



Welsh Ambulance Services NHS Trust

COVID-19 Response: Evidence

Senedd Health, Social Care and Sport Committee

May 2020



Introduction

1. The Welsh Ambulance Services NHS Trust (WAST) welcomes the opportunity to respond to Committee's inquiry into the Covid-19 outbreak in Wales.
2. Given the current and continued pandemic situation, this submission focuses broadly on the organisation's pre-pandemic planning, current pandemic response and its approach to planning for monitoring and recovery.
3. At the time of writing, the organisation is straddling the latter two stages – continuing to respond to the emergency while beginning the process of planning for prolonged monitoring and recovery.
4. It is important to emphasise that, while managing demand through the pandemic, there has been no fundamental alteration to the Trust's model of clinical delivery. While there have clearly been changes in the pattern of demand (discussed later in this submission) and in the deployment of staff, the Welsh Ambulance Service has largely maintained its core EMS functions and performance.
5. It is similarly important to note that establishing and maintaining a robust approach to governance, corporate, financial and clinical, has been central to the way in which the Welsh Ambulance Service has managed its pandemic response.
6. Clearly, this has been a time of unprecedented organisational response, in a complex and volatile environment of change. From the outset, there has been a focus on transparent, documented and unambiguous decision-making, with clear lines of accountability based on a solid rationale, including Board-level challenge and scrutiny.
7. The organisation has been mindful throughout of both the need to learn from the experience of this pandemic and also of the likelihood of future external scrutiny of its contemporaneous decision-making, hence its focus on maintaining governance and assurance levels. This will be detailed further later in this submission.
8. Similarly, the fundamental importance of employee and patient safety has been recognised from the outset, with a keen focus on the wellbeing of staff and the need to be live to the longer term impact on all colleagues of working on the frontline of the pandemic response for a potentially protracted period.

Early Planning and Assessment

9. One of the key planks of the Trust's approach to managing the current pandemic has been early planning.
10. In late January, 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.
11. The WAST Executive Team considered the global, European and United Kingdom context on several occasions during February, most notably on February 4 when a pandemic table top exercise was initiated to review existing plans and capacity.

12. 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.
13. 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 March 4, 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.
14. In taking this step, two clear corporate objectives were set and communicated widely. These were to:
 - i. Take all reasonable, necessary and proportionate measures in all the circumstances to fulfil the objectives set in the pandemic strategy and
 - ii. Continue with recruitment to fulfil the minimum of 136 WTE growth of the EMS 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.
15. 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.
16. 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.
17. 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.
18. 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:
 - i. Ambulance response (emergency, urgent care and non-emergency service) – arrangements to generate additional capacity to respond to growing demand
 - ii. Fleet – arrangements to ensure maximum fleet and equipment availability
 - iii. Information and Communication Technology – arrangements to protect mission critical systems and support remote and flexible working
 - iv. Supply chain – arrangements to ensure sufficient supplies of necessary items and materials such as Personal Protective Equipment (PPE)
 - v. Resource Centre - arrangements to facilitate greater numbers of staff being deployed and maintain core rostering services

- vi. 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
19. 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.
 20. 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.
 21. Support was also sought to secure additional NEPTS 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.
 22. 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 submission.

Organisational Response

23. The response to this pandemic by the Welsh Ambulance Service, as with all organisations, has been riven with operational complexities.
24. The sections below focus on some key areas which may be of specific interest to Committee and which have been central to the organisation’s hitherto successful response to the challenges presented.

Workforce

25. Welsh Ambulance Service employees have stepped up remarkably over recent months to meet the challenges of this pandemic.
26. From clinicians on the frontline, colleagues working in the 111 and 999 clinical contact centres, through to colleagues working in corporate functions like estates, human resources, IT, finance, planning and communications, there has been no part of the organisation’s business which has been unaffected.
27. One of the clearest indications of the workforce’s commitment has been its willingness to work differently. There has been an acceptance by staff that the organisation’s mode of leadership has had to be necessarily 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.
28. This readiness to work differently spans 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 is feasible and effective.

