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Welsh Ambulance Services
NHS Trust



WELSH AMBULANCE SERVICES NHS TRUST

Annual Report 2020/21:

Chronicle of a Pandemic

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Welcome from the Chair and Chief Executive

The phrase “unprecedented” has become rather clichéd in recent years. However, the 2020/21 financial year has been one like no other – a year of pandemic, of unseen challenges, of sadness and tragedy, and of great human resilience and commitment. In this context, “unprecedented” is the only accurate word to describe our shared experience of the Covid-19 pandemic.

This annual report is similarly one like no other. It serves not just as a technical and statutory document outlining our functions and performance as an ambulance service, but rather as a chronicle of the supreme challenges we have faced, along with our colleagues across the NHS and society more broadly, during 2020/21.

That said, and while it has in many respects been a difficult and traumatic year, we should not lose sight of the positives we have experienced: outstanding commitment from our people across the organisation; a groundswell of support from the public that bodes well for the future; great leaps forward in the use of digital technology to connect our people and our public at a time when communication was more important than ever and great partnerships forged with stakeholders, both old and new.

These experiences, tinged with the sadness of having lost valued members of staff to Covid-19, have left a legacy of optimism and renewed ambition, together with significant opportunities to build on these foundations as we look to the future and to renewal. We are also acutely aware of the toll taken on our staff, and the need to manage our ambition for accelerated change with the wellbeing of our people, so many of whom have gone above and beyond and who need an opportunity to recover from the stresses of the past year.

We hope that in the pages of this year’s annual report you will find a real sense of how this year has felt for us as an organisation, for our people and for the people we serve.


While we all genuinely hope that we will never have to face anything like the height of the Covid-19 pandemic again, we do at least now know that, in the event that we see a resurgence of Covid-19, or something similar (and recognising we are not yet out of this global pandemic), we have the strength, plans and resources to deliver for the people of Wales.

You can find out more about our work by following us on social media or joining our Board meetings, which we will continue to hold digitally for the foreseeable future, and which allow you to pose questions to Board members in a dedicated session for stakeholders and the public. We publicise these on our website and via our social media feeds. We’d love to see you.

With our very best wishes and enormous thanks to our staff who have stepped up so admirably over the last year. Here’s to a safer and more stable 2021/22.



Jason Killens
Chief Executive



Martin Woodford
Chair





The Last 12 Months: an Overview

At the time of our last annual report (2019/20), we were in the early days of the pandemic and, while recognising that the 2020/21 year was likely to be challenging, it is fair to say that there is no aspect of our organisation, our people or our patients, which has been left untouched by the impact of Covid-19.

This year's annual report serves not just as a statutory document, but also as the chronicle of a watershed year for us all. Over the following pages, you will be able to find out more about how we approached the challenges and seized the opportunities presented by the pandemic; how we adapted our services, how we engaged with the public and our stakeholders, and the Herculean efforts of our staff to continue to deliver a quality service to the public at a time when they were on the frontline of the pandemic, with their own worries and concerns.

While the annual report includes the usual detail on our financial position, our performance and our governance, this year these sections are slightly shorter than normal, but with links to our full Annual Accountability Report, Annual Accounts and Performance Report.

You can find these documents [here](#), so that the full information outlined in these important publications is not lost in the narrative of the pandemic, which has shaped so much of what we have done this year.

About Our Organisation: Who We Are and What We Do

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

We attend more than 250,000 emergency calls a year and transport more than 1.3 million non-emergency patients to more than 200 treatment centres throughout Wales and England. We employ more than 3,600 people, of which approximately 70% are within our emergency medical services (which includes our Clinical Contact Centres), and around 640 staff in our Non-Emergency Patient Transport Service. Our patient-facing services are supported by approximately 500 staff in our corporate and support functions and by our valued extended volunteer workforce, which includes more than 600 Community First Responders and 200 Volunteer Car Drivers.

We operate from 90 ambulance stations, three regional offices and five vehicle workshops. During the pandemic, we also enhanced our Clinical Contact Centre provision within a current model of five main centres for the handling of 999 and 111/NHSDW calls across Wales. We have our own National Training College (due to relocate in 2021/22) to ensure our staff maintain high levels of performance and receive regular professional development.

We are also the host for the 111 service, which is an amalgamation of NHS Direct Wales and the front end call handling and clinical triage elements of the GP out-of-hours services and which now operates across all but two areas of Wales, with plans to complete the roll-out of 111 in the next year or so. You can read more about what we do in our [Annual Performance Report](#) and [Annual Accountability Report](#).



A Commissioned Service

In July 2013, in response to the recommendations of the McClelland Review, the then Minister for Health and Social Services announced a package of reforms which established revised accountability and delivery arrangements for the provision of emergency ambulance services in Wales. The revised arrangements came into being on 01 April 2014 with the establishment of the Emergency Ambulance Services Committee as a joint committee of the seven Local Health Boards (LHBs). (<http://www.wales.nhs.uk/easc/about-us>)

The Committee is formed by the Chief Executives of the seven LHBs and presided over by an independent Chairperson appointed by the Minister. The Emergency Ambulance Services Committee (EASC) has appointed a Chief Ambulance Services Commissioner to undertake a lead role in supporting the local health boards in commissioning emergency ambulance services from the Trust within the context of the wider unscheduled care system (and from 2016, Non-Emergency Patient Transport Services in Wales).



The arrangements effectively create a commissioner/provider relationship in which the seven LHBs are collectively responsible for securing the provision of an effective emergency ambulance service for Wales. The Trust, therefore, is responsible for supplying the urgent and emergency medical services that the LHBs require, based on a robust commissioning framework.

The Trust has ensured during the course of the year that it works closely with partner organisations such as LHBs, local authorities, other emergency service providers and Community Health Councils to optimise opportunities for joint working and to improve the service we provide to the public in Wales, all in the context of the Covid-19 pandemic.

You can read more about our organisation, the role of our Board and the way we are governed in our [Annual Accountability Report](#).

Operating in a Pandemic: Our Approach

One of the key planks of the Trust's approach to managing the pandemic was early planning.

In late January 2020, the World Health Organisation declared that novel coronavirus presented a global health emergency. During February, the global spread of the disease was well documented, with it becoming all too apparent that the United Kingdom was unlikely to be unscathed.

The Trust's Executive Team considered the global, European and United Kingdom context on several occasions during February, most notably on 04 February when a pandemic table top exercise was initiated to review existing plans and capacity.

As a result, Executives were of the view that it was appropriate in the circumstances to informally trigger the organisation's existing pandemic

influenza plan and, in so doing, enable the establishment of a clear operational response structure charged with the rapid development of the organisation's pandemic delivery plans.

Until early March, while extensive planning was undertaken, the informal status of the plan remained. However, the potential impact of Covid-19 on Wales was becoming increasingly obvious and, on 04 March 2020, the Chief Executive, Jason Killens, with the support of the Executive Team and the Board, formally triggered the arrangements within the pandemic influenza plan, approving the organisation's pandemic strategy.

In taking this step, two clear corporate objectives were set and communicated widely. These were to:

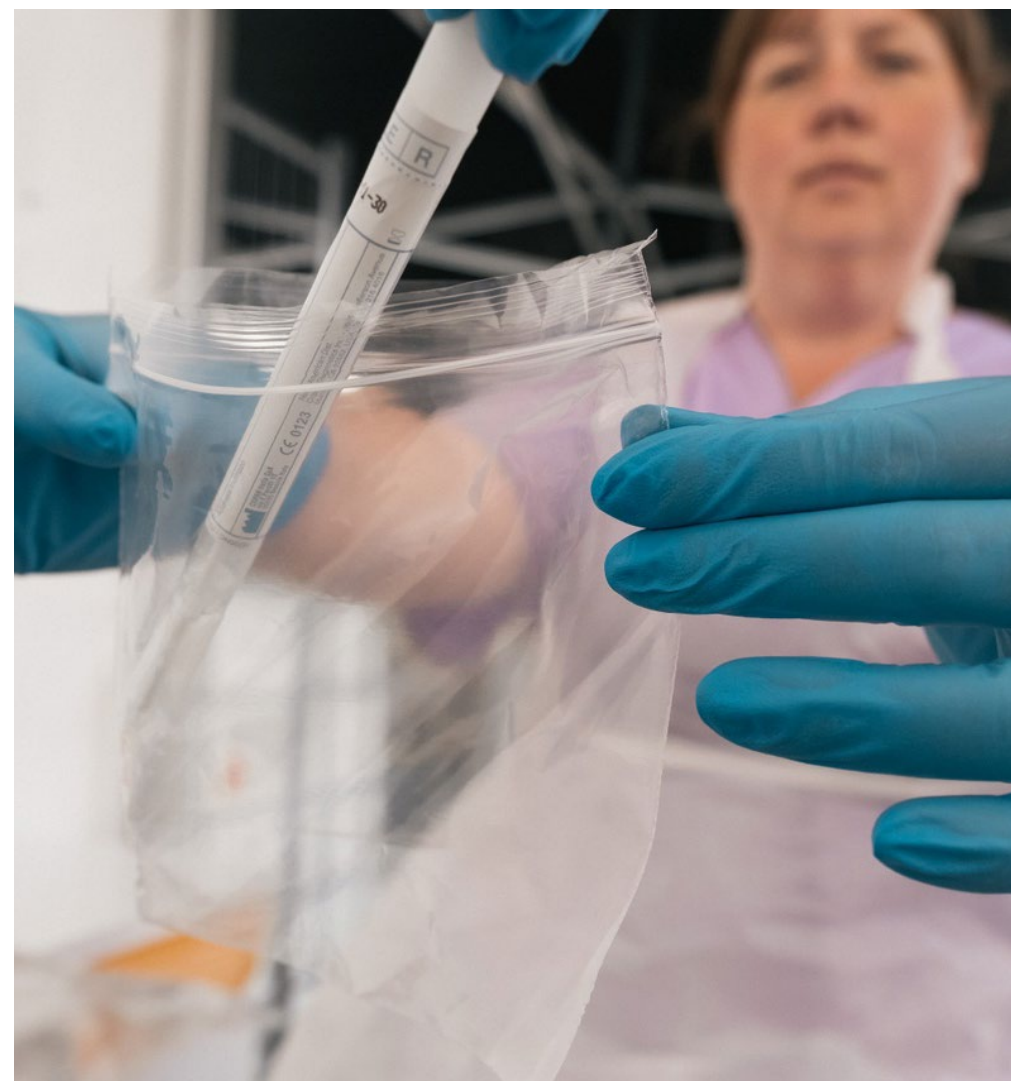
1. Take all reasonable, necessary and proportionate measures in all the circumstances to fulfil the objectives set in the pandemic strategy and
2. Continue with recruitment to fulfil the minimum of 136 WTE growth of the Emergency Medical Service as agreed with commissioners for 2020/21. This was to ensure that the organisation's long term workforce viability and performance could be secured, recognising that it would be foolhardy to compromise key future planning while being mindful of the imminent and likely impact of a pandemic.

