We would like to pay tribute to the skill and dedication of staff throughout the service and our network of volunteer responders across Wales. Their invaluable contribution helped us continue our quest to create an ambulance service of which Wales can be proud.

A great team effort ensured that, apart from the three months of appalling winter weather, we consistently exceeded the Welsh Government target of reaching 65 per cent of patients in a life-threatening emergency within eight minutes.

The Arctic conditions temporarily blew our performance off course during November, December and January.

With the help of our staff, volunteers and key partners, together we worked heroically to reach patients in the ‘White Out’ while at the same time having to cope with a huge increase in the number of emergency calls.

We are all very proud of the services we provide and we are determined to continue improving patient care, quality and outcomes.

Our priorities in the coming year will therefore include building on the current improvements with the aim of bringing all areas up to the required national standard for life-threatening emergencies.

With that in mind, we have unveiled our new five year strategy, ‘Working Together for Success’ which describes how we will provide the right service with the right care, in the right place at the right time with the right skills.

By 2015, our aim is to move from being perceived as simply a transport service to a provider of high quality health care and scheduled transport services.

We are implementing the new strategy against a backdrop of increasing challenges within the NHS, an ageing population with a diverse range of needs, ever increasing public expectations, increasing costs and a challenging financial position.

Our vision is ambitious but attainable. We will continue to work with our NHS partners to develop an integrated and coherent health care network that will enable us to aspire to excellence while at the same time ensuring that value for money is at the forefront of everything we do.

Our greatest advantage is the people who make up the Trust. We must be inspired by their skill, professionalism and passion to accelerate our transformation into an organisation which consistently meets the needs of patients, focusing on improved outcomes and experiences.

We have a chance to make a real difference to people’s lives. So, we must grasp this opportunity by being bold and decisive. We will then turn our vision into a reality.

Stuart Fletcher
Chairman

Elwyn Price-Morris
Chief Executive
The Trust

The Trust was established in 1998. It serves a population of 2.9 million, across 7,969 square miles. From April 2007 NHS Direct Wales became an integral part of the Trust.

The Trust:

- is managed by a Board of Executive and Non-Executive Directors that meets regularly at various locations across Wales.
- employs 2,957 people – 68% are operational – 1,439 on emergency duties, 575 on non-emergency ambulance and health courier services, 431 management/administrative support, 512 Control and NHS Direct Wales call handlers.
- employs 65% male staff and 35% female.
- employs full time (83%) and part time (17%) staff.
- operates from 88 ambulance stations, three control centres, three NHS Direct Wales call centres plus Conwy House, Swansea, three regional offices, four vehicle workshops and a HQ.
- has a National Training College with regional training centres.

In 2010/11 the service dealt with 347,886 emergency incidents, 50,499 urgent journeys and undertook 1.4 million non emergency journeys to over 200 treatment centres throughout Wales and elsewhere.

The fleet comprises 221 frontline emergency ambulances, 116 rapid response vehicles, 29 high dependency vehicles, 261 patient care services vehicles and 75 health courier service vehicles.

NHS Direct Wales provides a 24-hour health advice and information service to the people of Wales, and in the last year dealt with over 918,304 contacts. This includes 368,636 telephone calls and 549,668 web hits. The Trust has contact centres in Bangor, Cwmbran and Swansea.

Sickness absence rates for the Trust appear in Appendix 2 at the end of this document.

Accountability

Everything done by those who work in the Trust must be able to stand the test of Government scrutiny and public judgements on propriety and satisfy the requirements of professional codes of conduct.

Probit

The Board, its managers and staff are committed to maintaining absolute standards of honesty and integrity.

Openness

The Trust strives to demonstrate transparency about its activities to promote confidence among the Trust and its staff, patients and the public.
VISION, VALUES, AIMS & OBJECTIVES

Vision
An Ambulance Service for the people of Wales which delivers high quality care wherever and whenever it is needed.

Values
The development and demonstration of a shared set of values which drive everything we do as a Trust is fundamental to the delivery of the best possible care to the people of Wales. Together we have identified that the following values are those which we all consider should underpin ‘the way we do things around here’:
- The healthcare needs of the users of our services are paramount. We seek opportunities to engage meaningfully with those users in planning, designing and delivering care;
- Openness and honesty;
- Everyone deserves to be treated with dignity and respect in equal measure. This is true of every relationship we form, including with colleagues;
- Effective communication;
- Pride in our work and our Trust;
- Shared ownership for our work and to continuously strive to improve what we do; and
- Accountability, being personally responsible for our actions and behaviours.
These shared values will be used to inform the rights and responsibilities of service users and staff and will underpin the Staff Charter.

Aims
In turn the Trust has stated its aims to:
- Build the Welsh Ambulance Service to be the most efficient and cost effective provider of health services in Wales;
- Recruit the best people and empower them to improve their working lives through education, negotiation and representation;
- Ensure patients and staff work in partnership;
- Celebrate diversity but act together on behalf of patients and their families; and
- Strive to make staff proud to be a part of the Welsh Ambulance Service.

Objectives
The three main objectives within ‘Working Together for Success’ are:
- To achieve all of the national quality standards;
- To provide the right service with the right care, in the right place, at the right time with the right skills; and
- To provide high quality, planned patient care services which are valued by users.

If you require this document in other languages, large print, or in audio format please ring 01633 626256.
It was a year that marked the beginning of a new chapter in the history of the Welsh Ambulance Services Trust. There were significant changes in the infrastructure of the NHS in Wales and a new financial reality dictated by the global recession and the subsequent austerity measures.

At the same time, we made three important appointments in Elwyn Price-Morris, who took over as Chief Executive, Carl James, the Director of Service Development, and Judith Hardisty, Director of Workforce and Organisational Development.

The modernisation programme, 'Time to Make a Difference,' published in 2007, had served us well and enabled us to achieve considerable improvements but it was coming to the end of its lifecycle.

At the same time, the Welsh Government required all Local Health Boards and NHS Trusts to set out how they would address budget pressures while achieving the necessary improvements, with a focus on the quality of care, clinical outcomes and the patient experience.

The time was, therefore, right to develop a revised strategic framework, 'Working Together for Success,' which sets out our corporate priorities and a high-level work programme (see page 9).

As part of the five-year strategy, each directorate within the Welsh Ambulance Services Trust is expected to devise its own annual business plan in such a way that it dovetails with the overall approach so that we have a corporate synergy aligned to our delivery plan.

We also saw significant progress in relation to two ground-breaking initiatives that will help us improve the range and quality of care that we provide, namely:

1) In the first scheme of its kind in the UK, we are establishing a network of highly-skilled Senior Practitioners who undergo specialised training to graduate and postgraduate level. They are trained to use a wider range of medicines and have extended skills to make informed clinical decisions, often treating patients at home, significantly reducing the number of people sent to hospital and where appropriate signposting them to alternative care pathways.

Meanwhile, the first group of 30 university-trained paramedics started their duties on the roads of Wales as the result of a pioneering partnership with Swansea University.

The students split their time between the university and the Ambulance Training College and at the end of the two year course they gain Diplomas in Paramedic Science.

2) Another important development came when the Welsh Government gave the go ahead for an instant response team of front line staff specifically trained to deal with the country’s most serious incidents.

The Hazardous Area Response Team (HART) will be on call 24/7 for serious incidents ranging from building collapses and chemical incidents to multi casualty incidents and potential terrorist attacks and will also assist at the 2012 Olympics.
The Welsh Ambulance Service transports patients to hospital and back home again—whether it’s to Cowbridge or Cochin in India. The Indian trip, although exceptional, was just one of 1.4 million journeys organised for patients by what is probably Wales’s busiest transport service—the Patient Care Services (PCS).

Every month over 100,000 journeys are organised and carried out by the PCS with almost half of those in the South East Region with the North and Central and West Regions each totalling over 20,000 a month.

The service uses over 250 vehicles to return patients to their homelands using ambulance car volunteers for local journeys. There has been a continuing pilot initiative providing dedicated renal transport services at St Woolos Hospital, Newport, and Alltwen Community Hospital, near Porthmadog, and the benefits of this and the 30:30:30 scheme have had a positive impact for kidney dialysis patients across Wales.

The 30:30:30 scheme aims to ensure patients wait no longer than half an hour for their transport to and from hospital and have their treatment begin equally promptly at hospital.

Patients have also been involved in a consultation process to find the best mode of transport for kidney patients. They voted for their preferred type of vehicle and six have been added to the fleet, four in the south and two in the north.

Dedicated renal transport co-ordinators are at each of the Trust’s three regional control rooms which have also benefited from the completion of the roll-out of the Mobile Data Terminals in all PCS vehicles and of the CLERIC booking and planning computer system to allow direct booking of transport from GP surgeries and hospital clinics. It also has an enhanced allocation system which enables closer matching of patient needs to types of vehicle.

For the second winter running, PCS also had to cope with appalling weather with heavy snow and freezing temperatures and this caused major disruption with many hospitals cancelling appointments and clinics.

It was necessary to bring in 4x4 vehicles to carry out vital oncology, renal and paediatric journeys and the transport pool has now been reviewed and four new 4x4 vehicles have been added to the fleet.

During the winter freeze, vehicles, whose usual PCS journeys were cancelled were instead redirected to speed up discharges of patients from hospitals to take the pressure off the system and allow EMS vehicles to concentrate on 999 calls.

Other projects being worked on by PCS include a partnership with St John Ambulance in Cardiff and the Vale to help with patient discharges, a plan to improve timeliness, the patient experience at the Betsi Cadwaladr University Health Board, an integrated rural transport programme at the Hywel Dda Health Board and an integrated direct booking transport system with the Cwm Taf Health Board.

The skill and dedication of staff, supported by a dedicated team of volunteers, remains the Service’s most significant asset, ensuring patients are given the best possible service. The Service’s Volunteer Ambulance Car Service drivers cover eight million miles annually and provide transport for the 50 per cent of patients who have limited mobility but are able to get in or out of a car.

The other major arm of PCS is Health Courier Services, which transports non patient and non emergency items, which includes everything from bloods to beds, samples to supplies.
EMERGENCY MEDICAL SERVICES

Once again 2010/11 was a year of mixed fortunes for our Emergency Medical Services.

We made continued progress in improving our performance, consistently exceeding the national target of reaching 65 per cent of life-threatening emergencies within eight minutes.

Then, towards the end of November, Wales was hit by appalling Arctic weather which brought much of the UK to a standstill.