29. 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.
30. The fact that a more directive approach has been needed of late 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 understand this, and have responded appropriately.
31. At the time of writing, an employee survey is underway to hear more about how these last few months have felt for staff, and this will provide the organisation with valuable learning to inform the next stages of its response as it moves towards the monitoring and recovery phase.
32. Clearly, for many colleagues, this has been a worrying time and, sadly, the organisation has, at the time of writing, lost one staff member to Covid-19, with a number of others who have needed, or currently require, intensive care.
33. Additionally, consideration was given early to the additional resources required to meet potential demand, as outlined above.
34. 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.
35. 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)
36. 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.
37. Given this rapidly changing organisational landscape it has, therefore, been particularly important 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.

38. Trade unions partners have been 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 & well-being and others.
39. In addition, lead TU partners have 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 TU team with key director level colleagues.
40. Involvement in these groups has allowed trade unions to share any concerns from their members or to seek clarity. This has 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.
41. Given the renewed strength of trade union and management relationships, it is important that this momentum is maintained and used to further consolidate partnership arrangements, recognising that the environment is both challenging but also one rich with opportunity, to capitalise on a number of the developments which the organisation's response to Covid-19 has engendered, for example, in the digital space.
42. Reference has been made 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.
43. While the Welsh Ambulance Service already 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.
44. 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.
45. In general, and in the interests of their health and safety, volunteers have been tasked appropriately and differently from normal. For example, CFRs are currently 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 are currently also not dispatched to any incident where the call handling process identifies any risk of COVID-19
46. Similarly, first responders must have received training in the donning and doffing of level 2 PPE before attending an incident and, therefore, must have level 2 PPE available before attending a patient. Once trained, first responders access PPE through their local pandemic team.

47. 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.
48. Despite unstinting support from volunteers, and given the likely impact of higher levels of absence among established staff, a decision was made to issue a “call to arms” 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 1500 applications within 24 hours, with a further appeal for clinical staff.
49. 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.
50. Together with some 60 military colleagues secured via the MACA, and with additional frontline support available from fire and rescue services (although at the time of writing not having needed to be deployed), the Welsh Ambulance Service has had resilient levels of staffing across its services, despite a staff absence rate at times of some 12% at the peak. This has now stabilised to approximately 6%.
51. 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.
52. In addition, a decision was made to financially compensate for a temporary period those Band 8 managers who have 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.
53. Importantly, 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 they are currently routinely encountering.
54. As a result, a health, safety and wellbeing cell has been established which advises on mitigating actions that the Trust can take to safeguard the well-being of its staff, including those working remotely.
55. It is anticipated that the impact on staff well-being of working through a pandemic will be something with far reaching consequences and, as such, the Trust’s lead clinical psychologist has been working closely with colleagues on a range of interventions to support managers and staff in the maintenance of psychological and physical health.
56. As the height of this phase of the pandemic has passed and there is greater equilibrium in the system, this extends to encouraging staff to take rostered leave to ensure that they are taking time away from work to recharge and recuperate.