As a result of these decisions, other, non-essential WAST activity was stood down to enable a focus on these areas. A co-ordination and accountability structure was established to facilitate this, led by twice-weekly meetings of the Executive Pandemic Team (EPT), supplemented by a number of ad-hoc EPT meetings required in the early stages of the pandemic to respond agilely to the evolving situation. You can read more about this structure later in this document.

Key to the development of the organisation's response plans was the scale to which anticipated increases in activity, staffing constraints through sickness or isolation absence and service disruption as a result

of other external factors, such as interruption to the supply chain, would have an impact on service delivery.

On that basis, some assumptions had to be made, working on national "worst case scenario" modelling and also on the experience of other ambulance services operating in areas ahead of the Welsh pandemic curve, notably London Ambulance Service.



Additional modelling capacity was commissioned in a bid to understand the impact of notional rises in demand but it was agreed that, in order not to delay the mobilisation of available additional capacity, six key areas of WAST business would be prioritised. These were identified as:

- Ambulance response (emergency, urgent care and non-emergency service) – arrangements to generate additional capacity to respond to growing demand
- Fleet – arrangements to ensure maximum fleet and equipment availability
- Information and Communication Technology – arrangements to protect mission critical systems and support remote and flexible working
- Supply chain – arrangements to ensure sufficient supplies of necessary items and materials such as Personal Protective Equipment (PPE)
- Resource Centre - arrangements to facilitate greater numbers of staff being deployed and maintain core rostering services
- Clinical Contact Centre (999, 111, Clinical Support Desk and Non-Emergency Patient Transport Service) – arrangements to protect mission critical control functions, grow their capacity and diversify tasks

The intention was to protect and strengthen those areas of the organisation's work that would be most closely aligned with maintaining patient care and employee safety.

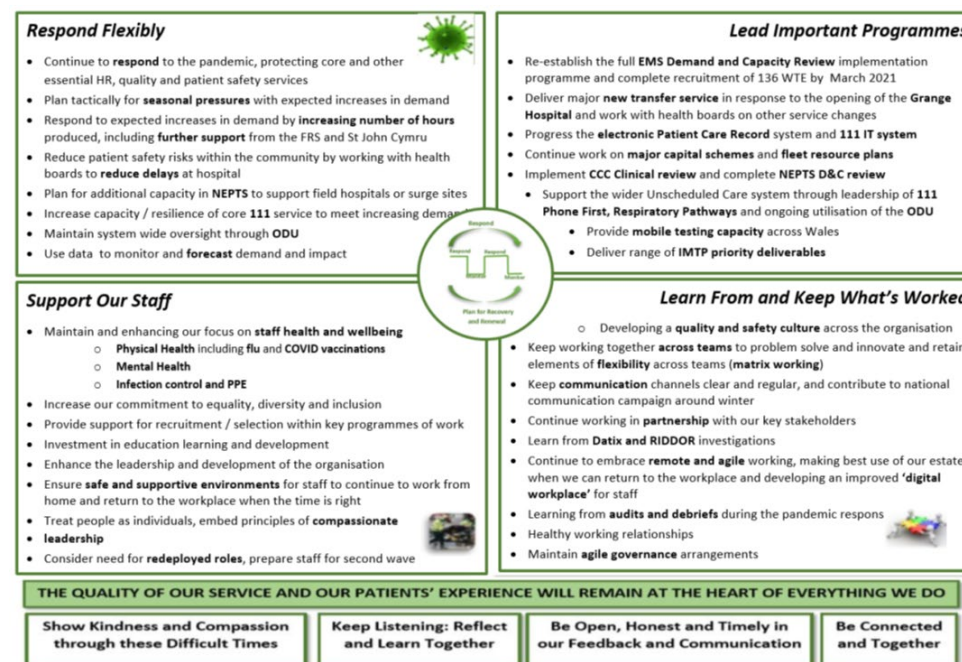
Additionally and importantly, early requests were made for support from a number of partner agencies, including fire and rescue services, St John Ambulance Cymru and colleagues from the military, secured via a "military aid to the civil authorities" (MACA) request.

Support was also sought to secure additional non-emergency patient transport capacity, potentially required to service health board field hospitals and other surge sites, the latter being a source of early

concern in terms of the organisation's capacity to respond and support, particularly given the potentially very high patient numbers mooted at that time.

These requests were made based on an early decision to secure as much skilled additional capacity as possible, recognising that the scale of the challenge was both unprecedented and unquantifiable, and that any delay in so doing could subsequently result in such resources being unavailable. The contribution of colleagues from these services, plus other support, will be detailed later in this document.

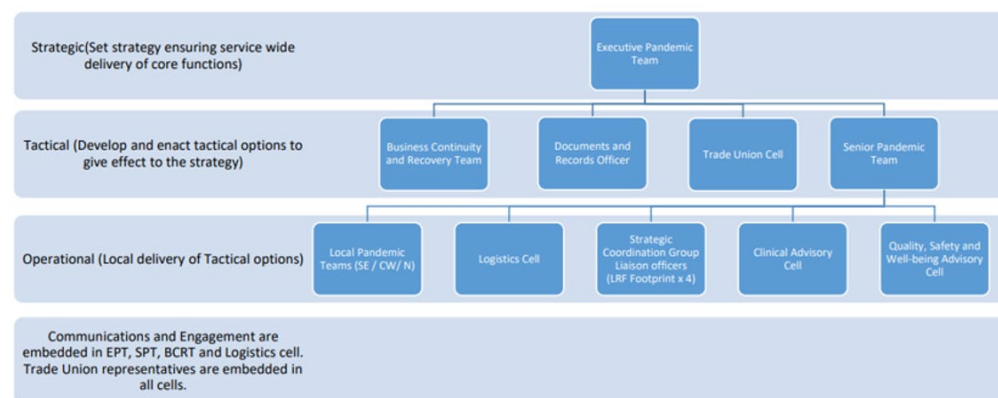
Figure 1: Trust's 2020/21 Operating Framework



The flexible response actions detailed in the diagram above were operationalised through a command, control and co-ordination (3C) structure led by twice-weekly meetings of the EPT and supported throughout by the Resilience Team. The pandemic decision-making structure adopted by the organisation is shown in the diagram below:

Figure 2: Pandemic structures

Response Structure



Organisational Response and Challenges

The response to the Covid-19 pandemic by the Welsh Ambulance Service, as with all organisations, has been riven with operational complexities.

The sections below focus on some key areas which have been central to the organisation's response to the challenges presented.

I. The Workforce

Welsh Ambulance Service employees have stepped up remarkably in the last year to meet the challenges of this pandemic.

From clinicians on the frontline, colleagues working in the 111 and 999 Clinical Contact Centres, through to colleagues working in support functions like estates, human resources, quality and safety, occupational health, IT, finance, planning, fleet, governance and communications, there has been no part of the organisation's business which has been unaffected.

One of the clearest indications of the workforce's commitment to adapting over the last year has been its willingness to work differently. There has been an acceptance by staff that the organisation's mode of leadership has had to necessarily be more directive, particularly in the early stages of mobilisation of the pandemic plan, and that role and functions have needed to alter to meet the pressures on the service.

This readiness to work differently spanned a number of areas, including modes of deployment, crewing of vehicles to optimise the use of available resources, redeployment into core services, particularly from corporate roles, and working remotely for those roles where this was feasible and effective. At the time of writing, much of these arrangements remain in place, although the majority of colleagues redeployed from their core roles have returned to their substantive jobs.

The Trust has supported home working for those staff able to do so and has provided all the required information technology to meet the Covid-19 Government legislative requirements. Homeworking is likely to continue for some time to come, with a hybrid model of office-based/home working likely to become the normal model for those in corporate roles who wish to work more flexibly, subject to consultation with employees and Trade Unions.



Such willingness is testament to the investment made over a number of years in leadership and management and in moving to a culture predicated on collaboration and compassion.

The fact that a more directive approach has been more evident during the last year is not a signal that this is a culture that the organisation wishes to see introduced, but rather a function of the need for clear and unambiguous lines of decision-making and accountability at a time of great uncertainty. Staff understood this, and responded appropriately.

During the last year, our communication with staff has been a significant focus, recognising the need both to share information in a timely way and also listen to their experiences. Following the first wave of the pandemic in the summer of 2020, an employee survey was conducted which allowed the organisation to hear more about how the first few months of the pandemic felt for staff, providing the organisation with valuable learning that informed later approaches.

Clearly, for many colleagues, the last year has been a worrying time and, sadly, the organisation has, at the time of writing, lost four staff members to Covid-19, with a number of others who have needed intensive care and continue to require support to recover. Indeed, the issue of “long Covid” is one which the Welsh Ambulance Service, together with other organisations, will need to address, both in terms of the impact on its workforce as well as society more generally.

In terms of how our staff numbers looked in 2020/21, there was an increase of more than 300 in the numbers employed, predominantly in our frontline staff, captured in the chart below as Additional Clinical Services and Allied Health Professionals.

The figures below 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.