In addition to the treacherous and often impassable roads, we experienced a massive increase in the number of 999 calls. In December, for example, we received 5,488 more emergency calls than we did during the same period in 2009.

Despite the fact that our staff and volunteers responded magnificently to the challenges posed by the extreme weather conditions unfortunately we failed to achieve the performance target in November, December and January.

We are extremely grateful for the help we received from the other emergency services, mountain rescue teams, coastguards and in particular St John Ambulance.

Once the weather improved there was an upturn in our performance and for the remainder of the year we were again exceeding the target.

We are working with our NHS partners to resolve the extended turnaround times at hospitals. Overall, we lost 54,476 ambulance hours during the year, a 35.8 per cent increase on the previous year as a direct result of extended turnaround times at hospitals across Wales.

The Trust worked closely with health boards and trusts, to develop new ways of dealing with patients, to relieve bottlenecks and find more appropriate ways of providing care.

While the vast majority of Wales was receiving a service that was meeting the targets set by the Welsh Government, there were still some areas where we were not compliant.

Achieving a consistently excellent service across the whole of Wales will be a major priority in the coming year.

As well as nurses from NHS Direct Wales, we introduced paramedics to provide increased clinical expertise in the control rooms so that, where appropriate, we can continue to divert more of the less serious 999 calls so that patients receive more suitable care rather than being taken to hospital when they don't need to be there.

We were particularly proud that our staff were the big winners at the year’s prestigious Ambulance Services Institute awards at the House of Lords, winning four out of a possible 12 categories with two Swansea women nominated by the Welsh Ambulance Service taking the Public Spirited award.

The winners included Paramedic of the Year Mark Timmins, from Ruthin; Ambulance Technician of the Year Dafydd Dennis, from Barry; Military Award winner Tony Stephens, a paramedic from Rhyl; the Swansea based Wales Air Ambulance crew who were named Air Ambulance Team of the Year.
This year the Welsh Ambulance Services Trust unveiled a new strategic action plan to enable it to improve further the quality of services that people receive over the coming years.

The five year plan, ‘Working Together for Success’, sets a clear direction for the Trust with a renewed focus on the quality, safety and outcome of the services it provides, and ensuring that people who use them have a very positive experience which meets their expectations. The framework contains a number of objectives including the improvement in overall response times, and specifically patients who have suffered cardiac arrest, and the development of a wider range of skills and services which enable more people to be treated at scene and supports more people to safely remain at home.

By 2016, the Trust, in partnership with the Local Health Boards and other agencies, expects to significantly reduce the number of patients that need to go to A & E departments and hospitals for treatment. This will be achieved through improved assessment, diagnosis and nurse-led clinical advice over the telephone, improved clinical skills to allow enhanced care to be provided at scene by paramedics, and the development of a wide range of services within primary and community care.

Those that go to hospital can expect, in the case of strokes and cardiac arrests, to have had their ambulance assessments forwarded electronically to the hospital where the appropriate team will be waiting to receive them.

There will also be greater use of nurse assessment for calls which do not require an emergency ambulance, while paramedics trained to a higher level will be able to make on the spot assessments and will be equipped with a greater range of medicines and drugs to treat patients themselves in their own homes.

This will also be allied with a greatly enhanced Patient Care Service which will see much reduced waiting times for transport to and from appointments and also more comfortable vehicles with better planned routes.

This will be made possible by more sophisticated booking and route-planning technology and by improved training for staff and greater consultation with patients and staff.

The new plan builds on improvements that have been made in recent years while focusing increasingly on the patient as the central subject of future developments. This will see changes in the way the Trust provides its services to meet the challenges of a changing health environment and the new strategy places an emphasis on meeting each and every person’s individual needs first time and on working ever more closely with our NHS partners.

The Trust is working on developing its ability to provide people with better clinical advice over the phone so they receive the right advice first time and reduce a great deal of unnecessary attendances at A&E departments.

Working Together for Success also underlines the important role the Trust plays in improving the survival rates of patients who have suffered heart attacks and strokes, and in ensuring patients are able to attend outpatient appointments on-time, every time to receive the care they require.

It provides a road map for the way forward to improving access, response, assessment and treatment in unscheduled care and in Patient Care Services for easily-accessible high quality planned transport which is valued by its users.

The full five-year plan is available on the Welsh Ambulance Service website www.ambulance.wales.nhs.uk
Countless people are alive today thanks to the dedication and commitment of the Welsh Ambulance Service’s army of volunteer responders – and the skill of the paramedics who have trained them.

The value of the Community First Responder and Public Access Defibrillator schemes was never better illustrated than this year.

First Responders are a Wales-wide network of volunteer lifesavers trained by the Ambulance Service to use defibrillators (which give electric shock treatment in heart attack cases), oxygen equipment in emergency resuscitation techniques.

Veteran Responders Roy and Pat Thomas, from Solva, in Pembrokeshire, chalked up their second resuscitation of a fellow Solva villager, watched from across the road by the man whose life they saved two years ago.

Cerrigydrudion Responder Tomos Hughes helped save a toddler who swallowed a bottle of chilli oil and also worked on the vital 999 Where Are You scheme in Denbighshire to encourage remote rural properties to put up proper signage to help emergency services.

Responder Phillip Hughes, from Newport, shocked a former Casualty actor back to life when he suffered a real life emergency in his local shop.

Once again two volunteers came to the rescue with 4x4 vehicles when the weather was at its wintry worst in November and December, helping get treatment to people at remote properties.

There were also five successful resuscitations at Public Access Defibrillator (PAD) sites across Wales, including a railway station in Neath and bingo halls in Cardiff and Newport.

The PAD project has grown so that there are now 118 schemes across Wales. As well as railway stations, golf clubs, bingo halls and a casino, there are now defibrillators on Bardsey Island, on top of Snowdon and 300 feet underground at Big Pit, Blaenavon.

Other new Schemes include Trinity College, Carmarthen; two Cardiff City Council sites; Parkdean Holidays, Porthcawl, the largest caravan holiday park in Europe, and the Capitol Shopping Centre, in Cardiff. Since the schemes’ inception in 2006 Welsh Ambulance Services Trust have trained over 6,000 people.

There are now more than 1500 responders across Wales (over 800 in South East, North 283, Central and West 450). The number of Community Responder Schemes is now 113 with 41 in South East, 40 in Central and West and 32 in the North.

This is in addition to our other responder groups such as the Fire and Police Co-responder stations, (Central and West 13 with Fire Service, North three with the Police, South East one with Police), St John Ambulance, off-duty staff, Affiliated Service Responders and Static Site Responders.

Across Wales the success stories have helped raise the profile of responders and encouraged new groups to form and old groups to strengthen while a programme of recruitment stories has also borne fruit.

Responders have also taken on a proactive role, going out into the community at places like Pennard, near Swansea, to spread the gospel of first aid among local groups and in schools.

First Responder Pat Hughes of Trefeglwys
The Wales Air Ambulance celebrated its 10th anniversary with a birthday party at Margam Country Park, near Port Talbot, on St David’s Day, 2011.

And there was plenty to celebrate – more than 14,000 missions and thousands of lives saved since its inception in 2001.

The Air Ambulance is a charity and relies on the generous contributions from the public. Charitable funding provides for the running and maintenance of three helicopters across Wales together with the pilots. The Welsh Ambulance Service supports the charity by providing the paramedics to serve on the aircraft. We have a very strong well developed relationship with the Air Ambulance Service and we work together to support unscheduled care

The party was also a way of saying thank you to the generous people of Wales who have ensured that this vital service stays airborne, providing cover across the country.

Wales was the last country in Europe to have a dedicated air ambulance service but it is now one of the busiest and best.

There are three helicopters and they can reach any part of Wales within 20 minutes. The introduction of new generation E135 helicopters - which have extra space for paramedics to treat patients in flight and can also carry a doctor, nurse or parent of an injured child - in Swansea and Caernarfon have made a big difference. The Air Ambulance is also hoping to upgrade the Welshpool-based helicopter.

Another significant development was the appointment of a full-time link person between the Wales Air Ambulance and the Welsh Ambulance Services NHS Trust. The new Air Ambulance Manager is Jason Williams, formerly the Locality Ambulance Officer in Conwy and Denbighshire.

We were particularly proud that three Wales Air Ambulance crew members were honoured at a special ceremony at the House of Lords for helping save the life of the victim of a gas explosion.

Air Ambulance paramedics Phil Thomas and Gareth Williams and pilot Grant Elgar were named the Air Ambulance Team of the Year for 2010 after their dramatic role in treating and flying the horrifically injured man to hospital.

The crew were called to a business address in Bridgend where the 38-year-old man had suffered terrible injuries, including having one leg blown off, when a gas cylinder exploded.

Despite fading light and difficult weather conditions the crew helped treat the patient before flying him to Morriston Hospital for emergency microsurgery arriving just 34 minutes after the original 999 call.

The crew were presented with their awards by Baroness Browning of Whimple at a glittering ceremony in the House of Lords also attended by Welsh Ambulance Service Chairman Stuart Fletcher.

The crew also received the Welsh Ambulance Service’s Gail Williams Award for Clinical and Operational Excellence.

Another Wales Air Ambulance paramedic, Mark Timmins, scooped Paramedic of the Year while on road duties, when he risked his own life to rescue a drowning father in the River Dee near Llangollen.

Air Ambulance Team of the Year, from left, paramedic Gareth Williams, pilot Grant Elgar and paramedic Phil Thomas.
NHS Direct Wales is part of the Welsh Ambulance Services NHS Trust and the service is available either over the telephone or on the website 24 hours a day 365 day a year, and is the national provider of expert clinical advice, support and reassurance. We support patients, carer’s and the wider NHS in Wales by providing advice and information including how and when to self care. It is a service which is continuing to grow and play an even bigger part in the provision of unscheduled care for the people of Wales. We know that we continually direct callers away from other more urgent unscheduled care services and that our callers consistently tell us how convenient the service is by being able to speak to an experienced nurse from within their own home. In all during the year NHS Direct Wales answered over 368,634 calls while the website received a total of 549,668 hits.

NHS Direct Wales has played a major part in the launch and follow through of the Welsh Government’s ‘Choose Well’ project to encourage callers to seek the best option to get the treatment they need, rather than routinely call 999 and the emergency services.

Wales’ instant health service – 0845 46 47 or on-line – has over the last year been developing further its range of services which are just a phone call or mouse click away from the public.

