8. **NHSDW website visits increased by 233%** in the last quarter (February 2020 to April 2020), compared to the same period last year. **There were 805,402 NHSDW unique website visits in April 2020 and 1,630,239 in March 2020, compared to 422,566 in February 2020**. The significant increase in visits was attributable to the launch of the new Coronavirus Symptom Checker launched promptly in reaction to the current COVID-19 pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice.

9. **111 call demand increased significantly in March 2020.** This increase was also due to the current COVID-19 pandemic and early Government advice for the public the contact 111 if they had symptoms of the virus. This message was replaced by advice to use the new NHSDW website Coronavirus Symptom Checker and therefore the service saw a **decrease in calls in April 2020 to 52,263;** however, this demand was still high for the time of year.

10. The **percentage of 111 Offered Calls Abandoned after 60 Seconds** increased in March and April 2020 with the onset of Covid-19 pressures. March 2020 performance peaked at 43.3% abandoned as demand rose by 223.8% compared to March 2019. April improved to to 13.4% as demand begun to decrease, however this is still higher than the normal expected rate for call abandonment in 111 services which is circa 2%.

11. The performance of 111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, with the exception of the highest priority calls, P1CT, the others, P2CT and P3CT are still not meeting the 90% target. Improvements have been seen through May 2020 however, which will be reflected in the next performance report.

12. Urgent measures were put in place to increase the 111 call taking capacity to cope with the increased COVID-19 demand, with 14 additional call takers and 24 additional clinicians sourced temporarily. This is in addition to the recruitment already underway and was sourced via agency, fixed terms contracts and through the redeployment of staff throughout WAST.

Hear & Treat

13. **Hear & Treat performance has declined during the COVID-19 pandemic period**, compared with performance in recent months, and the total volume of calls taken through this route has decreased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved 6.5% in March 2020 and 8.4% performance in April 2020.

14. 1,374 ambulances were stopped in April 2020, compared to 3,412 in April 2019. This reflects the decrease in the total 999 calls in April as "normal" demand during the pandemic period has fallen.

15. The decreased performance in March 2020 at 6.5% was impacted by the increased calls relating to COVID-19. In particular, there was a significant pressure on NHSDW/111 at this time as outlined above, removing their ability to support with hear & treat calls. In March

23. The improvement in Amber performance during the pandemic period has been supported by a number of factors: the focus on resourcing has been on EA production over RRV production; Amber demand has decreased by 15% in April 2020 compared to April 2019; and the number of hours lost to notification to handover delays at hospital in April 2020 decreased by 78% compared to the same period last year, as demand for A&E during the pandemic has also significantly decreased; this is from decreases of both Ambulance conveyances (see section below) and walk-ins to A&E by the public. All of these factors result in higher levels of EA availability to respond to Amber calls.

Conveyance

24. **Conveyance to Major EDs decreased in April 2020**. The Trust conveyed 13,444 patients to major emergency department (EDs) in April 2020, compared to 18,622 in the same period last year. Conveyance to Major EDs as a proportion of total verified incidents has also improved; April 2020 was 41.17% compared to 51.15% in April 2019. This indicator (it is not a formal measure at this time) captures the impact of all "shift left" activity, for example hear & treat, see & treat, pathways and conveyance to non-major EDs. The target for this indicator is a reduction trend.

25. April 2020 also saw a significant step up in the number of incidents treated at scene; and an improvement in the number of incidents referred to an alternative provider.

Notification to Handover Delays

26. **Lost hours from notification to handover delays improved significantly again in April 2020**; 1,929 lost hours compared to 5,673 in March 2020 and 8,766 in April 2019. This is a result of reduced activity during the pandemic period at A&E as ambulance conveyances decrease, general hospital activity decreases and walk-ins to A&E by the public also decrease as people are choosing to stay away from using emergency services during this unprecedented time. It is unclear how the publics' behaviour will continue through the pandemic; however, early indications suggest that A&E attendances are beginning to increase through May 2020.

Resources

27. Emergency Ambulance Unit Hours Production (UHP) saw an increase to 100% in April 2020 from 90% in March. The improved position is a result of prioritisation EA production over RRV production in response to the current COVID-19 pandemic; however, the result is a significant decrease in RRV production in April.

28. Monthly abstractions from the rosters have a big impact on UHP. In April, total abstractions stood at 31% compared to 35% in March and 29% in February. The highest proportion was annual leave at 9%, however this is lower than normal due to the pandemic lockdown measures.

29. Sickness abstractions increased in April 2020 as the level of sickness increased across the Trust. April 2020 sickness saw in-month increase to 7.68% from 7.51% in March 2020, 6.42% in February 2020 and 6.8% in April 2019.

30. Decreases were seen across the other abstraction areas, such as training; however, the benefit of these were offset by the additional COVID-19 abstraction (ex. Sickness) as some staff are required to self-isolate, accounting for 5.6% of abstractions in April. The abstractions were covered by a mix of relief (18.18%) and overtime (12%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 6,103 hours were provided by the Armed Forces and students.

Concerns Response Time

31. The **response to concerns within 30 days** was 68% in April compared to 54% in March 2020 and 62% in February 2020 and therefore still not achieving the 75% target, despite improvements being put in place to improve compliance. This measure is closely linked to handover and response times as the majority of concerns have related to timeliness to respond across the whole system, therefore collaboration with other health boards is essential going forward. Despite the improvement in response times and handover delays in the last month, there will be a time lag in the response to concerns.

Finance & Performance Committee Scrutiny

32. A full performance report was not submitted to the F&P Committee in May, however, the Committee considered and reviewed data within the most recent COVID-19 data pack, which includes data on a number of key performance indicators. The F&P Committee noted that full reports would be recommenced for the next meeting. It was agreed that a session would be arranged to take NEDS on the committee through the indicators in more detail to allow for greater understanding, particularly for those new to the organisation. It was also agreed that further consideration was required on the indicators that the F&P committee would review in detail.

Conclusion and Forward Look

33. As we move through the period of uncertainty due to the COVID-19 pandemic we have seen and are expecting further impacts on all areas of the Trust's performance. The biggest impact was on 111/NHSDW performance. Wales moved through the first peak of the pandemic in early April, with the number of confirmed COVID-19 cases and the number of COVID-19 verified incidents now beginning to decrease. It is not yet clear, if and when a second peak may occur.

34. A Collaborative Forecasting & Modelling Group has been created in response to the pandemic and will co-ordinate, plan and deliver forecasts and modelling in response to CoVID-19 and the emerging into a new business as usual. The Group will provide an operational/tactical focus during the CoVID-19 response and will not replace existing business as usual arrangements, post CoVID-19.