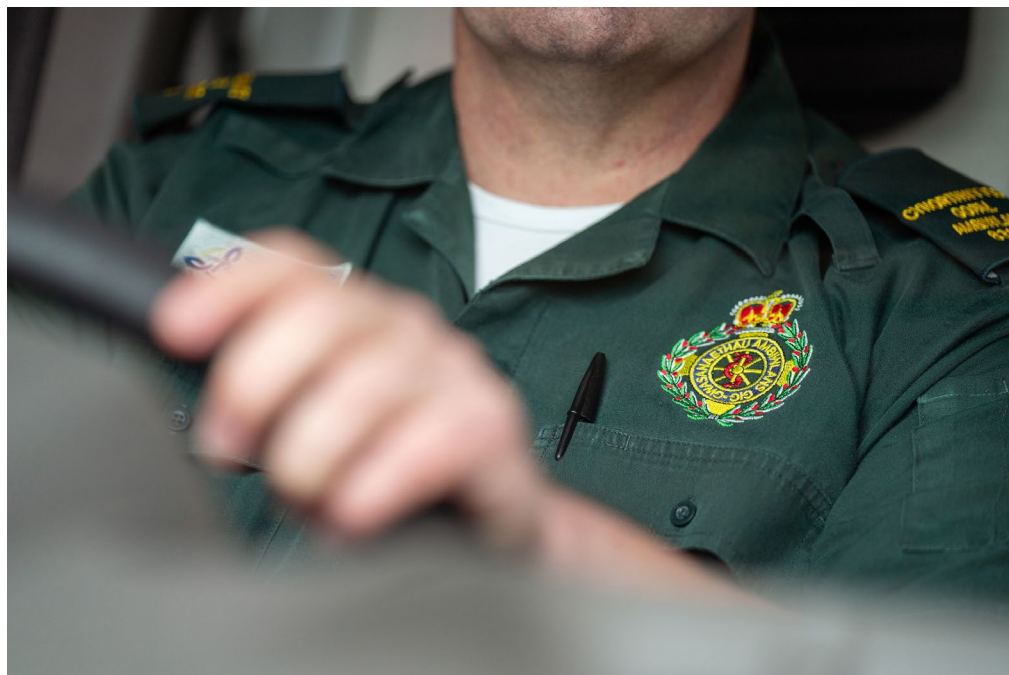
Figure 3: Staff numbers 2020/21 vs 2019/20 by staff group

Category	2020/21	2019/20
Additional Clinical Services	1,746	1,464
Additional Professional, Scientific & Technical	1	0
Administrative & Clerical	541	531
Allied Health Professionals	1,103	1,055
Estates & Ancillary	61	58
Medical & Dental	1	1
Nursing and Midwifery	169	165
Total	3,622	3,274

Also, detailed below is an analysis of the number of persons of each sex who are senior managers of the Trust (i.e. Non-Executive Directors, Executive Directors, Directors, Associate Director of Paramedicine, Board Secretary) as at 31 March 2021 (excludes secondees out of the Trust). This shows a greater gender divide than in previous years and compares to a Trust wide staff composition of 46% female, 54% male.

Gender	Headcount	%
Female	5	28
Male	13	72
Total	18	100

Figure 4: Staff composition



The organisation worked hard throughout the year to ensure employee access to regular testing and, once available, to the vaccination programme, which saw some 78% of frontline staff (patient facing and non-patient facing) having received a first and second dose of the vaccine as at 31 March 2021. In terms of sickness absence through 2020/21, the figures are as follows:

	2020/21	2019/20
Days lost (long term)	65,017.51	61,110.67
Days lost (short term)	31,864.22	23,734.84
Total days lost	96,881.73	84,845.51
Average working days lost	16.79	16.25
Total staff employed in period (headcount)	3,907	3,530
Total staff employed in period with no absence (headcount)	1,496	955
Percentage staff with no sick leave	36.61%	28.01%

Figure 5: Sickness absence data

Note 1: 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.

Note 2: "Total staff employed in period with no absence (headcount)" is purely sickness absence and does not include those isolating/shielding as a result of Covid-19.

We continued to support people to return to work following a period of absence and to ensure we were monitoring absence effectively. We implemented a number of actions in 2020/21 including:

- Recommendations from the short term sickness audit (completed in 2020) were actioned, such as amendments to the return to work form, and to the sickness audit paperwork.
- Quarterly checks of GRS and ESR data were undertaken to ensure consistency across both systems.
- Regular meetings continued to take place to manage sickness absence within the Trust in all regions across Wales.
- Regular case reviews were undertaken across the Emergency Medical Service to discuss complex sickness cases and alternative duties arrangements.
- Weekly drop in workshops for anxiety, trauma, wellbeing and mental health awareness have been held since the first wave of the Covid pandemic
- The Trust saw a rise in staff accessing the Employee Assistance Programme and wellbeing offers such as SilverCloud, and online Cognitive-Behavioural Therapy.
- Additional wellbeing support, including face-to-face sessions, was ongoing for staff in Clinical Contact Centres and 111/NHSDW to take time out during their shifts.

- Occupational Health and Wellbeing provided ad hoc support to managers and colleagues where colleagues had suffered the bereavement of a colleague.
- Occupational Health ran a series of webinars for managers to aid understanding of the impacts of Long Covid on the individual and work.
- Occupational Health continued to monitor DATIX for musculo-skeletal incidents to inform staff of the Trust's fast track physiotherapy service.
- The road to recovery support group met monthly with a range of invited speakers to offer support to staff who are currently unwell as a result of Long Covid.
- A monthly Menopause Café was held virtually to give information and offer a safe area of peer support to both women and men.



It is anticipated that the impact on staff wellbeing of working through a pandemic will be something with far reaching consequences and, as such, the Trust's lead clinical psychologist has worked closely with colleagues on a range of interventions to support managers and staff in the maintenance of psychological and physical health. These will remain in place for some time to come.

Between the two pandemic waves experienced in 2020/21, where there was greater equilibrium in the system, staff were encouraged to take rostered leave to ensure that they were taking time away from work to recharge and recuperate.

Clearly, the emotional and physical wellbeing of our staff is of the utmost importance and there will be important work for us to do in 2021/22 as we see the effects of this protracted period of the pandemic potentially take their toll. As an employer, we are committed to supporting our people and will continue to look at ways that this can be further improved.

II. Trade Union Relationships

Given this rapidly changing organisational landscape, it has been particularly important over the last 12 months to work closely with Trade Union partners and teams to understand their concerns and respond appropriately, as well as communicate clearly and regularly so that colleagues feel both able to be heard and well-informed.

Trade Union partners were closely involved in developing and implementing the organisation's approach to managing through the pandemic, with representation on a number of key groups, from their membership of the Board, which has continued to meet, albeit virtually, through to membership of various pandemic groups within our response and governance structures, including groups working on logistics (including PPE supply), health, safety and wellbeing and others.



In addition, lead Trade Union partners had regular group briefing sessions with the Chief Executive and Director of Workforce and Organisational Development, as well as membership of a dedicated group which brings together a wider Trade Union team with key director level colleagues.

Involvement in these groups allowed trade unions to share any concerns from their members or to seek clarity. This resulted either in clarification being provided promptly and/or the opportunity to work closely with management colleagues to arrive at appropriate solutions. It has also provided the opportunity to discuss and reach consensus on more challenging matters, for example, on the guidance on use and supply of personal protective equipment, something which will be referred to in greater detail later in this document.

Given the renewed strength of Trade Union and management relationships, it is important that this momentum is maintained as we move forward in 2021/22, using our shared experience to further consolidate partnership arrangements and these discussions are already taking place.

You can read more about our workforce in our [Annual Accountability Report](#) and in our [Performance Report](#).

III. Managing Demand and Securing Resources

Consideration was given early in the pandemic planning process to the additional resources required to meet potential demand.

In addition to the redeployment of existing staff from non-core services into areas such as 111 call taking (an area where there was significant early demand), clinical advisory roles and support to the operational pandemic infrastructure, a tiered approach to supply of additional external capacity was adopted.



This approach included:

- Securing support from the current cohort of student paramedics from Swansea University
- Open advertisement to the general public – a call to arms – for temporary workers and volunteers to support key areas. This included “retire and returners” wishing to return to paid and unpaid work
- The deployment of staff from other NHS bodies
- The deployment of staff from wider public/private sector partners e.g. fire and rescue service personnel, probation services and local authorities (for NEPTS and volunteer care driver services), private transport providers (for NEPTS services) and military personnel
- Contacts made with businesses and organisations facing closure and/or placing staff on furlough (noting that individuals must have permission of their employer to work for another whilst on furlough)

Demand throughout the pandemic was markedly different between the first and second waves, something which will bear greater scrutiny as we reflect and learn from the pandemic over the coming months and years.

Managing our messaging to the public, working closely with Welsh Government and NHS Wales, was critical in ensuring people understood appropriate usage, how to protect themselves and others, including our staff, and how to access services differently, for example using the rapidly developed coronavirus symptom checker on the NHS 111 Wales website rather than making a phone call to 111 in the first instance.

IV. Maintaining Resource Levels

In the early stages of the pandemic at the tail end of 2019/20, and despite unstinting support from volunteers, recognising the likely impact of higher levels of absence among established staff, a decision was made to issue a “call to arms” at the end of March 2020. The call was made for both volunteers and paid for staff (notably clinical staff) via social media and using a fast track application process, to help strengthen organisational resilience. This resulted in in excess of 1,500 applications within 24 hours, with a further appeal for clinical staff.

As a result, additional clinicians, both frontline and based within 111 and Clinical Contact Centres, were recruited, as well as additional staff supporting a range of functions, including 111 and 999 call handling.

Together with some 60 military colleagues secured via the MACA, which was operational during the two pandemic waves so far experienced, and with additional frontline support available from fire and rescue services (deployed during the second wave), the Welsh Ambulance Service had resilient levels of staffing across its services throughout 2020/21, despite a staff absence rate at times of some 12% at the peak. This stabilised to approximately 6% by the end of March 2021.

In terms of resourcing, a decision was also taken to incentivise staff to cover key shifts during April and May to ensure adequate cover. This was broadly an extension of those schemes used over the 2019/20 winter period to ensure adequate staffing at peak times.

In addition, a decision was made to financially compensate for a temporary period those Band 8 managers who had worked well in excess of what could reasonably be expected of them. This was in line with a national agreement on this matter, with a local arrangement agreed by the Remuneration Committee of the Trust Board.

Importantly, throughout the pandemic period, the Trust has been



acutely aware of the physical and psychological impact on staff of such radical changes to their roles and the level of risk which colleagues have routinely encountered.

As well as the actions outlined earlier in this report, a Health, Safety and Wellbeing Cell was established which advises on mitigating actions that the Trust can take to safeguard the wellbeing of its staff, including those working remotely. This includes Trade Union partner representation.

V. Our Volunteers

Reference has been made earlier in this report to the organisation making an early decision to access additional resources. This extended also to volunteers and additional paid-for staff, in line with the majority of health organisations across the country.