The 24-hour helpline and the website are gateways to a menu of health services that provide unscheduled care and public health promotion to the people of Wales from ‘The Room’, the service for 13-17 year olds, to the Smokers Helpline, including information on local services and local health events in each area. There is also advice on health and wellbeing in a new service launched this March.

As part of the all Wales 1000 Lives Plus campaign launched in 2008 NHS Direct Wales is working with its NHS partners to support patients who have fallen and/or are at risk of falls.

NHS Direct Wales continues to operate from three Clinical Contact Centres across Wales, Bangor Swansea and Cwmbran. The Cwmbran Clinical Contact Centre is a shared resource with Gwent GP out of hours service, Ambulance Control and more recently Gwent Frailty. This co-location has provided NHS Direct Wales with an opportunity to further integrate with other unscheduled care partners. In addition to the 0845-46-47 services, NHS Direct Wales nurses are increasingly providing clinical triage for Category C ambulance calls that are received by the three regional ambulance control rooms across Wales. This an increasingly important role of NHS Direct Wales, helping direct callers to alternative care pathways, such as GP referral, thus freeing up emergency ambulances to deal with life-threatening calls and also preventing unnecessary transfers to Emergency Departments.

In the last year, NHS Direct Wales nurses assessed a total of 24,435 ambulance 999 calls and of these 60% received an alternative outcome other than ambulance response. Nurses now frequently contact GP surgeries to refer patients to a more appropriate care pathway.

NHS Direct Wales has also continued to work in partnership with LHBs to provide Out Of Hours call handling and telephone triage for two GP Out Of Hours services in Swansea, Gwynedd and Anglesey in addition to providing assessment and advice to callers to six major A&E departments across Wales and emergency dental helplines for 13 LHB’s.
Quality and Patient Safety remains on top of the agenda for the Trust which has underlined its commitment to providing a top class service to the people of Wales by continuing to be the only ambulance service worldwide which is signed up to the 1,000 Lives Plus Campaign.

A Patient Safety story is always the first item at every Board meeting and the Quality, Safety and Governance Committee is now chaired by non-executive board member Kevin Fitzpatrick while the executive lead is Sara Jones, the Trust’s Clinical Director.

The Patient Safety story is used to illustrate how we are constantly learning lessons through our Partners in Healthcare (PIH) programme and developing the service. The Trust’s Research and Development and Audit and Effectiveness Teams have been involved in three very high level research programmes during the year. They were chosen, along with the West Midlands and Scottish Ambulance Trusts, to work on the Paramedic Lucas Study in conjunction with Coventry University to evaluate the updated Lucas machines which provide CPR automatically and allow paramedics to have their hands free to provide other life-saving treatment. They are also involved in the Safer One and Safer Two research programmes which are looking at ways of helping provide future support for elderly patients who have fallen but have not suffered traumatic injury but remain in danger of injury from further falls.

The Trust has also been working with the Infection Control Lead of the Welsh Government to ensure policies and procedures around treatment of patients are fit for purpose in terms of preventing infection.

Assistant Clinical Director and Consultant Paramedic Andrew Jenkins is now also on the Strategic Forum for Stroke Delivery and Care for Wales which streamlines treatment for stroke victims to ensure they receive appropriate care as swiftly as possible. Senior Practitioners are now out on the roads all over Wales, bringing a higher level of clinical care and provision of more medicines as well as the ability to assess and treat patients at home and direct them to alternative appropriate care pathways.

They have also been working in control rooms in recent months on the clinical desks which provides an additional level of expertise and support both for Emergency Medical staff in the field and for call takers in control.

Paramedic, Nursing and PIH strategies have been put in place in line with the Trust’s annual plan and a Clinical Records Group has been set up to ensure Patient Clinical Records (PCR) are fit for purpose. Each patient has a PCR filled in each time they receive treatment from the Trust and this record is duplicated with one copy handed over to the receiving hospital and one kept for the Trust’s own records.

AWARDS FOR OUR HEROES

Wales won a fantastic four awards at a glittering ceremony at the House of Lords to honour the UK’s ambulance heroes.

The Welsh Ambulance Service took the Institute’s top awards with both Paramedic of the Year, Mark Timmins, and Ambulance Technician of the Year, Dafydd Dennis, coming from Wales and the Military Award also going to a Welsh paramedic, Tony Stephens.

The UK Air Ambulance Team of the Year also went to Wales with the crew of the South Wales Helimed, paramedics Phil Thomas and Gareth Williams and pilot Grant Elgar, taking the accolade.

Welsh Assembly Government Health Minister Edwina Hart said: “These awards recognise the excellent work the staff at the ambulance service do and the heroism of those who have gone beyond the call of duty.”

The presentations were made at the Palace of Westminster by Baroness Browning of Whimple – the former Conservative MP Angela Browning – and were attended by Welsh Ambulance Service Chairman Stuart Fletcher and Wales Air Ambulance Chief Executive Angela Hughes.

Mr Fletcher said: “To take four of the 12 awards is an extraordinary achievement and shows the calibre of the staff we have serving the people of Wales.”

Paramedic of the Year Mark Timmins, left, with Baroness Browning of Whimple, and Welsh Ambulance Service Chairman Stuart Fletcher
Safeguarding children and vulnerable adults has also been high on the agenda for training with front line staff, including control staff, receiving training in identifying and dealing with safeguarding issues through the Trust’s own dedicated department headed by Rhiannon Beaumont-Wood.

Figures in the annual reports for Vulnerable Adults and Safeguarding Children identify that a significant amount of safeguarding interventions have been made by front line staff. The figures are:

<table>
<thead>
<tr>
<th>Region</th>
<th>Children</th>
<th>Adult Social Care</th>
<th>POVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS DW Ambulance Services</td>
<td>820</td>
<td>82</td>
<td>32</td>
</tr>
<tr>
<td>Overall Total</td>
<td>2363</td>
<td>1003</td>
<td>340</td>
</tr>
</tbody>
</table>

This could suggest improvements in the understanding of individual and organisational responsibilities in relation to safeguarding.

A domestic abuse pathway was implemented into the Trust in November 2010 in response to the Welsh Government strategy to tackle domestic abuse. NHS Wales is identified as having a key role to play with better awareness amongst health professionals required. A training program has been introduced to support the pathway.

A policy has been developed to improve the Welsh Ambulance Service response to ‘Children in Special Circumstances’. This creates a framework to standardise the Services response to children with special health needs, life limiting conditions or who need particular safeguards put in place.

The Trust has a statutory duty to comply with the Children Act 2004 and adhere to Adult Protection guidance. It is monitored by external bodies such as Health Inspectorate Wales who undertook two separate reviews of adult and child safeguarding arrangements in NHS organisations. They issued recommendations which the Trust had to respond to, and action plans relating to them are progressing.

Safeguarding Children Boards have a statutory function, part of that duty is to hold partner agencies to account. The Trust has completed a self assessment of the key responsibilities of the Children Act (Section 28). This year’s self assessment has improved on last year's and this will be shared with the 22 safeguarding Boards in Wales to provide assurances. Several presentations have also been made on the Trust’s safeguarding arrangements to the Boards in Wales to provide assurances.

The Children and Young Peoples Services National Framework has a self assessment tool, this is completed annually by the Trust. Standards have been maintained and improved in many areas. Work is now being undertaken to progress the standards identified in the Older Persons National Service Framework.

Mental Health First Aid training is being offered to staff to equip them with better understanding, skills and knowledge in responding to service users with mental health needs. This training is being well received by practitioners who have attended. More focus will be given to mental health during the next reporting period.

The adult Safeguarding agenda has been aligned with Children’s safeguarding and is now receiving more focus. The Safeguarding team provides advice and support to front line practitioners as well as departments and service areas. New all Wales multi agency guidance has been introduced to help to provide a more standardised approach to Adult Protection. Effective multi agency working is crucial in safeguarding vulnerable people; the team provides important links between partner agencies and the operational elements of safeguarding. Improvements in multi agency working in relation to safeguarding help to promote the professionalism required to foster the necessary Trust between agencies in building robust safeguarding frameworks.

It is a key requirement that Safeguarding Children and Vulnerable adults is seen as an integral part of service delivery within the Trust’s five year plan.
The Trust’s Partners in Healthcare (PIH) team fulfils a hugely important role within the service – it listens to what its customers say. It takes notice too, finding out about how the public view the service from the experiences of those who have been at the sharp end of it.

The PIH team was created as part of the Trust’s Patient and Public Involvement Strategy with the purpose of gathering the views, opinions and experiences of the public, feeding them back into the service and where necessary acting upon them to improve the way we interact with our patients, their families and the public in general.

The team operates right across Wales and works in partnership with patients, service users, citizens, health and social care professionals, patient groups, and the voluntary sector.

They engage with them to gather views, suggestions, stories and experiences by collecting stories from patients, both critical and complimentary, by setting up a Readers Panel and by holding meetings.

As well as learning from the public the aim is also to inform the public about the work of the Trust and its different services.

Encouragingly for the PIH team an independent report commissioned by the National Leadership and Innovation in Healthcare Agency found that the approaches used by PIH were very effective and that its work showed innovation and commitment.

One of the most visible aspects has been the gathering of stories from patients including digital stories, short, personal films created using a voice recording and images, and in just 12 months from the first digital story being produced the team has become competent enough to produce a new training DVD for the Welsh Government for use in the NHS in Wales.

They have also produced leaflets and posters to help inform the public of key messages and advice that the PIH Readers’ Panel have helped to develop and assess. This has led them to pioneer the production of special leaflets for ambulance crews to drop off. The leaflets include dealing with bereavement, coping with falls for those over 65 and the Choose Well project which encourages people to make the right and most appropriate choice when considering dialling 999.

The PIH team has also been involved in a hugely important piece of work in producing medical information cards for the hard of hearing following extensive work with deaf groups all over Wales.

This provides deaf people with a card which they can hand to a paramedic and addresses the issue that very many people deaf from birth can only communicate by sign language. The card will ensure that any treatment they are given is appropriate for them.

They have also ensured that Welsh Ambulance Services Trust is now signed up to the UK service which means 999 calls can be made by text message which means that individuals who are deaf or hard of hearing can contact the emergency services if they need urgent treatment or if they witness an accident.

The feedback the PIH team receives is also important in working out best practice in dealing with very many different problems and scenarios and in instigating training programmes for staff to help them deal with the many different issues that confront them.

As a result of engagement activities with the PIH team, the Renal Transport and PCS services are working collaboratively with patients to make improvements as part of a special pilot project.

