

# **MINUTES OF THE WELSH AMBULANCE SERVICES NHS TRUST ANNUAL GENERAL MEETING 2022**

Meeting held on **14 July 2022 at 09:30**

Held at Cardiff Ambulance Station and Broadcast via Zoom

## **1. Chair's Welcome**

The Chair, Martin Woodford welcomed all to the Meeting and gave an outline of the agenda.

## **2. Chief Executive's year in review**

The Chief Executive opened by thanking on behalf of the Executive Management Team all staff for their sterling work over the past year.

He apologised to all those patients who had waited an unacceptable amount time for an ambulance response and emphasised that the Trust was doing all it could to improve the situation.

During the past year the Trust had faced several challenges which had impacted on performance, and this was illustrated in more detail by way of a PowerPoint presentation:

- a) Covid-19 Pandemic – leading to an increase in pressure across all services;
- b) Hospital Handover Lost Hours;
- c) Sickness Absence;
- d) Increase in demand for the service.

In terms of highlights and key achievements during the last year these included those listed below with further detail illustrated in an accompanying video:

- a) Over 120 more frontline staff recruited in EMS;
- b) The roll out of 111 across Wales;
- c) Increased the number of clinicians in the control centres by 50%;
- d) The opening of new education facilities for staff;
- e) Achieved financial balance;
- f) More than 500 defibrillators made available across communities in Wales;
- g) Palliative Care Paramedics commenced training.

### **3. Performance**

The Executive Director of Operations Lee Brooks began by making a presentation showing how the Trust had managed the high levels of red demand throughout the last year. It was currently anticipated that this demand would not decrease in the near future.

In relation to the actual number of hours for EMS being produced this had remained broadly static. This was despite the peaks that had been experienced throughout the year.

In terms of the number of hours ambulances had been waiting outside Emergency Departments, this had increased significantly during the year; in March 2022 almost 30% of the Trust's conveyancing capacity had been lost. Not only was the impact felt on patient safety but also on staff welfare. These long waits clearly had an impact on the Trust's ability to respond to patients in a timely manner.

He then moved on to the 111 service which had been rolled out across Wales. The call answering times and abandonment rates had improved. He added that the number of callers whose needs were met without the need for an ambulance (consult and close) had increased and the Trust was working to a target of 15%.

He detailed how the Trust was performing in respect of Ambulance Care (formerly Non-Emergency Transport Service). Activity in this area had remained lower than pre-pandemic levels, this was due to capacity being constrained by social distancing. It was noted the overall patient experience had remained good.

There continued to be huge support from all the volunteers both in EMS and Ambulance Care and a note of thanks was recorded for their unstinting contribution.

The Interim Director of Quality and Nursing Wendy Herbert continued the presentation from the patient safety and concerns perspective.

There had been 4,558 patient safety incidents reported in 2021/22 compared to 2,550 in 2020/21. The Trust had received 2 Regulation 28 – Prevention of future deaths.

In respect of National Reportable Incidents there had been 65 last year compared with 56 in 2020/21. This number was far too high and was a reflection of the pressure across the whole NHS. Wendy gave assurance that robust measures were in place to identify these incidents and review accordingly.

Wendy moved on to report on the incidents that were referred to Health Board under the Joint Investigation Framework (Appendix B's). These had more than doubled in the last year and again reflected the pressures on the service. There were 184 reported last year compared to 72 in 2020/21.

In terms of concerns and complaints, the Trust's target of 75% to respond to patients concerns within 30 days was not achieved last year. 983 concerns had been received in 2021/22 compared to 725 in 2020/21. The majority of these concerns related to timeliness of the Trust's response.

The presentation then illustrated the work of the patient Experience and Community Involvement Team. Wendy gave further details which included, following feedback from the public, the excellent work promoting knowledge around CPR.

## **4. Finance**

The Executive Director of Finance Chris Turley presented an overview of the Annual Accounts for the year 2021/22; highlights for the accounts included:

- a) All statutory financial duties were met; these were achieving a break-even position; the Capital Expenditure Limit was delivered and the payment of Non NHS invoices within 30 days was met.
- b) A surplus of £0.260m had been retained for the year and following an adjustment of a donated asset of £0.185m this was £0.075m
- c) An unqualified audit opinion was given by Audit Wales.
- d) In terms of income for 2021/22 this was £276m, the bulk of this from EASC (£186m), this had increased by £35m from the previous year.
- e) Expenditure for the year was in the main for staff costs at 69%
- f) £27m was spent on Capital with the majority being spent on Digital ICT and Fleet.

Chris Turley then gave an overview of the initial financial plan for the coming year (2022/23) indicating the challenges in achieving a break-even position. He also provided details of the Trust's savings plan.

## **5. Forward Look**

The Executive Director of Strategy and Planning Rachel Marsh explained it was important to look at the lessons learned from last year to build on the planning for next year and the longer-term strategy.