While the Welsh Ambulance Service has a dedicated and skilled cohort of volunteers, both in the form of Community First Responders and Volunteer Car Service drivers, it became apparent that, given the risks of dealing with suspected or actual Covid-19 patients, it would be necessary to use existing volunteers in different ways.

With routine outpatient activity stepped down across health boards, Volunteer Car Service drivers were largely stood down, while it was necessary to adjust the incidents to which community first responders were tasked.

In general, and in the interests of their health and safety, volunteers were tasked appropriately and differently from normal. For example, CFRs were not knowingly sent to those cases likely to require an Aerosol Generating Procedure (AGP), notably CPR, meaning they would not be auto-allocated or sent to RED incidents. First Responders were also not dispatched to any incident where the call handling process identified any risk of Covid-19.

Similarly, first responders must have received training in the donning and doffing of Level 2 PPE before attending an incident and, therefore, must have had Level 2 PPE available before attending a patient. Once trained, first responders accessed PPE through their local pandemic team.

While it was recognised that using CFRs differently would potentially have a deleterious effect on RED performance, it was universally acknowledged that the health and safety of these volunteers was paramount and that their contribution could come in other ways, for example in supporting the “fit testing” of staff for PPE.

An important piece of work which was progressed through 2020/21 was the development of the Welsh Ambulance Service’s Volunteer Strategy. The strategy sets out how the organisation will support, develop and harness the skills and enthusiasm of its volunteers and the immensely important contribution they make to their communities across Wales. The strategy is due to be launched in 2021/22.



VI. Personal Protective Equipment

There was much in the media, particularly in the early stages of the pandemic, in relation to perceived deficiencies in the supply of Personal Protective Equipment (PPE) to health and social care staff.

As a result of early planning, the Trust identified the need to bolster its stocks of PPE, for example ordering several hundred Versaflo respirator hoods in January 2020. Unfortunately, this order was not wholly fulfilled, as manufacturers struggled to keep pace with global demand and some supplies were diverted to other markets.

This planning notwithstanding, the supply of PPE in the early days of the pandemic was, at times, challenging. Significant amounts of leadership and managerial time were expended working with supply chain partners, driven by the organisation's pandemic Logistics Cell, to source adequate supplies of PPE.

The supply and use of PPE was undoubtedly the single biggest concern of staff on the frontline during the first wave and a matter raised consistently by Trade Union partners. This is unsurprising given the circumstances and the high level of deaths among health and social care workers as a result of contracting Covid-19, including within the organisation.

The Trust's approach to the use of PPE has been pragmatic, based both on compliance with national guidance but also on listening to, and acting on, the concerns of staff.

While the Welsh Ambulance Service accepted and adopted national guidance in relation to the use of PPE, it also gave staff the latitude to supplement the prescribed levels of PPE, particularly at Level 2, where a dynamic clinical risk assessment of the situation indicated that this was warranted.



It is of note that, for the first few months of the pandemic, information and guidance changed from central bodies (Public Health England/ Public Health Wales) as Covid-19 became better understood and the prevalence of the disease within the community altered.

Training and communication were key, including supporting staff with training on the use of PPE and being clear about the levels required in differing clinical scenarios.

Fit testing, a process of assessment of a staff member in the use of a filtered face piece (FFP3) mask, was of equal importance, as it was critical that staff achieved a "fit" in each type of mask provided, to ensure their safe use in the operational setting.

PPE was the subject of extensive communication across the Trust, while a risk assessment process was established to risk assess donations and products which had been procured outside the NHS Wales Shared Services Partnership or regular supply chain routes.



The sourcing and supply of PPE were driven through the organisation's Logistics Cell, which features broad organisational representation, including from Trade Union partners.

The PPE supply chain stabilised throughout the first six months of the pandemic, allowing the focus to shift to future resilience, with the learning from the first wave standing us in good stead for the second wave from October onwards.

Similarly, the Trust responded to staff concerns about social distancing in areas of the organisation where, of necessity, people work in close proximity, for example clinical contact and 111 centres.

Measures were taken to safeguard the well-being of staff, including the erection of Perspex screens in some centres where additional spacing was not possible, and the development of additional physical call handling space.

Steps were taken at a local level to manage social distancing within ambulance stations and shared premises, for example those shared with other emergency service colleagues.

Military colleagues were also engaged in extending the organisation's capacity at its "make ready" facilities to ensure ambulances requiring deep cleaning were returned to service promptly, with additional facilities being established at a number of locations, including hospital sites.

Many of the issues addressed during the first year of the pandemic will now result in changes to the way the organisation is organised and managed moving forward.



VII. Testing and Vaccination

Access to testing for Welsh Ambulance Service staff who displayed symptoms of Covid-19 was initially variable across Wales, although this settled and became much more streamlined.

Early teething troubles were to be expected given the need to establish structures and mechanisms at scale and pace, giving rise to an initial level of employee and organisational frustration with referral processes, speed of access and processes for receiving results.

These systems became much smoother as the months progressed, with staff also having access to rapid lateral flow tests on a regular basis to ensure asymptomatic transmission was minimised.

Similarly, the very early stages of the vaccination process for staff resulted in some disparities across Wales in terms of access, but again, this settled, with some 78% of frontline staff having been received both doses of vaccine by 31 March 2020.



VIII. Demand and Performance

One of the major learning points throughout the first year of the pandemic was in relation to patterns of demand.

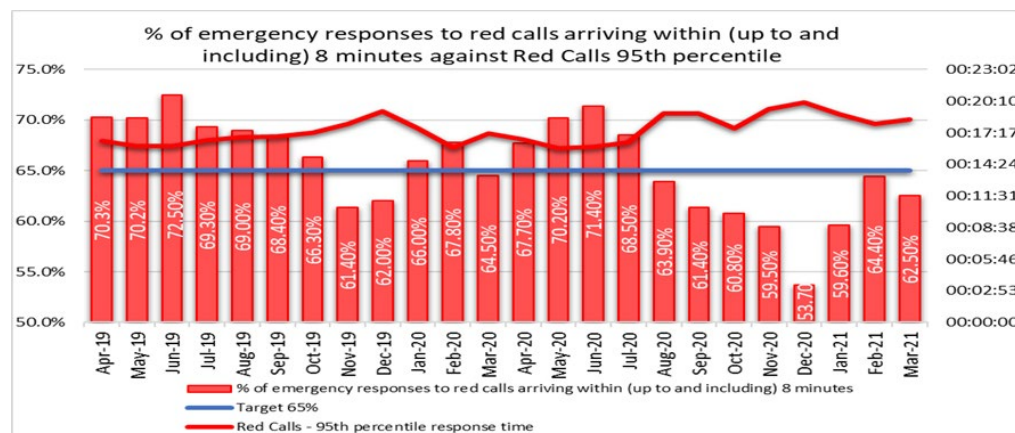
During the first wave of the pandemic, traditional demand, particularly in the AMBER category of calls, fell away significantly, while RED demand remained fairly static. Similarly demand from healthcare practitioners significantly reduced.

While some of this was to be expected given changes in behaviour as a result of lockdown, for example fewer RTCs, there were some anomalies which bear further scrutiny over time, for example fewer falls, many of which have traditionally been within a residential setting. This is something that doubtless will be the subject of future research and analysis.

However, during the second wave of the pandemic, traditional demand remained at a high level, placing significant strain on services. This may have been because the second wave occurred over the traditionally busy winter period, when demand routinely peaks. In addition, and given new, more transmissible strains of the virus, the Covid impact on demand was also far more acute, leading to particularly long waits for AMBER patients in the community and long delays in handing over patients at hospitals.

The headline patient metric for the Trust is RED A&E performance. This is the percentage of RED – immediately life threatening – incidents responded to within eight minutes. The Trust was only able to maintain RED 8 minute performance above the 65% Welsh Government target for four months in 2020/21. Since August 2020, the Trust's RED performance has fallen below the 65% target.

Figure 6: Red performance April 2019 – March 2021



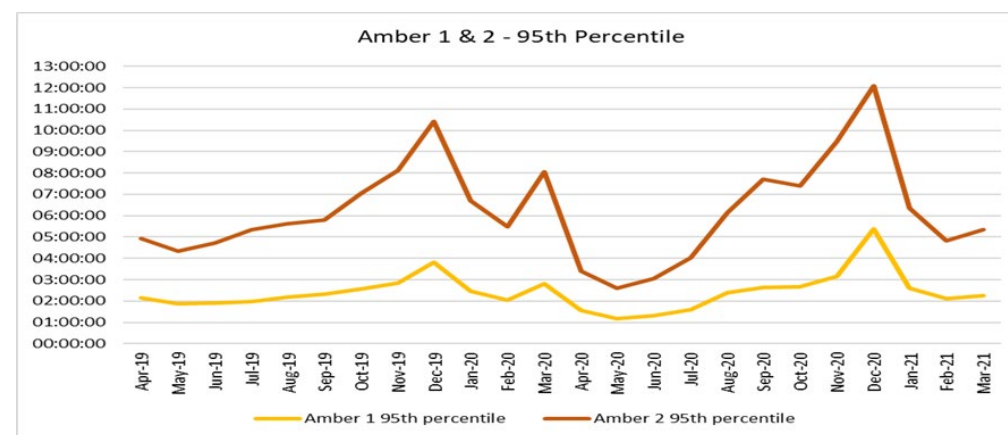
Clearly, this level of performance is of concern. A detailed analysis of the reasons for our performance levels was undertaken during the year and further analysis is currently taking place. Many factors affect RED performance, but key ones include high RED demand, the decision to prioritise emergency ambulances over RRVs as part of the pandemic response, the donning of PPE, an identified need to recruit more response staff, the initial standing down of CFRs on health and safety grounds and lost hours caused by delays at hospitals, as well as what are referred to as post production lost hours.

In terms of planning for worse case scenarios, the Trust also needed to explore and confirm extensions to its demand management plans where, at high demand trigger points, decisions would need to be made about invoking a “no send” policy for the lowest acuity calls.

In order to optimise crewing and response levels, there was an initial shift in deployment to reduce focus on single crewed rapid response vehicles in favour of full emergency ambulance response. With the advent of additional staffing, particularly military colleagues, there was a move towards double crewed RRVs, with army personnel at one point providing up to 50% of second operative cover on RRV shifts at points in the year.