PIH and its network of patient/public members continue to drive forward effective engagement and participation.

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**WATCHING OVER THE RYDER CUP**

When Northern Irishman Graeme McDowell holed the winning putt in the 2010 Ryder Cup at Celtic Manor the eyes of the world were upon him – with one exception.

Dave Jones was doing his job, scanning the crowd. As the Welsh Ambulance Service’s South East Region Emergency Planning Officer, Dave’s no stranger to the big occasion.

He’s done several FA Cup Finals, a Rugby World Cup, a host of Six Nations rugby internationals, five Wales Rally GBs, cricket Test matches and one-day internationals and five Welsh Open golf tournaments.

Not bad for a Rhondda man who isn’t even interested in sport: “While everyone else watches the game I watch them,” he said.

Dave, aged 56, a paramedic before going into training and emergency planning, organised the ambulance services for an event which brought 45,000 spectators a day to the Celtic Manor, the luxury hotel and golf resort created by Welsh billionaire businessman Sir Terry Matthews just outside Newport.
The Trust continues to place a major emphasis on the development of its workforce, whether full-time, part-time or volunteer, and this has again enabled the Trust to make major strides during the year.

Perhaps the most significant development has been the appearance for the first time on Wales's roads of new, university-educated paramedics, graduates of a two-year course developed in conjunction with Swansea University.

This is part of the commitment to ensure that the workforce is equipped and supported with the right skills to deliver the required service to patients.

But throughout Wales and at all levels the Trust has invested heavily in improving the skills of its workforce and their working environment as well as in nurturing the culture of the organisation.

At the heart of this is the Trust's own ongoing development, embodied in the new strategy, Working Together for Success, which was unveiled during the year and which provides a road map for the improvement of the service.

The year has seen effective and sustainable change to benefit patients and improve the way the Trust accesses, understands and uses the data provided by the staff surveys and studies into patient outcomes and attitudes.

The integrated workforce plan continued to be implemented so that the Trust has been better able to focus on identifying ways of more effectively and efficiently providing services.

Strategies to improve levels of co-operation across different sectors have seen partnership working grow and in particular the way staff side representatives and managers have combined.

Staff side representatives are routinely part of decision making at all levels including in the development and implementation of specific projects as well as on standing committees such as those involved in recruitment.

The cornerstone of workforce development is the increase in ownership of individual performance and each person’s development needs. The personal development review (PDR) is a critical part of this and is the way in which most staff continue to develop themselves.

Leadership is a vital component of workforce development especially in advancing and delivering collaborative service improvements.

During 2010/2011 the Trust was at the forefront of progressing joint approaches to leadership development which has seen a number of managers participate in educational programmes with colleagues from across the NHS and the broader public sector in Wales.

This has laid the foundation for a long-standing strategy and for the development of the Trust’s approaches to identifying and managing the potential and talent within the NHS in Wales.

This is part of a process of equipping the next generation of managers and leaders with the skills they will need to take the Trust forward as part of the NHS strategy Wales Has Talent.

New roles, particularly Clinical Team Leaders (CTL) and Senior Practitioners, are being embedded to help improve the delivery of services, especially in bringing more appropriate treatment to patients along with the ability to manage care pathways in a new way.

This is at the heart of what the Senior Practitioners, who are trained in a wider range of skills and medicines to manage particular conditions, are doing and is likely to lead to fewer patients being taken to hospital.

It is a specific example of a broader approach to developing skills to meet the changed needs of patients.
The Trust's Health and Safety Policy applies to all employees, volunteers, all contractors working on behalf of the Trust, patients/clients, visitors and others on Trust premises, including its vehicles, or wherever they are engaged on, involved with, or affected by the activities of the Trust.

The Trust is committed to compliance with all relevant health and safety legislation, regulations and Approved Codes of Practice. The Trust's Statement of general policy is to:

- Provide adequate control of the health and safety risks arising from the activities of the Trust;
- Consult with the Trust's employees and volunteers on matters affecting their health and safety;
- Provide and maintain safe systems of work, safe plant, buildings, vehicles and equipment and ensure that employees and volunteers are provided with appropriate equipment that is fit for purpose and with adequate training in its use;
- Ensure safe handling and use of substances;
- Provide information, instruction and supervision for employees and volunteers appropriate to the tasks undertaken by them;
- Ensure all employees and volunteers are competent to carry out their tasks, and to provide them with adequate training;
- Do everything reasonably practicable to prevent accidents and cases of work-related ill-health; and
- Maintain safe and healthy working conditions.

The Trust has not received any HSE improvement notices during the year. The main challenges to health, safety and welfare were those relating to moving and handling, road traffic accidents, violence and aggression against staff and those issues presented by the Trust's ageing estate. New vehicles with improved patient handling facilities continue to reduce moving and handling incidents. The introduction of “safe sharps” has significantly reduced needle-stick injuries. The Trust continues to pursue its policy of zero tolerance towards violence and aggression against staff and volunteers.

The Trust is working closely with the Welsh Government to develop Case Management, which is about supporting staff and volunteer victims of violence and aggression and pursuing appropriate legal action against assailants. During the year the Trust received an inspection visit from the HSE as part of their review of the NHS arrangements for the management of violence and aggression, and the Trust is in the process of developing further its arrangements to ensure that all staff receive appropriate training.
The Trust continues to develop its Estate Strategy aimed at addressing the health, safety, welfare and operational issues presented by its ageing estate.

A major threat to health, safety and the environment has been removed following the significant investment in the complete decommissioning and removal of the Trust’s aged fuel storage facilities and their replacement by safe modern alternative arrangements.

The Trust’s Environmental Management and Sustainability policy is to:

- Work towards the integration of environmental considerations into all the day-to-day activities of the Trust, focusing initially on those activities that have the most significant impact.
- Minimise adverse environmental impacts of the Trust’s activities and further develop existing Risk Management policies and procedures to prevent, as far as is reasonably practicable, possible pollution incidents and related accidents.
- Work towards achieving environmental management excellence for all the Trust’s operations using available national standards on sustainable environmental management, sustainable procurement, healthy transport management and waste management as quantitative and qualitative measures of performance.

- Maintain and further develop procedures and systems to identify, and ensure compliance with all relevant legislation, regulations and standards aimed at protecting and enhancing the environment.

Compliance with the Trust’s policy statement is achieved by the implementation of a structured Environmental Management System.

ON THE MEAN STREETS

Cardiff paramedic Angie Dymott was the star of a gripping episode of the BBC 2 show The Toughest Place To Be… A Paramedic.

The 45-year-old mum from Gwaelod-y-Garth, Cardiff, was dropped in one of the most dangerous parts of the most dangerous cities in the world, Guatemala City in Central America, to work alongside its paramedics.

An inter-gang shooting was one of many violent incidents she had to deal with as she rode the ambulances with the local bomberos, who have to man both ambulances and fire engines.

It was a far cry from Angie’s normal patch around Cardiff but her two weeks in Guatemala City - “the best experience of my life” - was the result of being selected from more than 400 paramedics in the UK who applied to appear on BBC2’s new series, “The Toughest Place To Be” which aired on Sunday, February 13.
Compliments
As many of our pictures in this report illustrate, the work of our staff is greatly appreciated by the public. We received 388 formally recorded compliments during the reporting period.

<table>
<thead>
<tr>
<th>2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
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<tbody>
<tr>
<td>Written compliments</td>
<td>579</td>
<td>572</td>
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Whilst this does represent a reduction based on previous years, this is of course supplemented by the many verbal thanks received by staff on duty which are not formally recorded.

Concerns
The past 12 months have seen the Trust working towards the introduction of ‘Putting Things Right’ (PTR) Regulations which came into force on the 1st April 2011. This has resulted in the complaints, claims and incidents teams integrated into one Concerns team.

The aim is to provide a single, more integrated and supportive process for people who raise a concern which:
- Is easier for people to access;
- People can trust to deliver a fair outcome;
- Recognises a person’s individual needs (language, support, etc.);
- Is fair in the way it treats people and staff;
- Makes the best use of time and resources;
- Pitches investigations at the right level of detail for the issue being looked at; and
- Can show that lessons have been learnt.

The principles of ‘Being Open’ are at the heart of PTR and support improvements to the Management of concerns.

The benefits of the approach adopted in the new arrangements may include:
- Learning from concerns leads to better quality and standard of care;
- Reduced incidence of similar issues arising again;
- Improved patient safety;
- Better experience for people wishing to raise a concern;
- Reduced number of concerns that are escalated;
- Better focus of specialist advice;
- Potential reduction in the cost of legal fees; and
- Increased public confidence in the services provided by the NHS.

Written Complaints received during 2010/11
The number of written complaints received by the Trust for 2010/11 was 339. Additionally during the year there was a total of 116 communications from other healthcare professionals both written and verbal. This compares with 392 complaints for 2009/10, however the figure of 392 incorporates feedback from other healthcare professionals.

<table>
<thead>
<tr>
<th>2010/11</th>
<th>2009/10</th>
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<tbody>
<tr>
<td>Trend</td>
<td>Total</td>
<td>Written</td>
</tr>
<tr>
<td>MPDS</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Attitude</td>
<td>118</td>
<td>42</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>30</td>
<td>18</td>
</tr>
<tr>
<td>Communication</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>General Care</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>132</td>
<td>16</td>
</tr>
<tr>
<td>Service Provision</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>Standard of Driving</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>Timeliness</td>
<td>356</td>
<td>181</td>
</tr>
<tr>
<td>Vehicles</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Welsh Language</td>
<td>4</td>
<td>3</td>
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Verbal complaints
The number of verbal complaints received by the Trust has decreased compared to 2009/10. A total of 574 verbal complaints were received in 2009/10 compared with 394 for 2010/11

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<th>2010/11</th>
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<tbody>
<tr>
<td>Written compliments</td>
<td>579</td>
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Trends
To ensure the Trust learns lessons from complaints, themes and trends are captured. These are then fed into the Regional Concerns Groups; they are also reported to the Patient Safety and Safeguarding Panel (PSSP). The PSSP reviews these themes from Complaints, Claims and Adverse incidents (which under Putting Things Right will all be referred to as a ‘Concern’) and recommend action where necessary. These would then be reported to Trust Board.

A breakdown of trends is shown below:
Complaint Escalation

During the year, 3 complaints have been escalated, 2 to the Ombudsman and 1 went to an Independent Review Panel.