She advised that a new programme of work was required to make improvements to the service through transforming and changing the way the Trust currently operates.

The Trust was working to a model by 'inverting the triangle' to deliver its ambition. Essentially this would consider the patients' needs when they ring 999 and instead of always sending an ambulance, look at treating some patients at home or providing advice over the phone.

In order to realise the Trust's ambition and improve overall quality and safety there were several initiatives in development going forward:

- a) Improve the capacity to respond by; recruiting another 100 frontline staff, re-rostering and growing the community first responder teams;
- b) Increase the consult and close rates;
- c) Introduction of the Cymru High Acuity Response Unit which will improve the outcome of the sickest patients;
- d) Improving and growing the capacity of the falls response services;
- e) Collaborating with Health Boards on dedicated transfer and discharge services;
- f) Rolling out the 111 press 2 service for people with mental health needs;
- g) Improving digital services.

Furthermore, Rachel set out details of the Trust's Integrated Medium Term Plan, and the actions within it designed to benefit and improve overall staff welfare.

The IMTP also outlined the Trust's wider system responsibilities; which included working towards decarbonisation and widening and improving partnerships with social care colleagues and the third sector.

## **6. Questions from the public**

The Director of Partnerships and Engagement, Estelle Hitchon presented questions that had been put forward to the Trust:

- a) In terms of the 2 crew members to one patient ratio. When there are 2 crew members in an ambulance waiting outside the ED; could it not be feasible to let one crew member look after two less unwell patients, and therefore release one of the crew members. Lee Brooks reminded the meeting that the Trust worked to a one patient to 2 crew members when in an ambulance. He reiterated the pressures on the service, particularly with hospital handover. He advised that an emergency ambulance vehicle was not conducive to multiple occupancy and since Covid this has added a further layer of restrictions.
- b) What was the Trust doing to enable staff the Freedom to Speak up when it came to issues such as bullying? Liz Rogers, Assistant Director of Workforce and Organisational Development assured attendees that the Trust did not tolerate bullying or harassment and encouraged staff to raise concerns. The Trust continued to work on several options to address this issue including its

leadership development. There were several ways and routes in which members of staff can raise their concerns; through managers or e mail as examples. Through these concerns the Trust can learn lessons and embed better practice going forward.

- c) Why did I have phone 999 three times for an ambulance to come out after my father had suffered a stroke? Sadly, my father passed away three days later. Wendy Herbert expressed the sincere condolences on behalf of the Board. She reached out to the person who had asked the question and would welcome the opportunity to discuss the circumstances of this distressing event in more detail. Wendy assured everyone that the Trust continued to do all it could to improve its effectiveness in spite of the impact of the system pressures. Following feedback from the public, Wendy informed everyone that now the caller has the option to arrange their own transport should that be more timely and safe to do so.
- d) What is the per hour for patient for a single person as they sit with trained paramedics in an ambulance outside the ED, and how that compares with the same patient as they leave the ambulance for the hospital ward. The unit costs per hour for the Trust are known, as this will vary depending on the level and care required for the patient when in hospital a cost comparison in this regard is not straightforward. Lee emphasised that the delay in handovers was not acceptable and has been a longstanding issue in Wales.
- e) Why are waiting times so long for life threatening conditions and why have people been dying while waiting for an ambulance? Jason Killens explained that despite the best efforts of the Trust, the issue of handover delays was inhibiting the Trust's ability to respond in a timely manner; around 6,000 hours were being lost in December 2018 and in March 2022 this was nearly 24,000 hours. The Trust was developing several initiatives to mitigate these delays; more hear and treat by providing advice over the phone without the need to send an ambulance, the workforce has grown by an extra 300 over the last 2 years, rosters are being reviewed to be more efficient, more patients will be seen by Advanced paramedics who can treat patients and again in some cases avoiding the requirement for an ambulance. Furthermore, the Trust continued to press the health and social care system to free up ambulances.

- f) Why do the 12-hour shifts continue to overrun beyond this and what welfare is given to staff? Lee Brooks recognised the support network provided by family and friends of front-line staff. Circumstances for front line staff over the last 2 years have been extremely challenging. The Trust takes the well-being of its staff very seriously and includes access for staff families. He added that between 25-40% of shifts were finishing late and this was not acceptable. 50% of these overran by 30 minutes. In order to improve the situation, he reiterated that the eradication of hospital handover delays was the solution.
- g) How was staff welfare and well-being supported? Liz Rogers gave an overview of the significant amount of support available to staff. These included but were not limited to; vaccination programme, health diagnostic tools, an employee scheme which can be used by families as well. The Trust also runs workshops for anxiety and trauma counselling. Staff are actively encouraged to use all the services available to them.

The Chair, Martin Woodford thanked the Board, those involved with presentations and particularly the public who had attended and those that had posed questions. He reiterated the importance of working with health board colleagues and other organisations to improve the situation.