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

Figure 7: Amber performance: April 2019 – March 2021



Work will continue in 2021/22 to address the issues underpinning lower levels of performance as the need to improve delivery in these core areas is acknowledged and supported with detailed plans, involving the wider NHS Wales system as well as the organisation itself.

Within NEPTS, the service had to make or respond to several changes to its normal methods of service delivery, including limits on the numbers of patients per vehicle, vehicle screens between the cab and saloon of the vehicle, separating suspected and confirmed Covid-19 patients to travel alone, and new booking, planning and allocation processes.

Similarly, additional capacity was secured to support NEPTS, primarily

as a response to the surge capacity/field hospitals being developed by health boards. It was necessary to make an early judgement about the potential for extensive demand on the NEPTS service should transfers between facilities have become significant and an early decision was made to secure additional support from a range of partners. In the event, that demand did not materialise in any meaningful way.

This notwithstanding, NEPTS performed well throughout 2020/21, with core patients arriving within 30 minutes of their appointment 68% of the time (target 70%) and renal patients arriving within 30 minutes prior to their appointment (achieved 70% target in 10 of the 12 months).

However, oncology patient arrival times remain an area of concern (54%). NEPTS also completed the NEPTS Demand and Capacity Review, a strategic review, which is a key enabler in setting the strategic direction for this service over the next decade. As the Trust moves into 2021/22 and the health care system “re-sets”, the Trust will use the findings from the review to build on the NEPTS Transformation Programme and also respond to changes in outpatient services within health boards as a result of the pandemic.

Demand on the 111 and 999 services has served as something of a barometer during the pandemic and has been monitored closely. Indeed, at the outset of the pandemic, the resilience of the service was an early worry, given the anticipated volume of calls from a worried public, coupled with the technical adjustments necessary to ensure the 111 number was available across Wales for all Covid-19 related calls.

It is important to note that a significant amount of effort was invested in ensuring that the digital and telecommunication aspects of the 111 service were strengthened early in the pandemic. There was also further investment in call handling capacity in a bid to optimise the pan-Wales resilience of the service under the most extreme of pressure, something which was largely achieved notwithstanding some longer than desired waits for callers during the peak of the pandemic.



Demand in terms of NHS Direct Wales and 111 calls peaked sharply during the first and second waves of the pandemic, with additional pressure seen on the online symptom checker. The latter has been subject to various updates during the course of the pandemic as the case definition has changed, often resulting in a spike in activity at each iteration of the case definition.

Continuing to track this demand in particular enabled the Trust to spot early signals of changing demand in the wider system and allow it to flex capacity appropriately.

In terms of pandemic related demand, the pandemic protocol for 999 call handling (known as Card 36) was deployed, in concert with other UK ambulance services, on 02 April 2020. Protocol 36, which supplements others within the Medical Priority Dispatch System (MPDS), is designed specifically for pandemic management.

There is full detail about the Welsh Ambulance Service's performance during 2020/21 in our [Annual Performance Report](#).



IX. Clinical Matters

During the year, a Clinical Advisory Cell (CAC) was established to provide advice to the Tactical Pandemic Team (TPT) and the Executive Pandemic Team (EPT). It was jointly chaired by the Executive Director for Quality and Nursing and the Medical Director.

The CAC provided senior clinical advice to the Trust for all clinical matters relating to the Covid-19 pandemic. The CAC objectives were:

- to review and consider national guidance on clinical matters relating to Covid-19 pandemic
- to provide a position on clinical matters relating to Covid-19 and
- to ensure that clinical sign off for specific Trust activities relating to Covid-19 is undertaken in a timely manner.

The CAC was essential during this period to ensure that there was due diligence when providing clinical advice and guidance. The CAC provided advice for all services provided by the Welsh Ambulance Service including:

- the 111 service including the symptom checkers
- NEPTS
- Occupational Health
- EMS

As Covid-19 is a new virus, guidance has changed frequently and, in the early phases, there were inconsistencies in advice from national bodies. This was particularly challenging with regard to cardiac compressions and whether these are considered to be an AGP.

Whilst Public Health England and NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group) advised that cardiac compressions were not an AGP, the Resuscitation Council of the United Kingdom (RCUK) stated that they were indeed an AGP.

The CAC was central to debating this, considering the evidence and the rationale for the organisation's guidance. This was important, as the

level of PPE used by our staff during a resuscitation was informed by whether cardiac compressions were an AGP or not.

It was concluded that, in the absence of a consensus of opinion, there was a duty to staff to err on the side of caution and provide guidance that the PPE required for an AGP is worn at all times during resuscitation, with this decision escalated to the Executive Pandemic Team and Trust Board.

In addition, a full risk assessment was undertaken, which was recorded on the organisation's corporate risk register. The Associate Director for Paramedicine established a group to address the challenges faced with timely response to patients requiring resuscitation versus the need to don PPE suitable for AGP and to ensure a long term solution to adequately protect the rescuer whilst optimising patient outcomes.

As the Trust moved into quarter two, the Trust continued to operate a 3C response structure to allow some of the substantive governance and delivery structures to be re-established and its recovery planning to further develop. By August 2020, the Trust entered a transition period to its Recovery Phase and the 3C response structures were scaled down. During this period, the Business Continuity and Recovery Team (BCRC) took over the tactical lead of the recovery structure and the Trust began to pick up more of the programmes of work set out in its Integrated Medium Term Plan (IMTP).

With Wales on the verge of a second wave of Covid-19 alongside the traditional seasonal challenges that present in quarters three and four, the Trust returned to a Response phase in quarter three. The Trust's Operational Plan for quarters three and four therefore focused on the key actions and programmes of work which would deliver safe, responsive and effective services, with quality and good patient and staff experience at the heart of everything the Trust did.

The second wave of Covid-19 was, to some extent, more challenging than the first. Whilst in wave one some of the "normal" activity across

urgent and emergency care subsided and saw in particular a reduction in delays at hospitals, the system continued to see normal seasonal pressures over winter, combined with a high impact of Covid-19 on hospitalisation, with an inevitable knock on impact on community response.

It was also agreed that the Trust would not stand down some of the key priorities across IMTP delivery and, in early December, the Executive Pandemic Team further reviewed the situation and determined that the Trust should move into a full response position and to Level 2 of Protocol 36.

Following a challenging second wave, the Trust moved back into "monitor" mode on 01 March 2021. The move back to Monitor mode allowed the Trust to develop its 2021-24 IMTP (incorporating its Annual Plan) for the next three years, setting out ambitious plans for recovery and modernisation over the next few years. You can read more about our [performance here](#) and our IMTP [here](#).



X. Infrastructure

One of the defining elements of the Trust's response to the Covid-19 emergency has been the pace and scale of change delivered across a range of functions to enable operational staff to deliver to the best of their ability in challenging circumstances.

Changes that would normally take months, or even years, to deliver have been rolled out in days and weeks, thanks to a Herculean effort from corporate support service staff.

By way of example, an empty floor at the organisation's Vantage Point House base in Cwmbran was transformed within 24 hours to a functioning and well-appointed Clinical Contact Centre, providing appropriately socially distanced surge capacity for call handlers and clinical staff.



Similarly, the organisation's approach to digital technology and connectivity moved on apace with the roll out of Microsoft Office 365, allowing teams to connect remotely and individuals to work remotely. The use of Skype, Zoom, Facebook Live and Microsoft Teams to allow individuals and teams to connect with the wider organisation and stakeholders, including patients, the public and the Board, was critical to maintaining a positive flow and exchange of information, ideas, concerns and feedback throughout 2020/21.

The NHSDW/111 Covid-19 symptom checker was developed in short order at the start of the pandemic and has achieved more than three million visits since its launch in March 2020. A chat bot facility was also deployed as a pilot to further enhance the digital experience for users and defray activity away from the 111 telephone lines.

The 111 telephone number was made available in all parts of Wales for Covid-19 related enquiries and the previous NHS Direct Wales website was refreshed to include 111 branding, with a revised URL of NHS 111 Wales

The facilitating of remote working by the provision of laptops, tablets and/or phones for those not previously equipped to work from home allowed many more staff to work effectively from home than would otherwise have been possible.

The capacity for remote and digital training provision was also greatly enhanced, with essential training of new recruits being undertaken partly via remote and digital learning.

What is important now is that the Trust capitalises on these developments and uses them to inform its thinking on a range of future plans, including future models of work, estates and digital connectivity, both for its workforce and in relation to engagement with patients and the wider public.



XI. Governance and Scrutiny

Throughout both its preparation and response to the Covid-19 pandemic, the Welsh Ambulance Service had a keen focus on maintaining a culture of good governance, predicated on Board assurance and scrutiny.

At the Trust Board meeting on 26 March 2020, it was confirmed that the Trust's Pandemic Plan had been triggered and that this plan would determine how the Trust would manage its response to the Covid-19 pandemic.

The plan called for the Trust to establish a cell structure which would ensure good governance and record keeping throughout the pandemic. The Board was also informed about where resources needed to be focussed and the consequential recruitment and redeployment of staff. The most recent pandemic structure is shown earlier in this document.

The Board also considered the consequential impact on Board and Committee business, as well as planned dates and timings of meetings. The Board recognised that meeting agendas needed to be more focussed in supporting the Trust through the pandemic but, at the same time, Board and Committees needed to continue to discharge their responsibilities of scrutiny and challenge.

The Board concluded that all Board and Committee dates should remain in place, with the exception of the April 2020 meeting of the People and Culture Committee, which would be deferred to a later date (early June). The Board also noted that the May meeting of the Audit Committee may need to be put back by one month, depending on confirmation from Welsh Government of the revised timetable for the annual accounts, which was subsequently received.

This assurance extended to financial governance, with the Board agreeing the governance processes which should be put in place, should there be occasions when urgent financial approval was needed on matters which exceeded the Executives' delegated financial limits.

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

The Finance Director continued to brief the chair of the Finance and Performance Committee on a regular basis in relation to the additional costs being incurred in responding to the pandemic, with those costs being captured from the outset in order that a full analysis could be undertaken at a later date.

The Board itself continued to meet on both a scheduled and extraordinary basis, to ensure that it remained sighted on, and scrutinised, Executive decision-making and was involved in those areas of strategic significance where Board authority was required to

proceed.

