and adaptability has been unwavering.

Sadly, we have had our own tragedies too, losing one of our Swansea-based paramedics, Gerallt Davies, to Covid-19, and with several other staff members now out of danger but with a long road to recovery ahead of them.

The impact on our people is clear to see and we recognise that, during the coming months and years, it will be more important than ever for us to look after each other. The pandemic will inevitably have taken its toll on people, albeit that may take some time to fully reveal itself.

All that said, there have been a number of positives which have emerged as a result of the pandemic. Our approach has been agile and our decision-making rapid. We have harnessed digital technology to connect our people and to enable the public to access information more easily. This has meant we can work from wherever we are, ensuring as many staff as possible have been able to work more flexibly and safely.

We have come together as an organisation, at every level, working closely with Trade Union partners, to develop a pandemic response which has safeguarded our staff and our patients. Across the system and beyond, with health boards, emergency service partners and the military, we have worked very differently to continue to deliver the best possible care to the people of Wales.

There have been challenges for sure. Things have not been easy, but we have overcome some of the obstacles, finding quick solutions and making them work.

The key for us now is to learn from what has gone well and adopt those ways of working in the future. Where things have gone less well, we also need to learn and find a different approach. This work is already underway, recognising that the pandemic, although subsiding, is far from over, and we face uncertain times ahead.

At our heart, we are an organisation focused on people; the people we employ and the people we serve. Our focus will always be on doing the best we can, whatever the circumstances, because, when it's a genuine emergency, we know what we do really matters – to us and to you.

Next year's annual report will detail more about the pandemic, what we have learned and how we will harness this to accelerate our plans for the Welsh Ambulance Service.



Company directorships

The following declarations of interest with regards to company directorships and other significant interests were submitted in 2019-2020. Voting Members of the Trust are marked with an asterisk in the table below.

Name	Position	Declaration
Martin Woodford *	Trust Chairman and Non-Executive Director	Secretary of Llandogo Memorial Green Committee Vice Chair Manager Tintern Sports Club
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd Retired Member of Unite
Kevin Davies *	Non-Executive Director	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 Patron - The Motivation and Learning Trust Deputy Lord Lieutenant South Glamorgan Trustee Cowbridge Armed Forces Trust
Bethan Evans *	Non-Executive Director (from 6/12/19)	Managing Director (Employed) My Choice Healthcare Ltd Non-Executive Board Member RHA (Housing Association) Company Director Moorlands Rehabilitation (Staffordshire) Ltd
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant NHS Wales and Welsh Government.
Joga Singh *	Non-Executive Director (from 9/12/19)	Geldards LLP, paid employment Director of Strategy & Communications for Sikh Council of Wales, voluntary role Memberships of the following legal profession organisations: <ul style="list-style-type: none"> • Law Society • Employment Lawyers Association Member of the Fairness Inclusion and Respect Committee for the Institute of Civil Engineers in Wales, voluntary role Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year
Martin Turner *	Non-Executive Director	Director and shareholder of Martin Turner Associates Ltd

Name	Position	Declaration
Jason Killens *	Chief Executive	Honorary Professorship at Swansea University
Claire Bevan *	Executive Director of Quality and Nursing (left the Trust 31/12/19)	Honorary Contract Swansea University: Lecturing
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing (from 1/1/20)	None
Christopher Turley *	Executive Director of Finance and Corporate Resources	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Lee Brooks	Director of Operations (from 8/7/19)	None
Andy Haywood	Director of Digital (from 20/1/20)	None
Estelle Hitchon	Director of Partnerships and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Louise Platt	Director of Operations (Interim) (to 31/7/19)	None
Keith Cox	Board Secretary	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 collectively act as corporate trustee of the charity. In addition, four Non-Executive Directors have roles on the Charitable Funds Committee.

Report of the Executive Director of Finance and Corporate Resources, Christopher Turley

Finance & resource management

The Trust's financial performance in 2019-20 was again underpinned by strong financial management including the delivery of a significant level of savings and achievement of all statutory financial targets including the payment of invoices within 30 days and achieving a small surplus against the budget. The Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2020-21.