Personal Protective Equipment

57. There has been much in the media, particularly in the earlier stages of the pandemic, in relation to perceived deficiencies in the supply of personal protective equipment (PPE) to health and social care staff.
58. 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 has yet to be wholly fulfilled, as manufacturers have struggled to keep pace with global demand and some supplies have been diverted to other markets.
59. This early planning notwithstanding, the supply of PPE has been, at times, challenging. Significant amounts of leadership and managerial time have been expended working with supply chain partners, driven by the organisation's pandemic logistics cell, to source adequate supplies of PPE.
60. The supply and use of PPE has undoubtedly been the single biggest concern of staff on the frontline 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.
61. 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.
62. While the Welsh Ambulance Service has accepted and adopted national guidance in relation to the use of PPE, it has also given staff the latitude to supplement the prescribed levels of PPE, particularly at level 2, where a dynamic clinical risk assessment of the situation indicates that this is warranted.
63. It is of note that, throughout the evolution of the pandemic, information and guidance has changed from central bodies (Public Health England/Public Health Wales) as Covid-19 has become better understood and the prevalence of the disease within the community has altered.
64. Training and communication have been key, including supporting staff with training on the use of PPE and being clear about the levels required in differing clinical scenarios.
65. Fit testing, a process of assessment of a staff member in use of a filtered face piece (FFP3) mask, has been of equal importance, as it is critical that staff achieve a "fit" in each type of mask provided, to ensure their safe use in the operational setting.
66. PPE has been the subject of extensive communication across the Trust, while a risk assessment process has been established to risk assess donations and products which have been procured outside the NHS Wales Shared Services Partnership or regular supply chain routes.
67. The sourcing and supply of PPE have been driven through the organisation's logistics cell, which features broad organisational representation, including from trade union partners.

68. The PPE supply chain has now stabilised and the focus has moved to future resilience in the event of subsequent pandemic waves.
69. Similarly, the Trust continues to respond 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.
70. Measures have been taken to safeguard the well-being of staff, including the erection of Perspex screens in some centres where additional spacing is not possible, and the development of additional physical call handling space (detailed later in this submission).
71. Steps have also been taken at a local level to manage social distancing within ambulance stations and shared premises, for example those shared with other emergency service colleagues.
72. Military colleagues have been engaged in extending the organisation's capacity at its "make ready" facilities to ensure ambulances requiring deep cleaning are returned to service promptly, with additional facilities being established at a number of locations, including hospital sites.