Technology proved an enabler in allowing the Board to meet remotely, including successful Boards (including the Annual General Meeting) held “in public” and this is a point of learning for the future in terms of public engagement.

The Trust’s Board Secretary assumed lead responsibility for records management, ensuring that all documentation was appropriately completed, stored and decisions recorded, both for the purposes of accuracy and future review.

As a commissioned service, the Trust also ensured that the Chief Ambulance Services Commissioner was briefed at regular intervals, with a weekly dialogue being maintained on quality, performance, governance and financial commitments, particularly the additional costs which the Trust has incurred as a direct result of its response to the pandemic.



The information governance team, together with the ICT team, ensured that the Trust continued to meet its requirements under General Data Protection Requirements (GDPR).

You can read more about the way we govern ourselves and our approach in 2020/21 in our [Annual Accountability Report](#).



XII. Relationships

An important element of the Welsh Ambulance Service's approach to managing through the pandemic has been its focus on working in partnership with the wider health and care system. As a service which is commissioned by the seven health boards in Wales, it has been important to ensure that the organisation has worked in step with other organisations, sharing experience and supporting wider system developments.

While the Trust's important relationships with its staff and Trade Union partners have already been referenced, there has been extensive engagement with health boards, particularly in relation to service changes and the planning and delivery of surge capacity, for example, field hospitals.

Peer group engagement has been important for the sharing of information and experience, as well as the resolution of shared challenges. The Chair, Chief Executive and Directors are all actively engaged in peer groups at a Wales and UK ambulance service level through the Association of Ambulance Chief Executives (AACE), all of which have met on a very regular basis through this challenging period.

Of particular note has been the interface with Welsh Government colleagues. The Trust's Chair welcomed the close working relationship engendered by the then Minister and Director General, with the latter's consultative approach having been particularly appreciated, allowing for all to have the opportunity to contribute.

In addition, the issuing of Welsh Government guidance on matters ranging from ethical issues to financial decision-making and governance was welcomed.



XIII. Communication and Engagement

Clear and systematised communication and engagement with staff and stakeholders has been one of the key tenets of the Welsh Ambulance Service's pandemic approach.

A decision was taken very early to stand down a specific Communication Cell within the organisation's pandemic structures and, instead, focus on embedding Communication Team members in key groups, including the Tactical Planning Team, the Incident Co-ordination Centre and the Executive Pandemic Team among others. This proved an effective strategy.

At the core of the Trust's approach to employee communication and engagement has been regular, relevant and effective communication that provided opportunities to hear from staff, as well the ability to convey information.



Almost from the outset, it was recognised that the volume of information staff needed to receive was extensive and potentially bewildering, at a time when the situation was evolving rapidly.

As a result, it was initially agreed that a daily bulletin to all staff, circulated at the same time daily via an all-staff email, the Intranet and the Trust's staff-only Facebook page, was the easiest way to convey timely information to colleagues.

This was coupled with the creation of a dedicated Covid-19 Intranet page and the establishment of initially weekly, and latterly fortnightly, WAST Live webcasts for staff, allowing the Chief Executive and wider Executive Team to connect with staff in real time and providing a platform for staff to ask questions and seek clarification on a range of issues. These have been hosted via both Zoom and Facebook Live, where events are available as a video for staff to watch back if they are not able to dial in.

The Welsh Ambulance Service harnessed social and mainstream media to support messaging to the public, with the use of video being a key tool for effective conveying of messages, many of which have been used by broadcasters or triggered media interest.

The same platforms were used to convey messages to staff, #ReachForTheRazor being a particularly effective example of a campaign early in the pandemic, focused on encouraging male members of staff to be clean shaven to help with meeting fit testing requirements for PPE, undertaken almost exclusively via social media and video.

Communication with stakeholders has included personal briefings using digital solutions, with a focus on the issuing of an initially weekly (and now monthly) Stakeholder Briefing to all Members of the Senedd and Members of Parliament in Wales, as well as a range of other stakeholders, including health boards and Community Health Councils.

Support was also given to Public Health Wales, in particular in the development of resources for those with specific needs, for example easy read versions of Covid-19 related public information.

Our Patient Engagement and Public Involvement Team (PECI) has harnessed digital communication to retain links and feedback from a wide variety of patient groups, which has been well received and which represents an opportunity for further developments in the future.

As part of the debrief and learning from the first phase of the pandemic, both staff and the public were surveyed on their observations as to what has gone well and less well, the findings of which informed future approaches.

XIV. Quality

Maintaining and improving the quality of our services is at the heart of the Welsh Ambulance Service and its ethos. 2020/21 presented unique challenges in ensuring that our services were safe, high quality and delivering the appropriate level of care to patients in a timely way.

The Executive Team, Quality, Safety and Patient Experience (QUEST) Committee and Board all kept quality matters under close scrutiny throughout the year and the Board and QUEST continued to receive patient and staff stories to understand fully the experience of those who use and deliver our services.

While for 2020/21, there has been no requirement to prepare a separate Annual Quality Statement (to which this report previously linked for details of quality governance assurance), regular reporting of quality governance has continued to the Trust's Quality, Patient Experience and Safety Committee (QUEST) throughout the year, providing insight and assurance on improving patient experience and outcomes. During 2020/21 we have ensured continued compliance with the Health and Care Standards and with the core quality requirements of the Commissioning Framework.

Serious adverse incidents and concerns often serve as a barometer of the quality of our service. There were 56 patient serious adverse incidents (SAIs) in 2020/21, compared with 42 in 2019/20. Most, but not all of these SAIs related to the Trust's 999 service.

The Trust also referred 72 patient Serious Case Incident Forum (SCIFs) to health boards under what are referred to as the "Appendix B" arrangements. These are patient safety incidents for the Trust where the primary cause (and responsibility) is a health board issue, for example, ambulance lost hours at hospitals leading to delayed responses of ambulances.

In terms of the 75% target for responding to patient concerns within 30 days, this was achieved in seven of the 12 months in 2020/21. There were 725 concerns received in 2020/21 compared to 1,575 in 2019/20. Twenty nine cases were referred to the Public Service Ombudsman Wales (PSOW), of which four remain currently open with one under investigation. The remaining three cases are where the Trust has



agreed to undertake “early resolution” and is monitoring the agreed actions. The majority of the issues raised with the PSOW relate to timeliness of ambulance response. Fifty two per cent of all formal concerns received by the Trust related to timeliness.

There were 2,600 patient safety incidents, near misses and hazards in 2020/21, compared to 2,079 in 2019/20. The Trust actively encourages the reporting of all incidents no matter how small. This allows the Trust to understand what the issues are and what measures are required to prevent recurrence.

A Quality Governance Special Report was produced for the QUEST Committee in May 2020 that gave a particular focus on the range of transformational activity that had taken place across the Trust since the start of the Covid-19 pandemic.

Quarterly reporting to the QUEST Committee has been aligned to the Trust’s Quality Strategy and the Quality Governance Bill from Welsh Government. All quality governance reports are available to view on the [Trust’s website](#).

You can read more about quality matters in our [Performance Report](#) and [Annual Accountability Report](#).

XV. Partnerships

The importance of having strong and effective partnerships has never been so keenly evidenced than through the pandemic year of 2021/21.

Throughout the year, the Welsh Ambulance Service worked closely with a range of partners and stakeholders, some of them well-established, but some more recent, to ensure that the service could continue to maintain its services to patients while maintaining the safety of its people, as the country remained in the grip of Covid-19.

From consolidating its relationships with partners across the wider



NHS Wales system, to working closely with military and fire and rescue service colleagues to support frontline planning and delivery of services; from working with partners in UK government on the running of mobile testing units to working closely with our partners like St John in the third sector, partnerships and strong relationships have been at the heart of our pandemic world.

In an unprecedented emergency such as that posed by Covid-19, it would be simply unsustainable to work unilaterally. So much of what was achieved during the extraordinary year of 2020/21 was down to brilliant people, across so many different organisations, coming together to do brilliant and innovative things when the situation could not have been more serious – a real testament to the power of people and partnerships to move mountains.

And while we continued to make a full contribution as members of statutory bodies like Regional Partnership Boards, the real power of partnership has been seen in so many of our people, working with our Trade Unions, coming together across our organisation to work much

more laterally to create innovative solutions.

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

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

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



XVI. Monitoring and Recovery

Between the first and second waves of the pandemic, the Trust began the process of planning how to begin to restart some elements of its work which were paused during the first wave. This involved the Executive Team, Assistant Director Leadership Team and Board, working together to prioritise those areas where work needed to resume.

Given the inordinate pressures of the second wave, this exercise will be revisited in 2021/22, as there has been further learning and reprioritisation.

As mentioned previously in this document, recruitment in line with the 2019/20 demand and capacity review, which was supported by commissioners, continued, to give the organisation the best possible chance of recovery, recognising that staff absence was a real risk throughout the year as the sustained impact of the pandemic began to bite. Similarly, it is likely that there will be further absence in 2021/22 as the impact of what staff have endured through the pandemic starts to surface, notwithstanding the huge amount of focus that has been placed on employee well-being and support.

Similarly, the impact of so-called “long-Covid” is likely to be something with which the organisation, and its workforce, will have to contend for some time.

The Welsh Ambulance Service has ambitious plans for the future, many of which have been expedited as a result of the pandemic. In 2020/21, the organisation launched its first Digital Strategy, an area where particular progress was made during the year and which was central to keeping our services running and our people connected at an exceptionally difficult time.

The Year Ahead: Challenges and Opportunities

The Welsh Ambulance Service's response to the Covid-19 pandemic is not yet at its conclusion. In many respects, it is just the start. However, despite the challenges and tragedy, it has demonstrated that the service is one that can be agile and responsive, can drive fundamental change at pace and scale, and has a workforce and leadership team whose ultimate concern is the continued delivery of the best possible care to the people of Wales.

As the situation unfolds and a new normality begins to take effect, the Trust will remain vigilant while aiming to harness the positives which have emerged from this unprecedented period to deliver a stronger and more future focused organisation.



With an [IMTP](#) that brings to life our Delivering Excellence [long-term plan](#), the pandemic has helped us focus on those things that make the most difference to our people, our patients and the communities of Wales, and we are committed to pushing forward with these plans through the course of 2021/22.