Financial performance against statutory financial duties for the year ended 31 March 2020

In 2019-20, the Trust achieved all of its financial targets as follows:

	Actual 2019/20	
Breakeven - achievement of revenue financial balance	Delivered	
CEL - capital spend equal to, or less than, the WG set Capital Expenditure Limit	Delivered	
EFL - Remain within External Financing Limit*	N/A	
PSPP - 95% of Non NHS invoices by number are paid within 30 days	Delivered	

**Due to the COVID-19 pandemic, the EFL requirement was temporarily suspended by Welsh Government*

At the end of the 2019-20 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.045m 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 2017-18 to 2019-20 as shown below:

Annual financial performance			2017-20
2017-18	2018-19	2019-20	Financial duty
£000	£000	£000	£000
70	57	45	172
0	0	0	0
70	57	45	172

The Trust expended Capital Investment funds of £25.849m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit of £25.751m, without exceeding it, as in addition, a further £0.098m, being the netbook value of assets disposed of, was re-invested, resulting in the above total investment of £25.849m.

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 97.2% within the specified time.

Review of the 2019-20 year

In respect of the Trust's total income, £211.3m was received in year (compared to £187.8m 2018-19), an increase of £23.5m.

Total revenue expenditure increased by £23.6m (12.55%) in absolute terms (2019-20 £211.6m, 2018-19 £188.0m).

During the year there was a nationally agreed pay award, and all staff including Very Senior Managers received this in line with the agreed 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 59 are shown in this format in accordance with International Accounting Standards (IAS) 1.

Statement of Comprehensive Income (SOCI) for the year ended 31 March 2020

Revenue from patient care activities and other operating income

- The Trust received £200m of revenue income from patient care activities during the year. This is an increase of £19.7m from the 2018-19 quoted figure.
- £11.3m was received in respect of other operating income, an increase of £3.8m from 2018-19.
- Total funding was £211.3m, an increase of £23.5m (12.52%) from 2018-19.

The main changes in funding were as follows:

	£ million
Increase in funding from the EASC main contract for EMS services, including for agreed developments £3.6m, an inflationary uplift of £3.0m, additional funding for the national pay deal £1.7m (and routing recurring funding for 2018-19 of £1.6m.) 1% funding for schemes to deliver A Healthier Wales also amounted to £1.0m	10.9
Additional health board income received due to increase in NEPTS contacts £3.5m, costs incurred for the '111' service of £2.0m, and SLA/ECR income £0.6m.	6.1
Increase in funding from the Welsh Government predominantly relating to pay.	2.8
Increase in funding from Welsh Government including increases that include ring-fenced areas such as PIBS (Permanent Injury Benefit Scheme) £3.2m, together with increases in other minor services of £1.1m, with reductions in impairments of £0.8m.	3.6
Total	£23.5

Operating expenses

Operating expenses during 2019-20 totalled £211.6m. This is a net increase of £23.6m from 2018-19. This is a net increase after the delivery of over £2.1m in savings required, to ensure that the Trust continues to deliver financial balance within the funding and resource envelope available.

The net increase in cost is mainly a result of:

- An increase in staff costs of £16.6m compared to the previous year. Main changes include £6.1m increase of 6.3% employers pension costs, £4.5m in relation to the pay award with a further £1.5m for paramedic Band 6 incremental costs and £2m for developments within '111' and clinical desk clinical staff.
- An increase in losses, special payments and irrecoverable debts, this is mainly due to new or reviewed PIBS Cases £2m with £0.9m uplift in discount rate and £0.1m life table update.
- An increase in "premises" costs of £1.1m due to increase in computer software, licence and network fees.
- An increase of £2.3m 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, greater use of Mid-West Fire as First Responders, Healthier Wales initiative for FALLS provided by St Johns and Winter pressure support.
- An increase in transport costs of £0.7m this is mainly due to increase in vehicle maintenance.
- An increase in Amortisation £0.4m due to a higher base value of intangible assets in year.
- An increase in Depreciation of £0.3m due to higher base value tangible assets in year.

Offsetting the above increases are the following reductions in expenditure, partly demonstrating further delivery of planned savings and cost reductions, through increased efficiency and productivity:

- A decrease in impairments of Property, Plant and Equipment of £0.8m. Reduction in identified impairment's in year.

Investment revenue

Investment revenue has increased slightly because of an increase in interest rates over the course of the year. Interest on deposits was £0.117m in 2019-20 compared to £0.098m in 2018-19.

