

MODULE THREE

CLOSING SUBMISSIONS ON BEHALF OF
THE WELSH AMBULANCE SERVICE
UNIVERSITY NHS TRUST

References in these submissions in bold square brackets beginning with [WS/JK/§...] refer to paragraphs of the Module Three Witness Statement provided to the Inquiry by WAST's Chief Executive, Jason Killens, dated 6 June 2024 [INQ000485168].

1. **Introduction**

- 1.1. These written Closing Submissions are made on behalf of the Welsh Ambulance Service University NHS Trust (“WAST/the Trust”), in respect of Module Three of the UK Covid 19 Inquiry.
- 1.2. WAST has listened with care and interest to the oral evidence and oral submissions heard over the course of Module Three. This has helped the Trust to form a better understanding and appreciation of the impact of the Covid 19 pandemic on the healthcare systems in the constituent nations of the United Kingdom, in particular, the impact on the Welsh health system and the population it serves. Through listening to and observing the live hearings over Module 3, the Trust has recognised a number of common themes emerging that are reflected in its own experiences during the pandemic and about which the Trust wishes briefly to comment.
- 1.3. To this end, in these brief written submissions WAST will:
 - 1.3.1. Highlight some aspects of the Trust’s approach to the pandemic that were considered to have worked well and could usefully be drawn upon or developed further in preparation for any future pandemic;
 - 1.3.2. Highlight some challenges that were faced by the Trust with a view to highlighting where things could usefully be improved; and

- 1.3.3. Outline recommendations that the Trust submit would be helpful in ensuring preparedness in the ambulance sector for any future pandemic.

This will be done primarily by reference to the Module Three written evidence of the Trust's Chief Executive, Jason Killens [INQ000485168], but where relevant also by reference to the evidence and/or submissions of other core participants that have been heard over the course of Module 3.

2. **Preliminary Comments**

- 2.1. In opening these submissions, the Trust wishes first to acknowledge the suffering and human cost that have been wrought by the pandemic. The impact of Covid on individuals, families and communities throughout our four nations has been vividly captured in the poignant and often profoundly moving evidence and oral submissions provided by and on behalf of the Non-State Core Participants ("NSCPs"). As set out in the Preface to Jason Killen's statement, WAST very sadly experienced the death in service of four colleagues due to the pandemic. This had a wider impact on the colleagues of those who died and exacerbated the fear and anxiety felt by all at the Trust during this difficult and uncertain time. The thoughts and heartfelt condolences of everyone at WAST remain with all those impacted by the pandemic and particularly those who lost loved ones/colleagues.
- 2.2. WAST also wishes to take this opportunity to acknowledge formally and to thank the Trust's staff and volunteers for their work, commitment and dedication throughout the truly unprecedented events of the pandemic. The care and compassion that WAST's personnel consistently showed to the Trust's patients at a time of fear, anxiety, uncertainty and rapid change in how the Trust delivered its services was testament to the professionalism and selflessness of the entire workforce. WAST is truly proud of how its staff and volunteers conducted themselves throughout the pandemic and continued to provide compassionate, safe and effective care to the Trust's patients at a time of great adversity. The Trust is committed to not only recognising the efforts of its people but also to ensuring that the Trust and its personnel are well prepared to deal with any future pandemic in a way that maintains the Trust's compassionate, safe and effective care for patients, and also keeps the Trust's staff and volunteers as safe and well as possible.

- 2.3. For these reasons, the Trust has listened very carefully to the evidence and oral submissions that were heard over the course of Module 3. This has reinforced WAST's commitment to ensuring that lessons are learned from our collective experiences during the pandemic, and continuing its efforts in making appropriate changes to provide for effective preparedness for future pandemic events.