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<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
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<tbody>
<tr>
<td>Escalated and heard by Independent Review Board</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Escalated to Ombudsman</td>
<td>0</td>
<td>2</td>
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Achievements against Key Performance Indicators (KPI)

A total of 97% of written complaints received was acknowledged within the 2 working days. The number of written complaints responded to within the 20 days was 22%.

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<th>2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
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<tr>
<td>Acknowledged within two working days</td>
<td>91%</td>
<td>99%</td>
<td>97%</td>
</tr>
<tr>
<td>Resolved within 20 working days</td>
<td>25%</td>
<td>27%</td>
<td>22%</td>
</tr>
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Though the Trust has not met the KPI considerable work is ongoing to meet the requirements of ‘Putting Things Right’ which includes undertaking an investigation once but doing it well and ensuring complainants receive an open and honest response. Further to this, ensuring that if the Trust is unable to meet the timeline recommended, complainants are kept informed of the reasons why there may be a delay in responding.

A BIG THANK YOU FROM SAMANTHA

A young mum has praised a Welsh Ambulance Service crew for saving her life – with the help of a tuxedo-wearing angel.

Samantha Lyons, 36, suffered a heart attack while being treated in the back of an ambulance and paramedic Martin Cross had to use a defibrillator to restart her heart but all Samantha could ask when she recovered consciousness was: “Where’s the man who brought me the flowers?”

Samantha, from Trinant, near Crumlin, in Gwent, said all she remembers is an old man in a white tuxedo handing her a bouquet of yellow flowers.

She said: “It was so vivid. This old man gave me the flowers and told me I had to go back. It was weird.”

Samantha showed her appreciation to the ambulance crew who saved her life by delivering thank you cards from her family and herself to paramedic Martin Cross and ambulance technician Matt Lane of Blackwood Ambulance Station.

From left Paramedic Martin Cross, Sadie Lyons, mum Samantha Lyons, Adam Lyons, Jamie Jenkins, Wayne Jenkins and Technician Matt Lane.
The Trust has over the course of the year continued to make progress in creating a bilingual service. We are implementing a comprehensive action plan based on our revised Welsh Language Scheme. The process has enabled us to identify parts of the service where more work needs to be done and guidance has been sent to all members of staff via the Intranet.

Our priority is to ensure that patients and service users can choose the language in which they are treated, particularly when it involves older people or children who would find it more difficult to express themselves in another language.

There has been an improvement in terms of monitoring and ensuring that the complaints procedure deals effectively with any complaint that comes in relating to the Welsh language.

At Board level, we have two Welsh Language Champions – our Corporate Secretary, Dawn Sharp, and Non-Executive Director Philip James. Meanwhile, we have a staff network of Welsh Language Champions across Wales. In addition to their day-to-day responsibilities, they promote the use of the Welsh language while supporting and encouraging colleagues who want to learn Welsh.

We saw a good example of the effectiveness of the Welsh Language Champions at NHS Direct Wales. As a result of their support, there has been an increase in the number of staff who are confident enough to deal with calls through the medium of Welsh.

The introduction of Electronic Staff Records has enabled us to better quantify the number of Welsh speakers we have and what level of Welsh they are confident in using in their everyday work. We have now established that more than a third of our workforce can speak at least some Welsh.

Among them is Paramedic Giovanni Riva who was featured in our first newsletter about Welsh language matters.

Listening and responding to the views of staff is an important part of our approach to the Welsh language which is an integral part of our equality policies. Over the past year there have been a number of instances where other organisations have been referred to us by the Welsh Language Board because our work with the Welsh language has been regarded as best practice.
The Trust has continued to work hard to ensure that patients and staff are treated fairly and in accordance with their needs. We have continued to focus our approach to Equality and Human Rights issues so that dignity and respect are at the heart of everything we do.

This work has been focused through the Equality and Human Rights Steering Group, which is now chaired by the Trust’s Chief Executive Elwyn Price-Morris.

It continues to be supported in its work by the the NHS Wales Centre for Equality and Human Rights which has been invaluable in offering support and ensuring high levels of dignity and respect within the organisation.

2010/11 has seen a number of major achievements in this area:

- There has been a major training programme based around E & HR and which has been delivered to staff throughout the Trust, including non-operational and back room employees.
- The Equality Act came out in October 2010 and a programme has taken place to ensure managers are aware of the provisions of the Act.
- Work has been done to extend the provisions of the Single Equality Scheme to matters of age, religion and sexual orientation as well as race, disability and gender.
- A broad range of staff being involved in the development of the Trust’s values and behaviours and all staff being involved in the development of the Trust’s Staff Charter which came out in September 2010.
- Training has centred round the need to make staff aware of the needs of different communities and in all nearly 3,000 have received E & HR training with effective use of case studies.
- Working alongside the training manager for the Centre for E & HR, training has been delivered to all trainers within Welsh Ambulance Services Trust, including those in NHS Direct Wales.
- An audit of employee data has been carried out by the Human Resources department which is recorded on the Trust’s employee database and is used to make better and more focused decisions.
- The Trust has approved the Equality Impact Assessment Guidelines which ensures that any decisions made have to be assessed to see what impact they have on equality.
- Using the information from the 2009 Staff Survey, each Directorate has produced their own E & HR Action Plan which has been put into effect in the past year.

RAY THANKS CREW

A man who cheated death nine times has heaped praise on the ambulance crew that fought to save his life.

Ray Lecomber, 65, from Shelley, near Huddersfield, had to be shocked back to life nine times by the Trust’s staff after he collapsed at his holiday home near Tenby, in Pembrokeshire.

Tenby Ambulance Station paramedics Mark Rice and Nick Tebbutt answered Brenda’s call to her sick husband along with second year paramedic degree student Keri Morgan.

Nick Tebbutt, a paramedic for 19 years, said: “We felt really concerned as we have never known someone survive after being shocked so many times. “So imagine our surprise when a few weeks later a huge box of biscuits appeared at the ambulance station with a note from Ray saying thanks for saving my life. We couldn’t have been more pleased.”

The retired electrical engineer said: “They are all dedicated and marvellous professionals. I have been given a second chance thanks to them.”
FINANCIAL PERFORMANCE AGAINST STATUTORY FINANCIAL DUTIES FOR THE YEAR ENDED 31 MARCH 2011

The Trust has met all of its Statutory Financial Duties and Targets for the year ended 31 March 2011.

- The Trust achieved a break even position on Income and Expenditure, reporting a small surplus for the period of £26k on expenditure of £150.5 million.
- The Trust is given an External Financing Limit by the Welsh Government which it is permitted to undershoot but not exceed. For 2010/11 the Trust met this limit precisely.
- The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 98.9% within the specified time.
- The Trust managed its capital expenditure within the Capital Resource Limit specified by the Welsh Government and invested £11.9 million in new property, plant and equipment.

REVIEW OF THE 2010/11 YEAR

During the year the Trust in partnership with the Welsh Government and Health Board partners implemented the recommendations of the independent efficiency review into Ambulance services commissioned in 2009. This resulted in additional investment in front line Ambulance services totaling some £4.19m.

During the year the impact on Ambulance operations of delayed transfers of care at hospitals throughout Wales was also recognised and funded non recurrently, resulting in further additional investment of £2m.

As a result of the additional investment, expenditure on front line staff increased by more than 3%. This in turn contributed directly to the sustained improvement in emergency response time performance.

Non pay expenditure reduced by some 15.7% in absolute terms. This was mainly due to a reduction of £7.1 million (after accounting for the prior period adjustment) in asset impairments compared to the previous period, and £2.5m as a result of expenditure relating to Air Ambulance Charity (which is a separate organisation not under Welsh Ambulance Services Trust management control) being incurred directly and not recharged via Welsh Ambulance Services Trust.

However, the Trust’s plans in-year to deliver efficiency savings to offset unfunded cost pressures also contributed to a reduction in non pay costs and allowed the Trust to meet its statutory financial duty to break even whilst also maintaining improved emergency response time performance in a challenging public sector financial environment.

On the instructions of the Welsh Government there were no pay awards for Very Senior Managers in the Trust during 2010/11.

The Trust continues to prepare and submit its accounts in line with International Financial Reporting Standards (IFRS). The accounts below are shown in the new format in accordance with IAS 1.

STATEMENT OF COMPREHENSIVE INCOME (SOCI) FOR THE YEAR ENDED 31 MARCH 2011

Revenue from Patient Care Activities

The Trust received £131.7 million of income from patient care activities during the year. This is an increase of £3 million from 2009/10.

This increase related mainly to an increase in Welsh Health Specialised Services Committee (WHSSC) income relating to the Efficiency Review of Ambulance Service in Wales as referred to above.

Other Operating Revenue

The Trust received £18.9 million of other operating revenue. This is a decrease of £4.8 million from 2009/10. This decrease is largely due to:

- Ambulance Radio Replacement Programme (ARRP) funding decrease of £4.5 million from 2009/10.
- Impairment funding decrease of £1.7 million from 2009/10.
- Air Ambulance arrangements having changed in 2009/10. This has resulted in a £2.5 million reduction in income, with a corresponding reduction in expenditure. In 2009/10, and previous years, the Trust handled payment of contracts on behalf of the Air Ambulance Charity, recharging the expenditure back to the charity. In February 2010, this arrangement changed when the Air Ambulance charity began to directly handle its own contracts.

These decreases are offset by an increase in funding for Hospital Handover delays of £1.995 million and ‘other minor services’ income increase of around £2.4 million.
Operating Expenses

Operating expenses during 2010/11 totalled £150 million. This is in line with the previous year’s expenditure.

- Staff costs increased by £3.1 million compared to the previous year’s reported expenditure. The increase is made up of the 2.24% for the National Pay rates as part of the 3-year Wales pay agreement under the Agenda for Change framework (which has now concluded), together with an increase in Operational staff costs.
- Depreciation increased by £2.0 million compared to the previous year’s reported depreciation. This is due to increased depreciation costs of £400k due to capitalization of Automatic Vehicle Locating System (AVLS) Capital project in this financial year and also accelerated depreciation of equipment in this financial year of £1.5 million.
- Other operating expenses totaled £3.9 million, an increase of £3 million compared to 2009/10 due to Ambulance Radio Replacement Programme (ARRP) increased costs (£2.3 million) and other costs relating to SLAs.