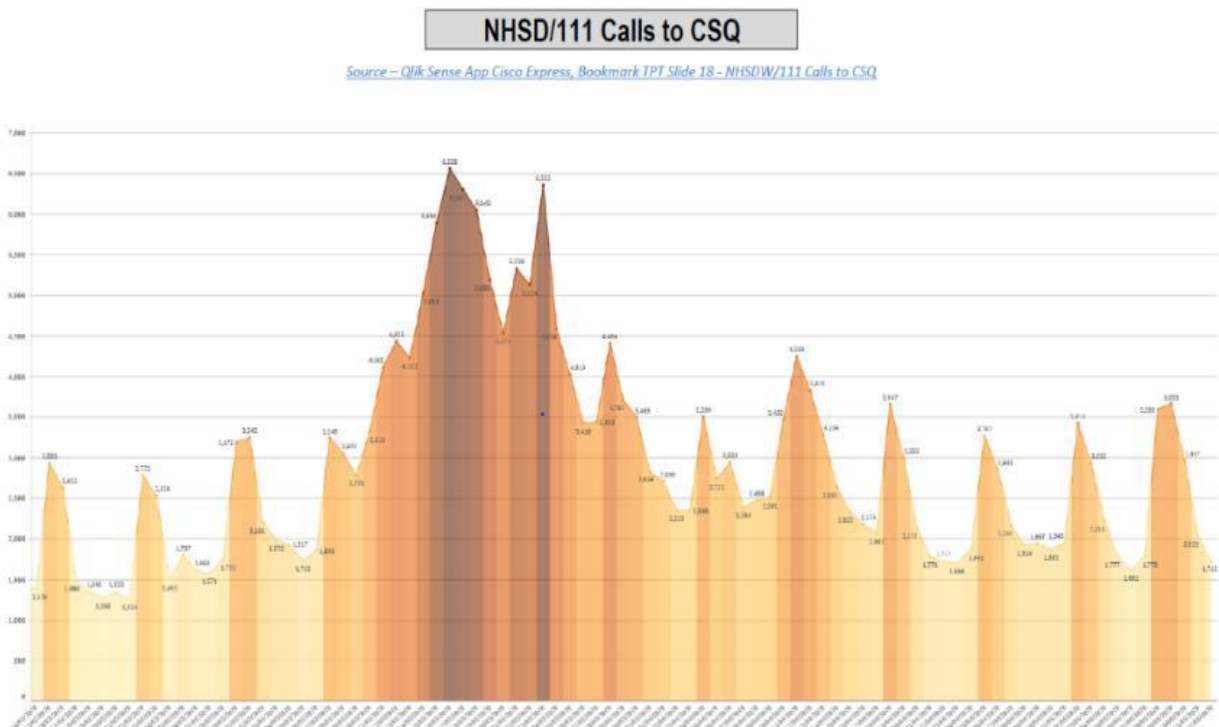
Testing

73. Access to testing for Welsh Ambulance Service staff who display symptoms of Covid-19 was initially variable across Wales, although this has now settled and become more streamlined.
74. While some early teething troubles were to be expected given the need to establish structures and mechanisms at scale and pace, there was a level of employee and organisational frustration with referral processes, speed of access and processes for receiving results.
75. The majority of these issues have now been resolved but, as the country moves to a "test, trace, protect" model, smooth, rapid and uniform processes will be important.
76. At the time of writing, the "test, trace, protect" model is due to be deployed imminently, with the organisation working with colleagues across the system to understand the implication for its staff.

Demand and Performance

77. One of the major learning points throughout the pandemic to-date has been in relation to patterns of demand.
78. Traditional demand, particularly in the amber category of calls, has fallen away significantly, while red demand has remained fairly static. Similarly demand from healthcare practitioners has significantly reduced.
79. While some of this is to be expected given changes in behaviour as a result of lockdown, for example fewer RTCs, there are some anomalies which bear further scrutiny, 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 review.

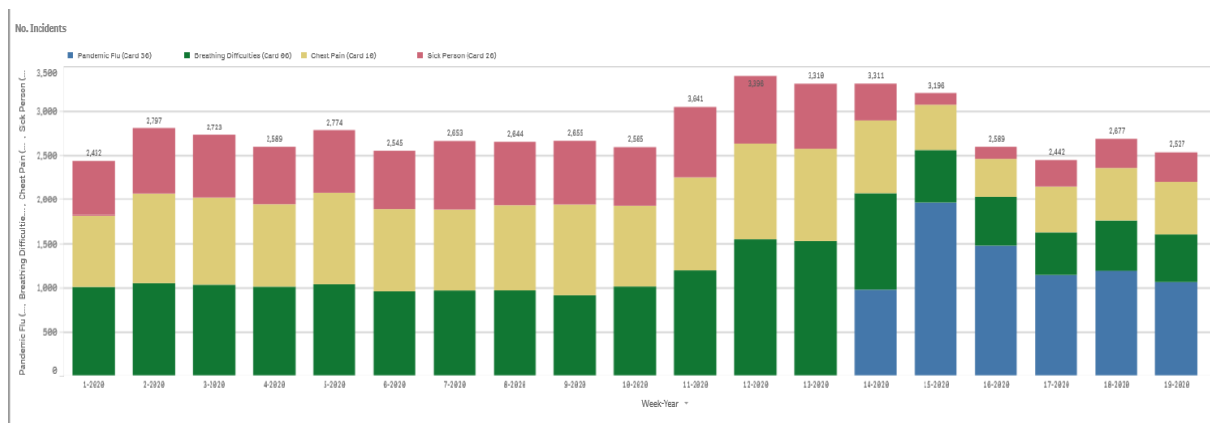
80. Demand on the 111 and 999 services has served as something of a barometer during the pandemic and has been monitored closely. Indeed, at the outset of the pandemic, the resilience of the service was an early worry, given the anticipated volume of calls from a worried public, coupled with the technical adjustments necessary to ensure the 111 number was available across Wales for all Covid-19 related calls.
81. 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.
82. Demand in terms of NHS Direct Wales and 111 calls peaked sharply at the outset of the pandemic as shown in the graphic below, 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.