3. Positive Lessons from the Pandemic

The Early triggering of the Trust's Pandemic Influenza Plan

- 3.1. The Trust formally triggered the arrangements within its pre-existing Pandemic Influenza Plan ("PIP") on 4 March 2020, having informally done so in February 2020 [WS/JK/§34-§35]. This enabled the early establishment of a clear operational response structure to facilitate the development of the Trust's pandemic delivery plans. This also allowed the suspension of 'non-essential' WAST activity (see: [WS/JK/§37]) so that the Trust could focus on fulfilling the objectives set out in the pandemic strategy, and continue to ensure the organisation's long-term workforce viability and performance could be maintained. An overview of how the PIP operated and developed during the pandemic is provided at [WS/JK/§56-§81].
- 3.2. This early triggering of the PIP allowed the Trust to take decisive and proactive steps early in the pandemic to increase resource capacity and organisational capability. It was recognised in WAST's Structured Debrief Report (see: **Exhibit JK/28 (INQ000360404)**) as being a key aspect of the Trust's pandemic response and many of the other aspects of the Trust's pandemic response flowed from this.
- 3.3. It is, therefore, respectfully submitted that an important lesson to be taken from WAST's experiences of the pandemic is the importance of early implementation of existing emergency plans and contingencies.

Flexibility and Adaptability

- 3.4. The Trust's PIP was of course not designed with Covid 19 in mind, however as set out at [WS/JK/§67], the PIP as it existed in March 2020 was designed to be sufficiently flexible to account for the aetiology of an unknown pandemic. Nevertheless, whilst the PIP provided for the early organisational and structural changes that facilitated the Trust's

pandemic response, it was also necessary for the plan to evolve and develop over the course of the pandemic in response to the unique demands of Covid 19.

- 3.5. The evolution of the PIP over the course of the pandemic as set out at [WS/JK/§68-§81] was one example of the flexibility and adaptability that served the Trust well throughout the pandemic. As set out at [WS/JK/§328(a)]:

“WAST’s attitude of seeking to identify aspects of the response that was working, challenges we were facing and opportunities to improve stood us in good stead...”

- 3.6. This attitude of flexibility and adaptability was further reflected in WAST’s approach to innovation throughout the pandemic. In particular, the Trust is proud of the work it did in respect of the Ultrasonic Atomisation ambulance decontamination service provided by Hygiene Pro Clean and for which WAST was awarded a St David’s Award (see: [WS/JK/§296-§297]).
- 3.7. It is, therefore, respectfully submitted that WAST’s experiences throughout the pandemic demonstrate the important role that WAST’s culture of ongoing reflection, organisational and operational flexibility and adaptability, and openness to innovation, played in the Trust’s response to the pandemic.

Autonomy

- 3.8. WAST considers that the above flexibility, adaptability and innovation described above was made possible by the autonomy that the Trust enjoyed under the devolved healthcare structure in Wales (see: [WS/JK/§97-99]). To a large extent, WAST could, where appropriate, make its own decisions about how to respond to, monitor, and recover from the pandemic.
- 3.9. An example of the benefit of this was the manner in which WAST’s implementation of Protocol 36 (see [WS/JK/§155-§172]) allowed the Trust to have the flexibility to alter dispatch priorities by moving up and down the levels of the Protocol in response to demand, pressure and the general pandemic situation at a given time [WS/JK/98].

3.10. In this sense, the Trust to an extent recognises the benefit of the principle of subsidiarity, which was described by Ms Murnaghan KC in oral closing submissions on behalf of the Department of Health for Northern Ireland as meaning that:

“...matters will be dealt with at the most appropriate local level possible, given that those local levels will have the most operational knowledge and the highest level of expertise.” [40/161/6] – [40/161/10]

3.11. It is respectfully submitted that WAST’s experiences demonstrate that whilst a degree of centralised coordination and command and control is important in certain aspects of a pandemic response, the value of subsidiarity and the ability of healthcare organisations to act autonomously in response to challenges should not be underestimated. Though, of course, the culture of a healthcare provider, its competence, openness and accountability are all important features of an effective ‘local’ response to an event such as a pandemic.