These increases in expenses were offset by the following savings:

- Fixed Asset Impairments decrease of £7.1 million compared to 2009/10.
- Transport decreases of £1.5 million due to Air Ambulance fuel expenditure ceasing (£2.5 million) offset by an increase in Trust fuel costs of £0.9 million in this financial year.
- Establishment cost decreases of £1.2 million, mainly due to savings in the following areas: reduction in stationery costs of £56k, reduction in travel costs of £214k, reduction in telephone costs of £757k, a reduction in training costs of £93k and a reduction in lecture fees of £82k.
- Clinical supplies and services decreases of £1.2 million from 2009/10. This was due to an increase in costs in 2009/10 for swine flu clinical supplies.

- Losses and Special Payments decrease of £1.2 million due to the decrease in the provision for future payments of Losses and Special Payments.
- Premises cost decreases of £0.8 million due to a reduction in rates and utilities costs.

Investment Revenue

Investment revenue was consistent with 2009/10; in 2010/11 interest on deposits was £25k (2009/10 £26k) due to continuously low interest rates.

Other Gains and Losses

The Trust disposed of surplus and obsolete equipment with a net book value of £254k (land £200k and equipment £54k), proceeds from these disposals amounted to £316k (land £210k and equipment £106k) which was offset by £16k of legal fees. This resulted in a profit on sale of £46k.

Finance Costs

Finance costs have decreased during the year to £608k, a decrease of £93k compared to the previous year. The majority of these costs relate to interest on the Ambulance Radio Replacement Project (ARRP) finance lease under IFRS.

This leaves the Trust with a retained surplus of £26k for the financial year 2010/11.

In 2009/10 the Trust reported a retained surplus of £59k. The Welsh Government have since given instructions for prior year adjustments to be made to last year’s figures. Full details of these changes are shown below.

Prior Period Adjustment

The comparative figures for 2009/10 have been restated as a result of an adaptation to the HM Treasury Financial Reporting Manual in relation to the treatment of impairments. A smaller adjustment was also required in respect of the treatment of Public Dividend Capital. Where appropriate the financial statements of Welsh NHS organisations are required to be amended to reflect the amended reporting requirement. The Welsh Government have confirmed that this does not impact on the achievement of the Trust’s financial duties for 2009/10.

A summary of the changes is shown below:

- Surplus as stated in 2009/10 financial accounts: £000
- Prior period adjustment relating to PDC: 59
- Prior period adjustment relating to Impairments: (5,358)
- Restated deficit: (5,192)

Further details of these changes are explained below:

Impairment

Prior to 2010/11, all impairment losses were accounted for in accordance with IAS 36 and taken to the revaluation reserve immediately, to the extent that a balance was held for that asset, and thereafter to expenditure. However, HM Treasury have revised guidance for public bodies and now require that impairment losses arising from a clear consumption of economic benefit should be taken to expenditure, and then a transfer performed between retained earnings and the revaluation reserve to the extent to which a revaluation reserve exists for that asset. The main effects on the comparative year are as follows:

- To re-state the 2009/10 Statement of Comprehensive Income reflecting an additional impairment charge of £5,358,000, which was previously taken straight to the revaluation reserve;
To restate the 2009/10 Statement of changes in taxpayers’ equity to reflect the transfer between retained earnings and the revaluation reserve, of £5,358,000; and

There is no overall effect on reserves as a result of this adjustment.

PDC Dividend
In accordance with HM Treasury revised guidance for public bodies, in 2010/11, there is no cost of capital charge to be accounted for in the 2010/11 accounts. In previous periods there has been a charge which was recognised in the Statement of Comprehensive Income. No prior period adjustment has been made for PDC dividends paid out in 2009-10 because these are genuine cash transactions and accurately affect the Trusts’ performance and repayment of cash to the Welsh Government in 2009/10. However, the 2009/10 PDC dividend creditor has been restated to £nil with an opposite entry taken to the 2009/10 income and expenditure account, as a prior period adjustment.

The main effects on the comparative year are as follows:-

- to restate the Statement of Comprehensive Income to reflect an increase in the surplus of £107,000; and
- to restate the 2009/10 Statement of Financial Position to reflect a decrease in the creditor of £107,000, with a corresponding increase in retained earnings.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011

Non-current Assets
The net value of the Trust’s non-current Assets decreased by £2.3 million from 2009/10 to 2010/11.

A total of £11.9 million was invested in new and replacement assets. This was financed from the Trust’s annual discretionary capital allocation and funding from the All-Wales Capital Programme together with a small amount of re-utilised proceeds from disposal of surplus assets.

This expenditure of £11.9 million included a total of £7.0 million spent on vehicles, £1.5 million on equipment, £1.0 million on upgrading Information Technology systems and £1.5 million on Estates (which included £1.3 million expenditure spent on the new Make Ready Depot).

Other expenditure included £200k on Hazardous Area Response Team (HART) project support costs and £600k on all other project support costs.

Current Assets
At year end the Trust held £15.0 million invested with HM Treasury National Loans Fund. This related primarily to Welsh Government funding for capital items for which expenditure is expected to be incurred early in the 2011/12 financial year, together with some Public Dividend Capital due to be returned in 2011/12.

Positive cash balances were maintained by the Trust throughout 2010/11. As part of the Trust’s financial plans, cash flow for 2011/12 will continue to be carefully monitored.

Current Liabilities
Trade and other payables have increased by £2.5 million; this is mainly due to the increase of £2.1 million in Welsh Government creditor relating to the impending return of ring-fenced funding for depreciation and impairments.

Financed by Taxpayers’ Equity
The Trust’s capital structure is funded from Public Dividend Capital (PDC) issued by the Welsh Government, revaluation reserve and cumulative Income and Expenditure Reserve. The Trust draws down PDC funding as agreed with the Welsh Government and as and when required to fund anticipated capital expenditure.

During the year the Welsh Government directed that £8.141 million in repayable cash loans in the Trust’s Statement of Financial Position should be converted to Public Dividend Capital, representing the Minister’s approval to write off the Trust’s historic debt relating to the Strategic Change and Efficiency Plan (SCEP) that preceded the findings of the independent efficiency review into Ambulance services. On the instruction of the Welsh Government £8.141 million previously accounted for as a repayable cash loan from Welsh Government relating to Strategic Financial Assistance has been reclassified as Public Dividend Capital.

Short term cash surpluses are held in interest bearing public sector investments with Citibank and HM Treasury Deposits.

The revaluation reserves have reduced by £2.1 million due mainly to an adjustment of £1.7 million relating to the disclosure of this year’s impairments (in order to apply consistency compared to prior year treatment) and also an adjustment of £0.5 million due to disposals of land, buildings and equipment.

Post Statement Events
No events subsequent to the date of the financial statements have been identified.

Pension costs
Details of pension costs are provided in Note 10 of the Trust’s financial accounts for 2010/11.

2011/12 and beyond
In common with other public sector bodies across Wales, the Trust is facing a further challenging year. NHS funding is based on a “flat cash” settlement, which makes no provision for inflation or increasing operational cost pressures. It will therefore be important that increased efficiency can be delivered whilst continuing to modernize and enhance operational services.

Continued integration with all aspects of the evolving NHS Wales structure will also be critically important. The Trust will need to monitor closely developments of national measures and respond proactively to any new challenges that may arise in this respect.
2010/11 ACCOUNTS
These accounts for the period ended 31 March 2011 have been prepared to comply with International Financial Reporting Standards (IFRS) in accordance with HM Treasury’s I-FRem by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statement on Internal Control 2010/11
In accordance with Welsh Government requirements the Trust’s full accounts for the financial year include a Statement on Internal Control which sets out responsibilities and mechanisms within the Trust for the management of risk. This includes a review of effectiveness and any significant internal control issues arising during the year.

The Trust’s external auditor is the Auditor General for Wales and included in ‘operating expenses’, on page 27 of this document, is the cost of £137k 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 complete 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
HM Stanley Hospital,
St Asaph,
Denbighshire
LL17 0RS
Tel: 01745 532938

Certificates of Chairman, Chief Executive and Director of Finance
I certify, that the summary of the annual accounts set out on pages 27 to 29 are consistent with the Trust’s full statements for the year ended 31st March 2011.

Report of the Auditor General for Wales to the National Assembly for Wales on the Summary Financial Statements
I have examined the summary financial statements contained in the Annual Report of Welsh Ambulance Service NHS Trust set out on pages 27 to 29.

Respective responsibilities of the Accounting Officer and auditor
The Accounting Officer is responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements, and the remuneration report.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion
I conducted my work in accordance with Bulletin 2008/3 ‘The auditor’s statement on the summary financial statements’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion
In my opinion the summary financial statements are consistent with the statutory financial statements, and the remuneration report of Welsh Ambulance Service NHS Trust for the year ended 31 March 2011 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements 7th June 2011 and the date of this statement.

Huw Vaughan Thomas
Auditor General for Wales
xx June 2011
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

Related Party Disclosures
During the year, none of the Board members or members of the key management staff, or parties related to them, has undertaken any material transactions with the Trust.

The Welsh Government is regarded as a related party. During the year the Trust had a number of material transactions with the Assembly and with other entities for which the Assembly is responsible, namely:

- Welsh Health Specialised Services Committee (WHSSC) (formerly Health Commission Wales)
- All Welsh NHS Health Boards and Trusts; and
- The All-Wales Risk Pool.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the Trust Board.

In July 2000 a charity appeal and trading company were set up with the aim of raising money to fund the operation of the Wales Air Ambulance Service. This charity has been registered with the Charity Commission separately from the Trust’s NHS charitable funds.

FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2011
# Financial Performance for the Year Ended 31 March 2011

## Statement of Comprehensive Income for the Year Ended 31 March 2011

<table>
<thead>
<tr>
<th></th>
<th>2010-11 £000</th>
<th>2009-10 Restated £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from patient care activities</td>
<td>131,661</td>
<td>128,636</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>18,856</td>
<td>23,625</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(149,954)</td>
<td>(155,620)</td>
</tr>
<tr>
<td>Operating surplus/(deficit)</td>
<td>563</td>
<td>(3,359)</td>
</tr>
<tr>
<td>Investment revenue</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Other gains and losses</td>
<td>46</td>
<td>9</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(608)</td>
<td>(701)</td>
</tr>
<tr>
<td>Surplus/(deficit)</td>
<td>26</td>
<td>(4,025)</td>
</tr>
<tr>
<td>Dividends payable on Public Dividend Capital</td>
<td>0</td>
<td>(1,167)</td>
</tr>
<tr>
<td>Retained surplus/(deficit)</td>
<td>26</td>
<td>(5,192)</td>
</tr>
<tr>
<td></td>
<td>31 March 2011</td>
<td>31 March 2010 Restated</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>69,873</td>
<td>72,079</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>81</td>
<td>130</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>69,954</td>
<td>72,209</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>1,069</td>
<td>245</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5,140</td>
<td>6,602</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>15,000</td>
<td>8,500</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>326</td>
<td>326</td>
</tr>
<tr>
<td>Non-current assets held for sale</td>
<td>175</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>21,710</td>
<td>15,673</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>91,664</td>
<td>87,882</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(17,911)</td>
<td>(15,286)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(1,436)</td>
<td>(1,402)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(2,639)</td>
<td>(2,647)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>(21,986)</td>
<td>(19,335)</td>
</tr>
<tr>
<td><strong>Net current assets/(liabilities)</strong></td>
<td>(276)</td>
<td>(3,662)</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>69,678</td>
<td>68,547</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>(10,832)</td>
<td>(20,382)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(4,766)</td>
<td>(4,755)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>(15,598)</td>
<td>(25,137)</td>
</tr>
<tr>
<td><strong>Total assets employed</strong></td>
<td>54,080</td>
<td>43,410</td>
</tr>
<tr>
<td><strong>Financed by:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taxpayers' equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>56,069</td>
<td>45,425</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>(12,059)</td>
<td>(14,045)</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>10,070</td>
<td>12,030</td>
</tr>
<tr>
<td><strong>Total taxpayers' equity</strong></td>
<td>54,080</td>
<td>43,410</td>
</tr>
</tbody>
</table>
## Statement of Cash Flows for the Year Ended 31 March 2011

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2010-11</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating surplus/(deficit)</td>
<td>563</td>
<td>(3,359)</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>10,260</td>
<td>8,262</td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>3,490</td>
<td>10,584</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(497)</td>
<td>(603)</td>
</tr>
<tr>
<td>Dividend paid</td>
<td>0</td>
<td>(1,339)</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>(824)</td>
<td>(73)</td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>1,462</td>
<td>(279)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>1,770</td>
<td>(734)</td>
</tr>
<tr>
<td>Increase/(decrease) in provisions</td>
<td>3</td>
<td>176</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from operating activities</strong></td>
<td>16,227</td>
<td>12,635</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest received</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>(Payments) for property, plant and equipment</td>
<td>(11,180)</td>
<td>(11,445)</td>
</tr>
<tr>
<td>Proceeds from disposal of property, plant and equipment</td>
<td>300</td>
<td>70</td>
</tr>
<tr>
<td>(Payments) for financial assets.</td>
<td>(15,000)</td>
<td>(8,500)</td>
</tr>
<tr>
<td>Proceeds from disposal of financial assets.</td>
<td>8,500</td>
<td>7,850</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from investing activities</strong></td>
<td>(17,355)</td>
<td>(11,999)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital received</td>
<td>2,503</td>
<td>2,115</td>
</tr>
<tr>
<td>Public Dividend Capital repaid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loans received from Welsh Government</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Capital elements of finance leases and on-balance sheet PFI</td>
<td>(1,375)</td>
<td>(2,751)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from financing activities</strong></td>
<td>1,128</td>
<td>(636)</td>
</tr>
</tbody>
</table>

| Net increase/(decrease) in cash and cash equivalents                       | 0       | 0       |

<table>
<thead>
<tr>
<th>Cash and cash equivalents and bank overdrafts</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>at the beginning of the financial year</td>
<td>326</td>
<td>326</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash and cash equivalents and bank overdrafts</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>at the end of the financial year</td>
<td>326</td>
<td>326</td>
</tr>
</tbody>
</table>
The Trust is managed by a Board of Executive and Non-Executive Directors which meets at various locations across Wales on a bi-monthly basis. Meetings are open to the public and information is made available on the Trust’s website.

**Board Members**

**Executive Directors**
Chief Executive - Elwyn Price-Morris
(Interim - 1 April 2010 to 31 January 2011
Permanent - 1 February 2011 to date)
Mike Cassidy - Deputy Chief Executive and Director of Patient Care Services
Wayne Harris - Interim Director of Finance (1 April 2010 to 31 December 2010 - Secondment)
Tim Woodhead - Director of Finance (1 January 2011 to date)
Sara Jones - Clinical Director
Medical Director - Vacancy

Four staff representatives, appointed by the GMB, UNISON, UNITE and the RCN, attend Board meetings and contribute to discussions. The Board of Community Health Councils in Wales is also represented.

**Non Executive Directors**
(appointed by the Welsh Government)
Chairman - Stuart Fletcher
Stuart Castledine
Dilwyn Evans
Kevin Fitzpatrick
Philip James
John Morgan
Nina Park (wef 1 September 2010)
Peter Price

Following the Board meeting on 8 December 2010, a revised committee structure for the Trust was agreed and the Board is now supported by four committees as follows:-

**(a) Audit**
(i) 1 April to 28 April 2010 - Dilwyn Evans, Kevin Fitzpatrick, Philip James (Chair)
(ii) 28 April to 8 December 2010 - Stuart Castledine, Dilwyn Evans, Philip James (Chair)

**(b) Risk Management and Modernisation**
(i) 1 April to 28 April 2010 - Dilwyn Evans (Chair), Peter Price, Vacancy, Deputy Chief Executive, Director of Finance, Director of ICT, Clinical Director
(ii) 28 April to 8 December 2010 - Stuart Castledine, Dilwyn Evans, Peter Price, Deputy Chief Executive, Director of Finance, Director of ICT, Clinical Director

**(c) Human Resources**
(i) 1 April to 28 April 2010 - Kevin Fitzpatrick, Peter Price (Chair), Vacancy, Deputy Chief Executive, Director of Finance, Clinical Director
(ii) 28 April to 8 December 2010 - Kevin Fitzpatrick, John Morgan, Peter Price (Chair), Deputy Chief Executive, Director of Finance, Clinical Director

**(d) Clinical Governance**
(i) 1 April to 28 April 2010 - Kevin Fitzpatrick, Vacancy x 2, Deputy Chief Executive, Director of ICT, Clinical Director.
(ii) 28 April to 9 December 2010 - Kevin Fitzpatrick (Chair), Philip James, John Morgan, Deputy Chief Executive, Director of ICT, Clinical Director

**(e) Remuneration and Conditions of Service**
(i) 1 April to 28 April 2010 - Stuart Fletcher (Chair), Peter Price, Vacancy
(ii) 28 April to 8 December 2010 - Dilwyn Evans, Stuart Fletcher (Chair), Peter Price
Board members declare any interests relevant and material to their role as Directors of the Trust. A register of interests is kept at Trust Headquarters and is available for inspection during normal working hours.

A schedule is attached on Appendix 4 detailing Directors’ interests.

In addition to the Executive Directors and the Non-Executive Directors, the Board is also supported by a number of Associate Directors who together with the Executive Directors constitute the Management Team as follows:

Director of Service Development - Carl James (from 1 August 2010).

Director of Workforce and Organisational Development - Judith Hardisty (from 1 January 2011, from 1 April to July 2010 - Jo Davies; and from July 2010 to 31 December 2010 - Tony Riley as Interim Director of Workforce and Organisational Development)

Director of ICT - David Jackland

Interim Director of Emergency Medical Services - Dafydd Jones-Morris (from 1 March 2011, previously the position was vacant)

Corporate Secretary - Dawn Sharp

**Remuneration Report**

The Remuneration and Conditions of Service Committee reviews the pay and benefits of the Chief Executive, executive directors and senior managers and recommends the level of any increase to the Board. The Chief Executive and Director of Workforce and Organisational Development attend the meetings, except for any review of their performance, remuneration or terms of service. The Committee’s constitution and terms of reference are available from the Corporate Secretary at Trust Headquarters.

Executive Directors are rewarded for their individual contribution to the organisation, whilst having proper regard to the organisation’s circumstances and performance and to the provisions of any national agreements for such staff where appropriate.

The Trust does not operate a performance related pay scheme.

The Chief Executive and Executive Directors are employed on permanent contracts, which can be terminated by giving due notice unless for reasons of misconduct.

Full details of senior managers’ remuneration and management costs are given on pages 32 and 33.

No pay award was given for the year to very senior managers.
## A) Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2010-11 Start Date</th>
<th>2011-11 End Date</th>
<th>2010-11 Salary (bands of £5000)</th>
<th>2010-11 Other Remuneration (bands of £5000)</th>
<th>2010-11 Benefits in Kind Rounded to the nearest £100</th>
<th>2009-10 Salary (bands of £5000)</th>
<th>2009-10 Other Remuneration (bands of £5000)</th>
<th>2009-10 Benefits in Kind Rounded to the nearest £100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stuart Fletcher</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>40-45</td>
<td></td>
<td></td>
<td>40-45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stuart Castledine</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claire Cookson</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilwyn O Evans</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kevin Fitzpatrick</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philip James</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John D Morgan</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nina Park</td>
<td>1-Sep-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter N Price</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>5-10</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elfed W Roberts</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alan Murray</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td>120-125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elwyn Price-Morris</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>20-25</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mike Cassidy</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>95-100</td>
<td></td>
<td></td>
<td>2,000</td>
<td>75-80</td>
<td></td>
</tr>
<tr>
<td>Jo Davies</td>
<td>1-Apr-10 30-Jun-10</td>
<td>20-25</td>
<td>2,000</td>
<td></td>
<td></td>
<td>80-85</td>
<td>3,100</td>
<td></td>
</tr>
<tr>
<td>Judith Hardisty</td>
<td>1-Jan-11</td>
<td>31-Mar-11</td>
<td>30-35</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Jackland</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>80-85</td>
<td></td>
<td></td>
<td>700</td>
<td>85-90</td>
<td></td>
</tr>
<tr>
<td>Carl James</td>
<td>1-Aug-10</td>
<td>31-Mar-11</td>
<td>65-70</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve Pryor</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td>75-80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sara Jones</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>85-90</td>
<td></td>
<td></td>
<td>4,400</td>
<td>85-90</td>
<td></td>
</tr>
<tr>
<td>Dafydd Jones-Morris</td>
<td>17-Jan-11</td>
<td>31-Mar-11</td>
<td>15-20</td>
<td></td>
<td></td>
<td>600</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Tony Riley</td>
<td>1-Jul-11</td>
<td>31-Dec-10</td>
<td>60-65</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Woodhead</td>
<td>1-Jan-11</td>
<td>31-Mar-11</td>
<td>90-95</td>
<td></td>
<td></td>
<td>6,000</td>
<td>80-85</td>
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</table>
### B) Pension Benefits