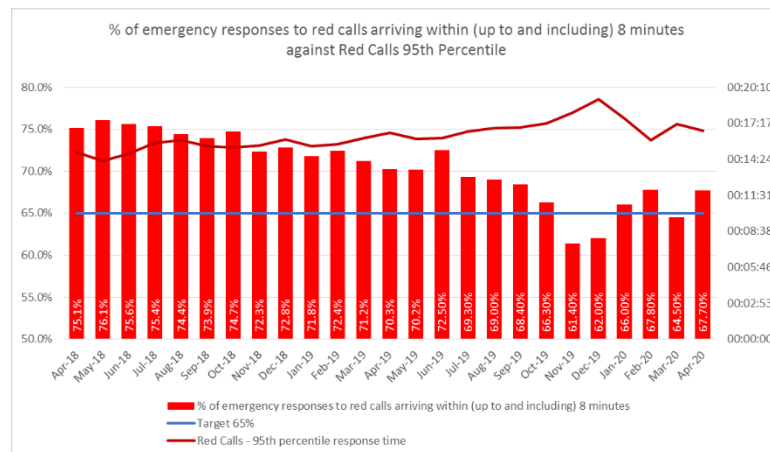
83. However, this demand has dropped back in recent weeks. Continuing to track this demand in particular will enable the Trust to spot early signals of changing demand in the wider system and allow it to flex capacity appropriately.
84. In terms of pandemic related demand, the pandemic protocol for 999 call handling (known as Card 36) was deployed at its lowest level, in concert with other UK ambulance services, on April 2, 2020.
85. Protocol 36, which supplements others within the Medical Priority Dispatch System (MPDS), is designed specifically for pandemic management. It has four levels, of which the Welsh

Ambulance Service operated at level 0 between April 2, 2020 and April 9, 2020 and level 1 between April 9, 2020 and April 21, 2020.

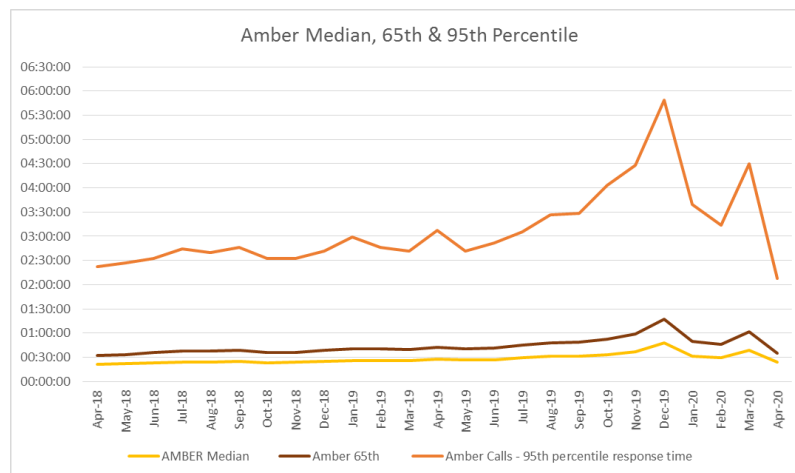
86. The Trust continues to operate at level 0 currently. Level 0 provides for enhanced monitoring and management to suspected/symptomatic coronavirus cases in the community and, as such, the Trust intends to continue to operate this system for the foreseeable future.
87. The Trust has regularly monitored some of the key MPDS protocols to track demand in more detail, including Protocol 36. Breathing difficulties calls were already increasing from the beginning of January 2020 and the combined breathing difficulties, chest pain, sick person and COVID-19 demand peaked and began to decline after week 15.



88. In terms of planning for worse case scenarios, the Trust has 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. So far in this pandemic, demand has not been sufficient to consider this although plans remain in place should this become necessary.
89. As a result of the reduced overall demand, increased production of emergency ambulance hours and reduction in hours lost at handover, response times have improved.
90. Red response times in March dipped just below 65% for the first time in 2020 but improved in April to above the 65% target. Further improvements continue to be noted through May. There continue to be variations in performance across health board boundaries, consistent with variations seen in ‘normal’ times. These variations continue to be explored with a view to reducing them where possible.