Other gains and losses

The Trust made no disposals of buildings during the year, with only land, vehicles and equipment being sold during 2019-20. These sales resulted in an overall profit on sale of £0.296m compared to £0.212m in 2018-19.

Finance costs

Finance costs have decreased during the year to £0.085m, a decrease of £0.006m compared to the previous year. Of these costs, £0.006m relates to interest on the Ambulance Radio Replacement Project (ARRP) treated as a finance lease under IFRS.

The result of all the above is that the Trust had a retained surplus of £0.045m for the financial year 2019-20. In 2018-19 the Trust reported a retained surplus of £0.057m.

Statement of financial position as at 31 March 2020

Non-current assets

The net value of the Trust's non-current Assets increased by £7.777m from 2018-19 to 2019-20.

A total of £25.8m 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 £25.8m included a total of £12.7m* spent on vehicles, £8.9m* on information technology and intangibles and £0.5m 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

Trade and other receivables have increased by £1.7m compared to 2018-19. This largely relates to an increase in the Welsh Risk Pool debtor which is reflective of a lower provisions balance at 2018-19.

Positive cash balances were maintained by the Trust throughout 2019-20. As part of the Trust's financial plans, cash flow for 2020-21 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 PDC 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 £7.9m. This is reflected within the increased balance of £76.3m.

The revaluation reserve increased by £0.198m during the year; this was the net result of a reduction due to in-year impairments of £0.161m and an increase due to the application of indexation to land and buildings of £0.374m.

Pension costs

Details of pension costs are provided in note 11 (page 35) of the Trust's financial accounts for 2019-20.

2020-21 and beyond

In common with other public sector bodies across Wales, the Trust is facing a further challenging year.

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in detailed budget setting. The key funding assumptions for 2020-21 being that the 2019-20 funding is fully recurrent, and the 2020-21 funding will include:

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2020-21 pay award costs.
- Funding to support the final year of A4C 3 year pay award
- Impact of Previously Agreed Developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the IMTP

To deliver a fully balanced financial plan this has resulted in a requirement to deliver a minimum of a further £4.3m savings via cost reduction and cost avoidance schemes.

Full details of the Trust's service, operational, workforce and financial plans more relevant to the 2019-20 financial year 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.

2019-20 accounts

These accounts for the period ended 31 March 2020 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 and included in "operating expenses", on page 56 of this document, is the cost of £0.162m for the external audit fee.

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 & Corporate Resources
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF
Tel: 01633 626262

Governance Statement 2019-20

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 55 to 59 are consistent with the Trust's full statements for the year ended 31st March 2020.

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:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	418	20,660	298	1,518
WHSSC/EASC	0	158,698	818	43
Aneurin Bevan University Health Board	147	8,716	42	257
Betsi Cadwaladr University Health Board	384	5,584	121	75
Cardiff & Vale University Health Board	33	4,523	2	543
Cwm Taf Morgannwg University Health Board	129	2,043	3	9
Hywel Dda University Health Board	149	4,516	6	46
Powys Teaching Health Board	43	1,159	43	82
Swansea Bay University Health Board	65	4,978	11	98
Public Health Wales NHS Trust	30	41	1	0
Velindre University NHS Trust	1,845	1,173	217	310
Health Education and Improvement Wales (HEIW)	0	757	0	5
Welsh Local Authorities	2,108	241	6	18
Cardiff University	0	0	0	0
Swansea University	0	0	0	0
Cardiff Metropolitan University	0	0	0	0
University of South Wales	0	0	0	0
University of Wales	0	0	0	0
Bangor University	0	0	0	0
Glyndwr University	0	0	0	0
	5,351	213,089	1,568	3,004

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 (2018-19: £0.010m) with no other transactions being made. Net assets of the charity amount to £0.4m. The Welsh Government income shown above includes £1.067m relating to impairment funding and £8.914m that relates to PDC capital received during 2019-20.