Collaboration

3.12. WAST’s experience was that the autonomy described above was complemented and enhanced by collaboration with other organisations and bodies (see [WS/JK/§112-§121]). The open communication, cooperation and collaboration between WAST and other healthcare and governmental organisations and bodies was a centrally important aspect of the pandemic response and benefited the Trust by facilitating exchange of information and mutual support from other organisations.

3.13. In this sense, WAST endorses the comments of Mr Vaughan Gething in his oral evidence to the Inquiry who, when asked for one recommendation to improve the healthcare system’s response in Wales, stated that it was about making sure that the system was as collaborative and open as possible [35/85/11] – [35/85/12].

Staff Welfare

3.14. Given the dedication and commitment of WAST’s staff and volunteers throughout the pandemic, the Trust is proud of how it looked after its people during this challenging time. The welfare measures that WAST had in place are set out at [WS/JK/§238-§252] and will not be repeated here. However, the Trust considers that a particularly important aspect of its approach to staff welfare was its decision, following careful consideration

of the relevant guidance, to make level 3 PPE available to its frontline staff, though this went over and above that which was required by Public Health Wales. This led to staff feeling safer in their day-to-day work and enabled them to attend to patient needs more quickly without having to escalate their level of PPE in response to a given situation. In addition, it is the Trust's belief that additional steps of this nature reassured the frontline workforce that the organisation was acting in their best interests, contributing to the ongoing 'buy in' to the many difficult and challenging leadership decisions.

- 3.15. It is recognised, however, that the ability of certain organisations to make higher levels of PPE available to staff will be contingent on the availability of such PPE, this is reflected in the recommendation set out below.

4. Challenges

Handover Delays

- 4.1. As set out at [WS/JK/§329(a)], a particular challenge faced by WAST during the pandemic related to the delays in patient handovers at hospitals. Such issues are not unique to pandemics but were significantly exacerbated during Covid 19. Delays in handing over patients negatively impacted WAST's capacity, and staff morale and well-being. Whilst the Trust sought to take steps to mitigate this, this is a system wide challenge across health and social care, that is largely outside the Trust's control. It is hoped that the enhancement of a collaborative, communitive approach across the system may provide ways to reduce this problem.

PPE/RPE and Fit Testing

- 4.2. A further challenge faced by WAST arose in relation to PPE/RPE and fit testing [WS/JK/§311-§323] and the adequacy of PPE/RPE provided to ambulance staff [WS/JK/§324-§325]. Whilst WAST took measures to try to address these issues, PPE/RPE was provided centrally so the Trust had limited control in how it could address these issues. Whilst the provision of a better grade PPE was welcomed by WAST staff, the difficulties with fit testing gave rise to increased anxiety and concern regarding the level and impact of the protection actually being provided. This is something which WAST believes can and should be improved and is reflected in the recommendation set out below.

5. Recommendations

- 5.1. As will be apparent from the foregoing and Mr Killen's witness statement, some of the main challenges faced by WAST during the pandemic arose from matters relating to PPE supply, and particularly the availability of PPE that was suitable for use in an ambulance service operational setting.
- 5.2. To this end, WAST respectfully submits that a useful recommendation for the Inquiry to make would relate to the need for each of the four nations to have a secured and maintained supply chain for PPE that meets both local escalation and national escalation resulting from an epidemic or pandemic affecting one or more of the UK's constituent nations.
- 5.3. The first key aspect of this recommendation is that the contents of any such stockpile should be maintained dynamically with an ongoing assessment of the most up-to-date approaches to PPE and RPE use in healthcare settings in light of current clinical evidence and NHS practice.
- 5.4. A further aspect of this recommendation would be to ensure that these supply chains can ensure a sustainable supply of PPE that is effective for use in an ambulance service operational setting.

6. Conclusions

It is hoped that the above submissions are of assistance to the Inquiry, WAST is grateful for the opportunity to participate and thanks the Chair and the Inquiry team for the diligent, detailed and compassionate way in which Module 3, and indeed the wider Inquiry has been conducted.

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