91. Through the COVID-19 response period to date, significant improvements have been seen in the amber response times, in particular, the amber tail (the 95th percentile) which is sensitive to changes in demand and capacity. There continues to be variation in performance by health board.



92. 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 has been a move towards double crewed RRVs, with army personnel currently providing up to 50% of second operative cover on RRV shifts.

93. Within NEPTS, the service has 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 & confirmed COVID-19 patients to travel alone, and new booking, planning and allocation processes.

94. 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. To-date, that demand has not materialised in any meaningful way.

Clinical Matters

95. A Clinical Advisory Cell (CAC) has been established to provide advice to the Tactical Pandemic Team (TPT) and the Executive Pandemic Team (EPT). It is jointly chaired by the Executive Director for Quality and Nursing and the Medical Director.
96. The CAC provides senior clinical advice to the Trust for all clinical matters relating to the Covid-19 pandemic. The CAC objectives are:
- 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.
97. The Clinical Advisory Cell has been essential during this period to ensure that there is due diligence when providing clinical advice and guidance. The CAC provides advice for all settings of the organisation including:
- the 111 service including the symptom checkers
 - NEPTS
 - Occupational Health
 - EMS
98. As COVID-19 is a new virus, guidance has changed frequently and there remain inconsistencies in advice from national bodies. This has been particularly challenging with regard to cardiac compressions and whether these are considered to be an Aerosol Generating Procedure (AGP).
99. Whilst Public Health England and NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group) advise that cardiac compressions are not an AGP, the Resuscitation Council of the United Kingdom (RCUK) state that they are indeed an AGP.
100. The CAC has been central to debating this, considering the evidence and the rationale for the organisation's guidance. This is important as the level of personal protective equipment (PPE) used by our staff during a resuscitation is informed by whether cardiac compressions are an AGP or not.
101. 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.
102. In addition, a full risk assessment has been undertaken, which is recorded on the organisation's corporate risk register. The Associate Director for Paramedicine has 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 we have a long term solution to adequately protect the rescuer whilst optimising patient outcomes.

Infrastructure

103. 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.
104. 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.
105. 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.
106. Similarly, the organisation's approach to digital technology and connectivity has moved on apace with the roll out of Microsoft Office 365, allowing teams to connect remotely and individuals to work remotely and the use of Skype, Zoom and Microsoft Teams to allow individuals and teams to connect with the wider organisation, including at Board level, with the April meeting being held entirely virtually.
107. The NHSDW /111 symptom checker was developed in short order at the start of the pandemic and has achieved more than one million hits since its launch in March. A chat bot facility has recently been deployed to further enhance the digital experience for users and defray activity away from the 111 telephone lines.
108. The 111 telephone number has been made available in all parts of Wales for Covid-19 related enquiries and the previous NHS Direct Wales website has been refreshed to include 111 branding, with a revised url of 111.wales.nhs.uk
109. The facilitating of remote working by the provision of laptops, tablets and/or phones for those not previously equipped to work from home has allowed many more staff to work effectively from home than would otherwise have been possible.
110. The capacity for remote and digital training provision has also been greatly enhanced, with essential training of new recruits being undertaken partly via remote and digital learning.
111. 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.