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Start Date</th>
<th>End Date</th>
<th>Real increase in pension at age 60 (bands of £2,500)</th>
<th>Real increase in Lump sum at aged 60 related to real increase in pension (bands of £2,500)</th>
<th>Total accrued pension at age 60 at 31 March 2011 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2011 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2010</th>
<th>Cash Equivalent Transfer Value at 31 March 2011</th>
<th>Real Increase in Cash Equivalent Transfer Value</th>
<th>Employers Contribution to Stakeholder Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elwyn Price-Morris</td>
<td>1-Feb-11</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>0-5</td>
<td>0-5</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Mike Cassidy</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>7.5-10</td>
<td>22.5-25</td>
<td>35-40</td>
<td>110-115</td>
<td>589</td>
<td>708</td>
<td>105</td>
<td>13</td>
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<tr>
<td>Jo Davies</td>
<td>1-Apr-10</td>
<td>30-Jun-10</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>20-25</td>
<td>60-65</td>
<td>360</td>
<td>350</td>
<td>-5</td>
<td>3</td>
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<tr>
<td>Judith Hardisty</td>
<td>1-Jan-11</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>45-50</td>
<td>135-140</td>
<td>974</td>
<td>925</td>
<td>-73</td>
<td>4</td>
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<td>David Jackland</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>20-25</td>
<td>70-75</td>
<td>411</td>
<td>383</td>
<td>-39</td>
<td>12</td>
</tr>
<tr>
<td>Carl James</td>
<td>1-Aug-10</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>0-5</td>
<td>0-5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sara Jones</td>
<td>1-Apr-10</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>25-30</td>
<td>80-85</td>
<td>483</td>
<td>445</td>
<td>-50</td>
<td>12</td>
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<tr>
<td>Dafydd Jones-Morris</td>
<td>17-Jan-11</td>
<td>31-Mar-11</td>
<td>5-7.5</td>
<td>20-22.5</td>
<td>30-35</td>
<td>100-105</td>
<td>0</td>
<td>775</td>
<td>157</td>
<td>2</td>
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<tr>
<td>Tony Riley</td>
<td>1-Jul-11</td>
<td>31-Dec-10</td>
<td>22.5-25</td>
<td>125-127.5</td>
<td>20-25</td>
<td>120-125</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tim Woodhead</td>
<td>1-Jan-11</td>
<td>31-Mar-11</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>10-15</td>
<td>40-45</td>
<td>181</td>
<td>165</td>
<td>-5</td>
<td>12</td>
</tr>
</tbody>
</table>

Mr Elwyn Price-Morris acted into the position of Chief Executive on secondment from the Welsh Assembly Government from 1 April 2010 and was appointed into this post on a substantive basis from 1 February 2011.

From 1 April 2010 until 31 December 2010 Mr Wayne Harris was seconded to WAST from Betsi Cadwaladr University Health Board and Mr Tim Woodhead was seconded to Betsi Cadwaladr University Health Board. During this arrangement Mr Harris was paid by Betsi Cadwaladr University Health Board and Mr Woodhead was paid by WAST.

Mr Carl James was seconded to WAST from the Welsh Assembly Government.
### APPENDIX 1 - Performance Figures

**Performance Figures - 2010/11 Financial Year (1/4/2010-31/03/2011)**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Apr-10</th>
<th>May-10</th>
<th>Jun-10</th>
<th>Jul-10</th>
<th>Aug-10</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Jan-11</th>
<th>Feb-11</th>
<th>Mar-11</th>
<th>Average</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>A8</td>
<td>70.5</td>
<td>68.0</td>
<td>68.6</td>
<td>69.3</td>
<td>68.0</td>
<td>66.5</td>
<td>69.1</td>
<td>64.7</td>
<td>47.2</td>
<td>59.6</td>
<td>67.5</td>
<td>70.8</td>
<td>65.8</td>
<td>65.3</td>
</tr>
<tr>
<td>A9</td>
<td>76.0</td>
<td>73.2</td>
<td>73.8</td>
<td>74.3</td>
<td>73.0</td>
<td>71.1</td>
<td>73.9</td>
<td>70.4</td>
<td>52.1</td>
<td>65.1</td>
<td>72.7</td>
<td>75.8</td>
<td>70.9</td>
<td>70.1</td>
</tr>
<tr>
<td>A10</td>
<td>80.1</td>
<td>77.6</td>
<td>77.7</td>
<td>78.3</td>
<td>77.2</td>
<td>75.2</td>
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<td>75.1</td>
<td>56.7</td>
<td>69.4</td>
<td>77.2</td>
<td>79.8</td>
<td>75.2</td>
<td>74.1</td>
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<tr>
<td>A141821</td>
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<td>92.5</td>
<td>92.5</td>
<td>93.0</td>
<td>91.9</td>
<td>90.9</td>
<td>92.6</td>
<td>90.9</td>
<td>63.5</td>
<td>87.5</td>
<td>92.5</td>
<td>93.2</td>
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<td>90.1</td>
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<tr>
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<td>84.2</td>
<td>83.3</td>
<td>81.4</td>
<td>82.6</td>
<td>78.8</td>
<td>62.1</td>
<td>74.3</td>
<td>78.4</td>
<td>80.2</td>
<td>79.7</td>
<td>79.8</td>
</tr>
<tr>
<td>U15</td>
<td>78.6</td>
<td>77.6</td>
<td>75.7</td>
<td>76.3</td>
<td>75.8</td>
<td>73.1</td>
<td>74.5</td>
<td>71.8</td>
<td>61.7</td>
<td>70.1</td>
<td>74.6</td>
<td>76.6</td>
<td>73.9</td>
<td>74.0</td>
</tr>
</tbody>
</table>
# APPENDIX 2 - Trust Annual Absence Rates

<table>
<thead>
<tr>
<th></th>
<th>2009/10 Financial Year</th>
<th>2010-11 Financial Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Days Lost</td>
<td>72,181 (FTE Days)</td>
<td>66,104 (FTE Days)</td>
</tr>
<tr>
<td>Total Staff Years (Ave)</td>
<td>2,742</td>
<td>2,762</td>
</tr>
<tr>
<td>Average Working Days Lost</td>
<td>26.32 FTE Days</td>
<td>23.93 FTE Days</td>
</tr>
<tr>
<td>Total Staff Employed in Period (Headcount)</td>
<td>3030 (2,937 Ave Headcount)</td>
<td>3,003 (2,965 Ave Headcount)</td>
</tr>
<tr>
<td>Total Staff Employed in Period With No Absence (Headcount)</td>
<td>781</td>
<td>853</td>
</tr>
<tr>
<td>Percentage of Staff With No Sick Leave</td>
<td>26%</td>
<td>28%</td>
</tr>
</tbody>
</table>

## Trust Annual Sickness Absence Rates 2010/11

The Trust’s target for 2010/11 was 6.25% until November 2010 when it moved to 5.62%.

The Trust’s cumulative sickness absence rate for 2010/11 was 6.55%. Whilst this is disappointingly above the target there were improvements during the year which were hampered by the adverse weather.

The Trust is continually working in partnership to reduce sickness absence and improve the well-being of staff.
SERIOUS UNTOWARD INCIDENTS (SUI)

In 2010/11, the Trust experienced one SUI. This involved two envelopes carried by Health Courier Services falling out of a vehicle. Both parcels were found by a member of the public and handed to a paramedic at a hospital Accident and Emergency Unit.

The Trust Board and its management team are required to assure the formal introduction and embedding of information risk management into key controls and approval processes of all major business processes and functions of the Trust.

Information risk management is an essential element of broader information governance and is an integral part of good management practice. The intent is to embed information risk management in a very practical way into business processes and functions.

Information Risk Management applies to all staff in The Welsh Ambulance Service NHS Trust whether operating directly or providing services to other organisations under a service level agreement or joint agreement.

It is the policy of The Welsh Ambulance Services NHS Trust to ensure that:

- Information is protected against unauthorised access.
- Confidentiality of information is assured and meets the requirements of the Caldicott Report.
- Integrity of information is maintained.
- Regulatory requirements and legislation are met.
- Information technology systems are used in a manner that prevents the release of information (by accident or deliberate/criminal act), ensures their safe use and avoids damage to the specific system or any other system to which it is connected.
- Information that can be used to identify a person including confidential information about that person, business information and confidential business information is restricted to authorised users only.
- Business continuity plans are produced, maintained and tested.
- Information security awareness is available to all staff through the green staff handbook.
- All breaches of information security, actual or suspected, will be reported to and investigated by appropriately trained individuals within the Trust, and notified to the organisation’s Information Governance team.
- The lawful and correct treatment of personal information is very important to the successful delivery of health care services and to maintaining confidence in the organisation as a whole.
Executive Directors
Mr E Price-Morris - None
Mr M Cassidy – None
Mrs J Hardisty – member of the Welsh Committee of the Teenage Cancer Trust.
Mr D Jackland – None
Ms S Jones - None
Mr D Jones-Morris – Trustee of Dangerpoint, Volunteer with Welsh Highland Railway.
Mr C James – None
Mr T Woodhead - None

Non Executive Directors
Mr S Fletcher - Member of General Medical Council
Fitness to Practice Panel, President Pembrokeshire MIND, Liveryman, Welsh Livery Guild, Rotarian, Haverfordwest Rotary Club and Governor, Pembrokeshire College.
Mr D Evans – Member of Coleg Menai Further Education Corporation, Director of Cambrian Construction Services Ltd.
Miss N Park – Vice President and member Human Resources, Control Techniques, Member of Higher Education Funding Council for Wales.
Mr P Price – Self-employed as European Strategy Counsel, part-time Employment Judge and Director of CJA Consultants Ltd.
Mr J Morgan – None
Mr P James – None
Mr S Castledine – South Lodge Holding Ltd, Member of Rotary Club of Cardiff St David’s, Bluestone Resorts Ltd, member of Cardiff and Country Club and Liveryman, Welsh Livery Guild.
Dr K Fitzpatrick – Director of Inclusion 21 Ltd, Member of Consumer Focus Wales, Associate Member of Welsh Institute for Health and Social Care, University of Glamorgan, Chair of Board of Trustees, St David’s Children’s Society and Chair of Board of Trustees, Arts Care/Gofal Celf.