While none of us knows what is ahead of us, what is clear is that our service, our people and our communities will be changed by our pandemic experiences and that we need to harness opportunities to move forward with fundamental improvements, working with partners across the NHS and beyond, to ensure we can make the optimal positive difference for the people of Wales.

This will inevitably mean working more closely as a leader across the NHS Wales system, something which the Welsh Ambulance Service is well-placed to do, with its Operational Delivery Unit already having played an important role in linking partners across Wales to manage patient flow throughout the pandemic, and with much more to offer patients and health boards by using the skills and abilities of our people to optimum effect.

Company Directorships

The following declarations of interest with regards to company directorships and other significant interests were submitted in 2020/21. 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	None
Emrys Davies *	Non-Executive Director	Director and Chair, NRML (Newport Road Maintenance Ltd). Retired Member of Unite.
Kevin Davies *	Non-Executive Director	St John Volunteer COVID 19 Vaccination Programme (CTMUHB and C&VUHB). Trustee St John Ambulance Cymru. Patron Motivation and Learning Trust. Chair ABF the Soldiers Charity (Glamorgan). Member RCN.
Bethan Evans *	Non-Executive Director	Managing Director (Employed) at My Choice Healthcare Ltd. Non-Executive Board Member at RHA (Social Housing Association). Company Director Moorlands Rehabilitation (Staffordshire) Ltd. Company Director My Choice Healthcare South Wales Limited. Company Director Homes of Excellence Healthcare Limited. Company Director Springfield (Bargoed) Limited.
Pamela Hall *	Non-Executive Director (left the Trust 31/12/20)	None
Paul Hollard *	Non-Executive Director	Independent consultant providing occasional services to NHS Wales organisations and Welsh Government.
Joga Singh *	Non-Executive Director	Geldards LLP, paid employment. Sikh Council of Wales, voluntary role. Member of the Law Society and Employment Lawyers Association.
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.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing	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	Partner employed by Welsh Ambulance Services NHS Trust.
Andy Haywood	Director of Digital	None
Estelle Hitchon	Director of Partnerships and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Andy Swinburn	Associate Director of Paramedicine	Consultancy work as an Advisor to the College of Paramedics.
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 2020/21 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 revenue 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 2021/22.

Financial Performance Against Statutory Financial Duties for the Year Ended 31 March 2021

In 2020/21, the Trust achieved all of its financial targets as follows:

	Actual 2020/21	
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 2020/21 financial year, the Welsh Ambulance Services NHS Trust reported a small revenue surplus of £0.070m 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 2018/19 to 2020/21 as shown below:

Annual financial performance				2018-19 to 2020-21
	2018-19 £000	2019-20 £000	2020-21 £000	Financial duty £000
Retained surplus	57	45	70	172
Less Donated asset / grant funded revenue adjustment	0	0	0	0
Adjusted surplus/ (Deficit)	<u>57</u>	<u>45</u>	<u>70</u>	<u>172</u>

During the 2020/21 financial year, the Trust expended Capital Investment funds of £16.211m in new property, plant, equipment and ICT, utilising 100% of the Trust's Welsh Government set Capital Resource Limit, without exceeding it. In addition a further £0.116m, being the netbook value of assets disposed of, was also invested, resulting in the total investment of £16.327m.

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 2020/21 Year

In respect of the Trust's total income, £241.8m was received in year (compared to £211.3m 2019/20), an increase of £30.5m.

Total revenue expenditure increased by £30.2m (14.22%) in absolute terms (2020/21 £241.8m, 2019/20 £211.6m).

During the year there was a nationally agreed pay award, and all staff received this including Very Senior Managers 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 39 are shown in this format in accordance with International Accounting Standards (IAS) 1.

Statement of Comprehensive Income (SOCl) for the Year Ended 31 March 2021

Revenue from Patient Care Activities and Other Operating Income

- The Trust received £232.8m of revenue income from patient care activities during the year. This is an increase of £32.8m from the 2019/20 quoted figure.
- £9.0m was received in respect of other operating income, a decrease of £2.3m from 2019/20.
- Total funding was £241.8m, an increase of £30.5m (14.40%) from 2019/20.

The main changes in funding were as follows:

	£ million
Increase in funding from the EASC main contract for EMS services, including for agreed developments £6.6m (including initial implementation of a recently agreed Demand & Capacity Review), additional funding for pay award 18/19 and 19/20 £4.9m (previously funded direct by WG) and part year funding for the Grange University Hospital discharge and transfer service £2.1m.	13.6
Increase in funding direct from WG, predominantly relating to unavoidable costs incurred as a result of the Covid-19 Pandemic.	12.6
Additional health board income received due to increase of costs for the 111 service of £1.5m, and other contract areas including NEPTS, discharges and winter pressures £2.9m.	4.4
Mobile Testing Unit income (direct from Department of Health) of £2.3m.	2.3
Receipt of NWSSP PPE goods and test re Covid-19.	1.9
Reduction in funding for depreciation £1.1m and impairments £0.4m.	-1.5
Reduction in CPD refresher training as a result of Covid-19 Pandemic.	-0.4
Decrease in funding from Welsh Government relating to the ring-fenced area of PIBS (permanent Injury Benefit Scheme) £2.4	-2.4
Total	30.5

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 £24.1m compared to the previous year. Main changes include £5.2m due to developments for major trauma network, mental health desk, Clinical Contact First, 111 and clinical desk nursing staff, £4.9m for additional direct costs due to the COVID-19 pandemic, (including £1.5m relating to increases in untaken annual leave at the year-end), costs funded from commissioners in relation to the implementation of the EMS Demand and Capacity review £3.0m. The costs also include £3.0m in relation to the 2020/21 pay award with a further £3.6m accrued at the year-end in relation to the Welsh Government announced "COVID-19 bonus payment" for all eligible NHS staff, £1.7m re Mobile Testing Units and £1.2m re The Grange University Hospital staffing elements.
- An increase in Supplies and Services - Clinical £3.6m due to COVID-19 supplies of masks, gloves, and aprons, this includes £1.9m of PPE.
- An increase of £3.5m in 'Purchase of Healthcare from non-NHS bodies' relating to the costs of COVID-19 related Urgent Care Support vehicles via St John Ambulance Cymru and private suppliers, and a full year of NEPTS transferring from Heath Boards.
- An increase of £2.1m in Supplies and Services - General, relating to additional PPE for COVID-19 and an increase in uniforms and supplies for supporting staff from the military and Fire and Rescue Services together with additional other operational staff taken on in year.
- An increase of £1.1m in Premises costs, due to expansion of estate in response to the COVID-19 pandemic and the need to acquire

additional space, together with the rollout costs of 111 and CAS licences.

- An increase in Other Operating Expenses £0.6m due to the Airwave contract extension costs together with recharge costs for ESMCP rollout and NEPTS Renal reimbursement scheme.

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 £2.4m decrease in Losses, special payments and irrecoverable debts predominantly due to a reduction in costs relating to the Personal Injury Benefit Scheme (PIBS) of £2.5m.
- A decrease in Depreciation of £1.0m due to a lower base value of tangible assets.
- A decrease in Transport of £1.0m due to a reduction of fuel spend as a result of free fuel provided together with a reduced activity in NEPTS and Ambulance car services during the pandemic.
- A decrease of £0.4m in identified impairments during the year.

Investment Revenue

Investment revenue has decreased as a result of the reduction in interest rates throughout the course of the year. Interest on deposits amounted to £0.005m in 2020/21 compared to £0.117m in 2019/20.

Other Gains and Losses

The Trust disposed of just one building during the year, resulting in a gain of £0.116m. In addition a small number of vehicles and equipment were sold during 2020/21, although more than usual were retained as further operational contingencies through the pandemic. The overall sales resulted in a profit of £0.175m compared to £0.296m in 2019/20.

Finance Costs

Finance costs have decreased during the year to £0.019m, a decrease of £0.066m compared to the previous year. In respect of the overall decrease, £0.070m relates to a decrease on the unwinding provision of discount on PIBS and an increase of £0.004m on the interest relating to the Airwave contract partially treated as a finance lease under IFRS.

The result of all the above is that the Trust had a retained surplus of £0.070m for the financial year 2020/21. In 2019/20 the Trust reported a retained surplus of £0.045m.

Statement of Financial Position as at 31 March 2021

Non-Current Assets

The net value of the Trust's non-current Assets decreased by £0.049m from 2019/20 to 2020/21.

A total of £16.3m 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 £16.3m included a total of £7.0m* spent on vehicles, £4.2m* on information technology and intangibles and £0.038m 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 £7.3m compared to 2019/20. This largely relates to a Welsh Government accrual of £3.6m for the "COVID-19 staff bonus", £2.2m increase in the Welsh Risk Pool

debtor (which is reflective of a lower provisions balance at 2019/20) together with a £1.4m increase in monies owed by EASC at year end which will be paid to WAST early in 2020/21.

Positive cash balances were maintained by the Trust throughout 2020/21. As part of the Trust's financial plans, cash flow for 2021/22 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 £0.045m. This is reflected within the increased balance of £76.4m.

The revaluation reserve decreased by £0.299m during the year; this was the net result of a reduction due to in-year impairments of £0.643m and a transfer of £0.178m to retained earnings with an increase due to the application of indexation to land and buildings of £0.522m.

Pension Costs

Details of pension costs are provided in note 11 (page 35) of the Trust's financial accounts for 2020/21.

2020/21 and Beyond

In common with other public sector bodies across Wales, the Trust is facing a further challenging year especially with the potential recurrent impacts of the pandemic in the 2021/22 financial year.

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the budget setting approach. The

key funding assumptions for 2021/22 being that the 2020/21 funding is fully recurrent, and the 2021/22 funding will include:

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2021/22 pay award costs which the overall impact is currently not known.
- Impact of Previously Agreed Developments rolled over from 2020/21 plus internal and system wide developments supported by Commissioner and Welsh Government.
- As in 2020/21, any direct unavoidable costs that continue to be incurred as a result of the COVID-19 pandemic will be separately funded

To deliver a fully balanced financial plan this has resulted in a requirement to deliver a minimum of a further £2.8m savings via cost reduction, cost containment and cost avoidance schemes.

Full details of the Trust's service, operational, workforce and financial plans are contained within the Integrated Medium Term Plan (IMTP) for the financial year 2021-22, which was submitted in accordance with the NHS Wales Planning Framework to WG in March 2021 with approval awaited by the organisation and all other NHS Wales organisations.