Governance and Scrutiny

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

113. 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.
114. 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 latest cell structure is attached for information at Appendix 1.
115. The Board also considered the consequential impact on Board and Committee business, as well as planned dates and timings of meetings. The Board recognised that meeting agendas may need to be more focussed in supporting the Trust through the pandemic but, at the same time, Board and Committees needed to continue to discharge their responsibilities of scrutiny and challenge.
116. The Board concluded that all Board and Committee dates should remain in place, with the exception of the April 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 has now been received.
117. This assurance has 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.
118. The Board considered various options, including raising the CEO's delegated limits, but concluded that the current system for Chair's Action should be used as this provided the right level of governance, control and assurance. This was on the understanding that Chair's Action meetings could be arranged at short notice.
119. The Finance Director continues 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 can be undertaken at a later date.
120. The Board itself has continued to meet on both a scheduled and extraordinary basis, to ensure that it has remained sighted on, and scrutinised, Executive decision making and has been involved in those areas of strategic significance where Board authority has been required to proceed.
121. Technology has proven an enabler in allowing the Board to meet remotely, including a successful Board held "in public" and this is a point of learning for the future in terms of public engagement.
122. The Trust's Board Secretary has assumed lead responsibility for records management, ensuring that all documentation is appropriately completed, stored and decisions recorded, both for the purposes of accuracy and future review.

123. As a commissioned service, the Trust has also ensured that the Chief Ambulance Services Commissioner has been 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.
124. The information governance team, together with the Information & Communications Technology (ICT) team, have ensured that the Trust continues to meet its requirements under General Data Protection Requirements (GDPR).

Relationships

125. 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.
126. 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.
127. Peer group engagement has been important for the sharing of information and experience, as well as the resolution of shared challenges. The Chair, CEO 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.
128. Of particular note has been the interface with Welsh Government colleagues. The Trust's Chair has welcomed the close working relationship engendered by the Minister and Director General, with the latter's consultative approach having been particularly appreciated, allowing for all to have the opportunity to contribute.
129. In addition, the issuing of Welsh Government guidance on matters ranging from ethical issues to financial decision-making and governance has been welcomed.
130. The Welsh NHS Confederation has played an important role in sharing good practice across the system, a compendium of which is currently being compiled to support the restart of some services, as well as in supporting and servicing peer groups.

Communication and Engagement

131. 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.
132. 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 has proved an effective strategy.

133. At the core of the Trust's approach to employee communication and engagement has been regular, relevant and effective communication that provides opportunities to hear from staff as well the ability to convey information.
134. 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.
135. As a result, it was agreed that a daily bulletin to all staff, circulated at the same 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.
136. This was coupled with the creation of a dedicated Covid-19 Intranet page and the establishment of initially weekly, and now 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. With the roll-out of Office 365 across Wales, these are now hosted on the Microsoft Teams platform.
137. The Welsh Ambulance Service has 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.
138. The same platforms have been used to convey messages to staff, #ReachforTheRazor being a particularly effective example of a campaign, 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.
139. Communication with stakeholders has included personal briefings using digital solutions, with a focus on the issuing of a weekly Stakeholder Briefing to all Members of the Senedd and MPs in Wales, as well as a range of other stakeholders, including health boards and community health councils.
140. Support has also been 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.
141. As part of the debrief and learning from this phase of the pandemic, both staff and the public will shortly be surveyed on their observations as to what has gone well and less well hitherto, the findings of which will inform future approaches.

Monitoring and Recovery

142. In recent weeks, the Trust has begun the process of planning how it will begin to restart some elements of its work which have been paused during this period. This has involved both the Executive Team, Assistant Director Leadership Team and Board, working together to prioritise those areas where work now needs to resume.

143. As mentioned previously in this submission, recruitment in line with last year's demand and capacity review, which was supported by commissioners, has continued, to give the organisation the best possible chance of recovery, recognising that staff absence may increase during the year as the sustained impact of the pandemic begins to bite.
144. In line with Welsh Government's operating framework for the coming months, the Trust is working to ensure it can continue to mobilise surge capacity within seven days should this be required.
145. This means taking a measured approach to restoring some services, repatriating staff back to their core roles and remaining vigilant, as well as planning for a "safe" return to the workplace for those staff who have worked remotely during the pandemic.
146. At the time of writing, there has been an increasing sense of "normal" activity beginning to return in terms of demand, something which will be monitored closely.
147. The Trust has also begun its initial process of review, reflection and forward look, with the development of a four factor framework for the next six months, which details four areas on which the Trust will focus its attention: responding flexibly; restarting what is important; supporting staff and learning from, and keeping, what has worked. These quadrants will be underpinned with the Trust's core behaviours of showing kindness and compassion; listening, reflecting and learning together; being open and honest; and staying connected. This operating plan framework is shown in the appendix.
148. What is evident is that the monitoring phase will be extended, allowing more time for the planning for recovery but potentially impeding it, particularly if there are subsequent and prolonged spikes in virus activity.
149. Similarly, close attention will be paid to the challenges of a return of more "normal" demand, at a time when a return to heightened levels of pandemic activity remains a risk.