A number of the Trust's members have declared interests in related parties as follows:

Name	Position	Declaration
Martin Woodford *	Trust Chairman and Non-Executive Director	Secretary of Llandogo Memorial Green Committee Vice Chair Manager Tintern Sports Club
Emrys Davies *	Non-Executive Director	Director and Chair of Newport Road Maintenance Ltd Retired Member of Unite
Kevin Davies *	Non-Executive Director	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 Patron - The Motivation and Learning Trust Deputy Lord Lieutenant South Glamorgan Trustee Cowbridge Armed Forces Trust
Bethan Evans *	Non-Executive Director (from 6/12/19)	Managing Director (Employed) My Choice Healthcare Ltd Non-Executive Board Member RHA (Housing Association) Company Director Moorlands Rehabilitation (Staffordshire) Ltd
Pamela Hall *	Non-Executive Director	None
Paul Hollard *	Non-Executive Director	Independent Consultant NHS Wales and Welsh Government.
Joga Singh *	Non-Executive Director (from 9/12/19)	Geldards LLP, paid employment Director of Strategy & Communications for Sikh Council of Wales, voluntary role Memberships of the following legal profession organisations: <ul style="list-style-type: none"> • Law Society • Employment Lawyers Association Member of the Fairness Inclusion and Respect Committee for the Institute of Civil Engineers in Wales, voluntary role Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year
Martin Turner *	Non-Executive Director	Director and shareholder of Martin Turner Associates Ltd

Name	Position	Declaration
Jason Killens *	Chief Executive	Honorary Professorship at Swansea University
Claire Bevan *	Executive Director of Quality and Nursing (left the Trust 31/12/19)	Honorary Contract Swansea University: Lecturing
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing (from 1/1/20)	None
Christopher Turley *	Executive Director of Finance and Corporate Resources	None
Claire Vaughan *	Executive Director of Workforce and OD	None
Lee Brooks	Director of Operations (from 8/7/19)	None
Andy Haywood	Director of Digital (from 20/1/20)	None
Estelle Hitchon	Director of Partnerships and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Louise Platt	Director of Operations (Interim) (to 31/7/19)	None
Keith Cox	Board Secretary	Magistrate Cardiff and Vale

Material transactions between the Trust and related parties disclosed on page 68 during 2019-20 were as follows (unless already reported on page 68) :	Payments to	Receipts from	Amounts owed	Amounts due
	related party	related party	to related party	from related party
	£000	£000	£000	£000
St John Ambulance	2,478	24	8	0
Geldards LLP	1	0	0	0
TOTAL	2,479	24	8	0

Salary and pension entitlements of senior managers

Remuneration report

Name and Title	2019-20				2018-19			
	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 (Chairman) (Note 1)	40-45			40-45	40-45			40-45
Kevin Davies (Non Executive Director / Vice Chairman) (Note 2)	15-20			15-20	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
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
Martin Turner (Non Executive Director) (Note 5)	5-10			5-10	5-10			5-10
Anoop Joga Singh (Non Executive Director) (Note 6)	0-5			0-5				
Bethan Evans (Non Executive Director) (Note 7)	0-5			0-5				
Jason Killens (Chief Executive) (Note 8)	155-160	4,000	156	315-320	80-85	1,600	61	140-145
Patricia Roseblade (Former Interim Chief Executive) (Note 9)					70-75	4,100	27	100-105
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 10)	100-105	5,400	35	140-145	95-100	4,600	95	195-200
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive)	150-155	4,100		155-160	145-150	3,300		150-155
Claire Vaughan (Executive Director of Workforce & OD)	90-95	-	23	115-120	90-95	-	20	110-115
Claire Bevan (Executive Director of Quality & Nursing) (Note 11)	80-85	900		80-85	100-105	3,500		105-110
Claire Roche (Executive Director of Quality and Nursing) (Note 12)	25-30	600	32	55-60				
Estelle Hitchon (Director of Partnership & Engagement)	90-95	-	14	100-105	85-90	-	25	115-120
Hannah Evans (Director of Planning & Performance) (Note 13)					30-35	-	16	45-50
Rachel Marsh (Director of Strategy Performance & Planning) (Note 14)	95-100	-	36	130-135	30-35	-	2	30-35
Richard Lee (Director of Operations) (Note 15)					65-70	-	10	75-80
Lee Brooks (Director of Operations) (Note 16)	80-85	2,700	11	90-95				
Louise Platt (Interim Director of Operations) (Note 17)	30-35	-	7	35-40	35-40	-	24	60-65
Andrew Haywood (Director of Digital Services) (Note 18)	20-25	-	3	20-25				
Keith Cox (Board Secretary)	85-90	-		85-90	85-90	-		85-90