2020/21 Accounts

These accounts for the period ended 31 March 2021 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 "Note 5. Operating expenses", on page 37 of this document, is the cost of £0.150m 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
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF

Governance Statement and Related Party Disclosures

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services. The Welsh Government is regarded as a related party. During the year, the Trust has 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	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	1,140	20,441	313	4,777
WHSSC/EASC	40	172,320	12	1,453
Aneurin Bevan University Health Board	1,144	10,721	82	477
Betsi Cadwaladr University Health Board	389	5,827	103	83
Cardiff & Vale University Health Board	52	4,675	3	388
Cwm Taf Morgannwg University Health Board	35	2,413	3	595
Hywel Dda University Health Board	122	5,087	10	28
Powys Teaching Health Board	51	1,243	51	118
Swansea Bay University Health Board	66	5,671	14	147
Public Health Wales NHS Trust	95	63	17	0
Velindre University NHS Trust	2,650	1,277	224	158
Health Education and Improvement Wales (HEIW)	0	335	325	19
Welsh Local Authorities	2,094	199	155	36
Cardiff University	2	0	0	0
Swansea University	130	76	0	1
Cardiff Metropolitan University	0	0	0	0
University of South Wales	6	0	2	0
University of Wales	72	0	0	0
Bangor University	0	0	0	0
Glyndwr University	0	0	0	0
	8,088	230,348	1,314	8,280

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust (marked with an asterisk in the table overleaf) can act as a corporate trustee of the charity. During the year receipts from the Charity amounted to £0.010m (2019/20: £0.010m) with no other transactions being made. Net assets of the charity amount to £0.737m.

The Welsh Government income shown above includes £0.638m relating to impairment funding and £0.835m that relates to PDC capital received during 2020/21.

Name	Position	Declaration
Martin Woodford *	Trust Chairman and Non-Executive Director	None
Emrys Davies *	Non-Executive Director	Director and Chair, NRML (Newport Road Maintenance Ltd). Retired Member of Unite.
Kevin Davies *	Non-Executive Director	St John Volunteer COVID 19 Vaccination Programme (CTMUHB and C&VUHB). Trustee St John Ambulance Cymru. Patron Motivation and Learning Trust. Chair ABF the Soldiers Charity (Glamorgan). Member RCN.
Bethan Evans *	Non-Executive Director	Managing Director (Employed) at My Choice Healthcare Ltd. Non-Executive Board Member at RHA (Social Housing Association). Company Director Moorlands Rehabilitation (Staffordshire) Ltd. Company Director My Choice Healthcare South Wales Limited. Company Director Homes of Excellence Healthcare Limited. Company Director Springfield (Bargoed) Limited.
Pamela Hall *	Non-Executive Director (left the Trust 31/12/20)	None
Paul Hollard *	Non-Executive Director	Independent consultant providing occasional services to NHS Wales organisations and Welsh Government.
Joga Singh *	Non-Executive Director	Geldards LLP, paid employment. Sikh Council of Wales, voluntary role. Member of the Law Society and Employment Lawyers Association.
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.
Brendan Lloyd *	Medical Director and Deputy Chief Executive (Interim)	None
Claire Roche *	Executive Director of Quality and Nursing	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	Partner employed by Welsh Ambulance Services NHS Trust.
Andy Haywood	Director of Digital	None
Estelle Hitchon	Director of Partnerships and Engagement	None
Rachel Marsh	Director of Strategy, Planning and Performance	None
Andy Swinburn	Associate Director of Paramedicine	Consultancy work as an Advisor to the College of Paramedics.
Keith Cox	Board Secretary	Magistrate Cardiff and Vale.

Material transactions between the Trust and related parties disclosed on page 40 during 2020/21 were as follows:

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
St John Ambulance	2,900	0	0	0
TOTAL	2,900	0	0	0

Salary and Pension Entitlements of Senior Managers

Remuneration Report

A) Remuneration									
Name and Title	2020-21					2019-20			
	Salary	Bonus Payments	Benefits in Kind	Pension benefits	Total	Salary	Benefits in Kind	Pension benefits	Total
	(bands of £5000)	(bands of £5000) (Note 15)	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)	40-45				40-45	40-45			40-45
Kevin Davies (Non Executive Director / Vice Chairman)	15-20				15-20	15-20			15-20
Pamela J Hall (Non Executive Director) (Note 1)	5-10				5-10	5-10			5-10
Emrys Davies (Non Executive Director)	5-10				5-10	5-10			5-10
Paul Hollard (Non Executive Director)	5-10				5-10	5-10			5-10
Martin Turner (Non Executive Director)	5-10				5-10	5-10			5-10
Anoop Joga Singh (Non Executive Director) (Note 2)	5-10				5-10	0-5			0-5
Bethan Evans (Non Executive Director) (Note 3)	5-10				5-10	0-5			0-5
Jason Killens (Chief Executive) (Note 4)	160-165	0-5	4,600	41	210-215	155-160	4,000	156	315-320
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 5)	110-115	0-5	2,500	57	170-175	100-105	5,400	35	140-145
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) (Note 6)	155-160	0-5	2,100		160-165	150-155	4,100		155-160
Claire Vaughan (Executive Director of Workforce & OD)	95-100	0-5	-	26	120-125	90-95	-	23	115-120
Claire Bevan (Executive Director of Quality & Nursing) (Note 7)						80-85	900		80-85
Claire Roche (Executive Director of Quality and Nursing) (Note 8)	105-110	0-5	2,300	214	325-330	25-30	600	32	55-60
Estelle Hitchon (Director of Partnership & Engagement) (Note 9)	90-95	0-5	-	11	100-105	90-95	-	14	100-105
Rachel Marsh (Director of Strategy Performance & Planning) (Note 10)	100-105	0-5	-	52	155-160	95-100	-	36	130-135
Lee Brooks (Director of Operations) (Note 11)	115-120	0-5	4,200	27	150-155	80-85	2,700	11	90-95
Louise Platt (Interim Director of Operations) (Note 12)						30-35	-	7	35-40
Andrew Haywood (Director of Digital Services) (Note 13)	105-110	0-5	-	26	130-135	20-25	-	3	20-25
Andrew Swinburn (Associate Director of Paramedicine) (Note 14)	90-95	0-5	7,700	21	120-125	20-25	2,400		25-30
Keith Cox (Board Secretary)	90-95	0-5	-		90-95	85-90	-		85-90
Note 1 - Pamela J Hall retired on 31st December 2020									
Note 2 - Anoop Joga Singh was appointed as Non Executive Director from 9th December 2019									
Note 3 - Bethan Evans was appointed as Non Executive Director from 6th December 2019									
Note 4 - Jason Killens' salary includes an accrual of £3,093 for annual leave sold prior to 31st March 2021									
Note 5 - Christopher Turley was Interim Executive Director of Finance & ICT until 1st February 2020 when he was appointed Executive Director of Finance & Corporate Resources. Salary includes an accrual of £3,022 for annual leave sold prior to 31st March 2021 and excludes £5,306 sacrificed in respect of NHS Fleet Solutions									
Note 6 - Brendan Lloyd's tenure as Interim Deputy Chief Executive has been extended until 31st December 2021. Salary includes an accrual of £4,173 for annual leave sold prior to 31st March 2021									
Note 7 - Claire Bevan retired on 31st December 2019									
Note 8 - Claire Roche was appointed Executive Director of Quality and Nursing on 1st January 2020. Salary includes an accrual of £2,056 for annual leave sold prior to 31st March 2021									
Note 9 - Estelle Hitchon chose to leave the pension scheme on 31st October 2020									
Note 10 - 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. Salary includes an accrual of £3,124 for annual leave sold prior to 31st March 2021									

B) 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 2021 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2020	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jason Killens (Chief Executive)	2.5-5	0-2.5	45-50	115-120	805	738	31	33
Christopher Turley (Executive Director of Finance & Corporate Resources)	2.5-5	2.5-5	45-50	100-105	829	748	54	22
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) *	-2.5-0	-2.5-0	30-35	95-100	-	789	-	816
Claire Vaughan (Executive Director of Workforce & OD)	0-2.5	0-2.5	25-30	45-50	430	391	19	20
Estelle Hitchon (Director of Partnership & Engagement) **	0-2.5	-2.5-0	30-35	60-65	557	525	15	11
Claire Roche (Executive Director of Quality and Nursing)	10-12.5	22.5-25	40-45	105-110	810	590	196	22
Rachel Marsh (Director of Strategy Performance & Planning)	2.5-5	0-2.5	40-45	55-60	676	607	45	21
Lee Brooks (Director of Operations)	0-2.5	0	25-30	0	323	292	11	23
Andrew Haywood (Director of Digital Services)	0-2.5	0	5-10	0	56	36	5	22
Andrew Swinburn (Associate Director of Paramedicine)	0-2.5	-2.5-0	30-35	75-80	632	589	21	19
Keith Cox (Board Secretary) ***	0	0	0	0	-	-	-	-
*Dr Brendan Lloyd re-joined the pension scheme from 1st September 2020								
** Estelle Hitchon chose to leave the pension scheme on 31st October 2020								
***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 2021 in the Welsh Ambulance Services NHS Trust in the financial year 2020/21 was £165k to £170k (2019/20, £160k to £165k). This was 5.77 times (2019/20, 5.40 times) the median remuneration of the workforce, which was £29,013 (2019/20, £30,091).

	2020/21	2019/20
Band of Highest paid Director's Total Remuneration £000	165-170	160-165
Median Total Remuneration £000	29	30
Ratio	5.77	5.40

In 2020/21, 0 (2019/20, 0) employees received remuneration in excess of the highest-paid director.

Remuneration ranged from £18,185 to £167,500 (2019/20 £17,562 to £162,500).

The reason for the increase in remuneration together with the upward rise in ratio and the decrease in median remuneration compared to 2019/20 are the result of the 2% pay increase for Directors and a larger recruitment drive of staff below the median remuneration value of 2019/20.

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.

The NHS one off non-consolidated non-pensionable bonus of £735 is not included within total remuneration as payment was not made until May 2021, this will therefore be included in the 2021/22 report.

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



If you need this **Annual Report** in another format (for example, large print, audio, another language) please contact the **PECI Team**

Tel: 01792 311773

Email: peci.team@wales.nhs.uk

Thank you