Closing Remarks

150. 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.
151. As the situation unfolds and a new normality begins to take effect, WAST 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.

Ends/EVH/May20

Appendix 1: WAST COVID-19 STRATEGY



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Welsh Ambulance Service NHS Trust Pandemic Strategy

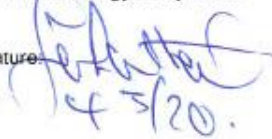
It is the intention of WAST to respond to and manage the ongoing pandemic in a way which promotes and saves life, reduces humanitarian suffering and is compatible with the vision and values of WAST. This will be achieved through effective coordination, planning and leadership.

The Executive Pandemic Team will:

1. Maintain public confidence and minimise the impact of the pandemic by ensuring that WAST is responding effectively to the incident.
2. Ensure that the WAST response is coordinated and integrated with the wider health and responding agencies.
3. Maintain effective capacity management within the Emergency and Non-Emergency Services, and the Clinical Contact Centres, by
 - a) Assessing and identifying any gaps in the response capability of the organisation for dealing with the pandemic.
 - b) Identification and request for mutual aid.
4. So far as is practicable, take all reasonable measures and employ all appropriately identified control measures to safeguard and protect the Health, Safety and Wellbeing of all our people consistent with the requirements of Health and Safety and other relevant Legislation.
5. Ensure public messages are coordinated with other agencies and partners.
6. Ensure all internal communications and messages are coordinated within the Trust.
7. Ensure effective Business Continuity and Recovery arrangements are in place across the organisation and review where necessary.
8. Provide support and representation at Strategic Co-ordination Groups (SCGs) and Tactical Co-ordination Groups (TCGs) where appropriate.
9. Ensure the creation, maintenance and safe storage of well-documented, auditable plans and decision logs for the pandemic at all levels of command.
10. Review this strategy every week.

Signature:

Date:


4/3/20.

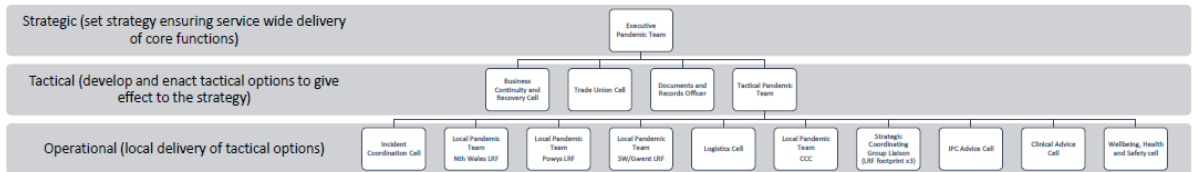
(Chief Executive Officer)

Time:

1557hrs.

APPENDIX 2: WAST COMMAND, CONTROL AND CO-ORDINATION STRUCTURE COVID-19

Welsh Ambulance Services NHS Trust Covid-19 National Command, Control and Coordination (C3) Structure



Notes:

1. Comms and Engagement embedded in EPT, TPT, ICC, Business Continuity Cell, Logistics Cell and TU Cell. Available as required to support other cells

Incident Coordination Cell (ICC) acting as focal point for all daily activities.

Email: wast.icc@wales.nhs.uk

Phone: 01633 358666 (internal: 42666)

TG: 81

V1.4
29 April 2020

Appendix Three: Operational Plan Framework for Quarter One and Quarter Two 2020/21