Remuneration table notes

Note 1 - Martin Woodford was appointed Chairman on 1st April 2019, prior to this date he was Interim Chairman									
Note 2 - Kevin Davies was appointed Vice Chairman on 1st April 2019									
Note 3 - James Mycroft left the Trust on 31st March 2019									
Note 4 - Helen Birtwistle left the Trust on 31st October 2018									
Note 5 - Martin Turner was Interim Non Executive Director until 13th December 2019, when he took over this role on a fixed term basis									
Note 6 - Anoop Joga Singh was appointed as Non Executive Director from 9th December 2019									
Note 7 - Bethan Evans was appointed as Non Executive Director from 6th December 2019									
Note 8 - Jason Killens joined the Trust as Chief Executive on 24th September 2018									
Note 9 - Patsy Roseblade left the Trust on 15th October 2018 on an initial secondment to Powys Teaching Health Board before commencing a secondment with Swansea Bay University Health Board on 16th April 2019									
Note 10 - Christopher Turley was Interim Executive Director of Finance & ICT until 1st February 2020 when he was appointed Executive Director of Finance & Corporate Resources									
Note 11 - Claire Bevan retired on 31st December 2019									
Note 12 - Claire Roche was appointed Executive Director of Quality and Nursing on 1st January 2020									
Note 13 - Hannah Evans left the Trust on external secondment to Swansea Bay University Health Board on 6th August 2018									
Note 14 - Rachel Marsh joined the Trust as Interim Director of Strategy Planning & Performance on 3rd December 2018 and was appointed Director of Strategy, Performance & Planning on 1st November 2019									
Note 15 - Richard Lee left the Trust on 7th November 2018 however was paid until 3rd December 2018 due to accrued annual leave									
Note 16 - Lee Brooks was appointed Director of Operations on 8th July 2019									
Note 17 - Louise Platt was appointed Interim Director of Operations on 1st November 2018 until 31st July 2019									
Note 18 - Andy Haywood joined the Trust as Director of Digital Services on 20th January 2020									

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 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	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)	7.5-10	15-17.5	40-45	110-115	738	585	116	33
Christopher Turley (Executive Director of Finance & Corporate Resources)	0-2.5	0-2.5	40-45	95-100	748	683	34	21
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	391	354	15	20
Estelle Hitchon (Director of Partnership & Engagement)	0-2.5	-2.5-0	25-30	60-65	525	488	13	19
Claire Bevan (Executive Director of Quality & Nursing)	0-2.5	0-2.5	40-45	130-135	-	956	-	748
Claire Roche (Executive Director of Quality and Nursing)	0-2.5	2.5-5	25-30	80-85	590	448	29	5
Rachel Marsh (Director of Strategy Performance & Planning)	0-2.5	0-2.5	35-40	55-60	607	551	29	17
Lee Brooks (Director of Operations)	0-2.5	0	25-30	0	292	265	4	17
Louise Platt (Interim Director of Operations)	0-2.5	0-2.5	25-30	60-65	482	441	6	7
Andrew Haywood (Director of Digital Services)	0-2.5	0	0-5	0	36	22	-	4
Keith Cox (Board Secretary) **	0	0	0	0	-	-	-	-
*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 prior year, as well as the current reporting year								

Hutton Report information

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 31 March 2020 in the Welsh Ambulance Services NHS Trust in the financial year 2019-20 was £160k to £165k (2018-19, £155k to £160k). This was 5.40 times (2018-19, 5.32 times) the median remuneration of the workforce, which was £30,091 (2018-19, £29,608).

	2019-20	2018-19
Band of Highest paid Director's Total Remuneration £000	160-165	155-160
Median Total Remuneration £000	30	30
Ratio	5.40	5.32

In 2019-20, 0 (2018-19, 0) employees received remuneration in excess of the highest-paid director.

Remuneration ranged from £17,652 to £162,500 (2018-19 £17,460 to £157,500).

The reason for the increase in remuneration, together with the upward rise in ratio and median remuneration compared to 2018-19, is the movement within A4C pay bands and a 2% pay increase for Directors.

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.

————— ENDS —————