

CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 24 NOVEMBER 2022 MEETING HELD IN VENUE CYMRU, PROMENADE ROAD, LLANDUDNO, and VIA ZOOM

PRESENT:

Colin Dennis	Chair of the Board
Jason Killens	Chief Executive
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair (Via Zoom)
Bethan Evans	Non-Executive Director (Via Zoom)
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director (Via Zoom)
Ceri Jackson	Non-Executive Director
Gerallt Jones	Senior Inspector, Health Inspectorate Wales (Item 136/22 only)
Angie Lewis	Director of Workforce and Organisational Development
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non-Executive Director (Via Zoom)
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

Apologies

Hannah Rowan	Non-Executive Director
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126/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and noted apologies had been received from Hannah Rowan.

Declarations of interest

The Board noted that all declarations of interest were formally recorded on the Trust's declarations of interest register.

RESOLVED: That the apologies as described above and declarations of interest on the register were formally recorded.

127/22 PROCEDURAL MATTERS

Minutes: The Minutes of the Board meetings held on 29 September 2022 were presented and confirmed as a correct record.

Action Log: The Board received the action log and noted the updated position.

RESOLVED: That

- (1) the Minutes of the meetings held on 29 September 2022 were confirmed as correct record.**
- (2) the update on the action log was noted. Two actions were agreed to be closed; 73/22a – update on the fit2sit protocol and 108/22 – to circulate an update on Ann-Marie's patient story.**

128/22 CHAIR'S REPORT AND UPDATE

1. The Chair noted that two Board Development days had been held since the last Trust Board meeting and gave an outline of the topics discussed.
2. He also mentioned that one of the purposes of this meeting, particularly in terms of governance, was to note that Board Committees had at their meetings, performed the required scrutiny giving assurance to the Board through their respective highlight reports which featured later in the agenda.

RESOLVED: That the update was noted.

129/22 CHIEF EXECUTIVE'S UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following:

1. Since the report was written, the Emergency Communication Nurse System (ECNS) implementation team were successful at the recent allied health awards ceremony. The Board noted that the Trust was the first ambulance service in the UK to implement the ECNS.
2. The Manchester Arena attack enquiry has now been reported and from that a number of recommendations have been directed to the ambulance sector; the Trust's Emergency Preparedness Resilience and Response team (EPRR) will be addressing these recommendations.
3. The introduction of Robotic Process Automation (RPA), automation of manual administrative tasks and processes was continuing across several areas of the Trust. The purpose of RPA was to release staff to work on higher-value

activities, in the area of their expertise, whilst improving standardisation and efficiency of lower-level tasks.

4. The Trust has received additional funding from Welsh Government (WG) to appoint Bethan Jones (Midwife) as a Local Safety Champion for Maternity and Neonatal care for WAST. The secondment was part of WG's commitment to ensure that women and babies receive safe and effective care, and improve the outcomes for all by reducing the risk and variation wherever possible.

Comments:

Liam Williams provided further details of Bethan Jones's secondment, which was time limited and funded by WG. It was hoped the Trust could build on this provision going forward.

RESOLVED: That the update was noted, received and commented upon.

130/22 PATIENT EXPERIENCE – JULIE TAYLOR'S STORY

1. Liam Williams introduced the story which was from Julie Taylor, who outlined her experience with the Trust whilst waiting for an ambulance for her father. This story highlighted two areas; the current pressures the Trust was sustaining and that NHS organisations did not always get things right. The story further highlighted what the Trust could have done to improve its service. Under normal circumstances it would have been expected for an ambulance to reach Julie's father in a timely manner. On behalf of the Board he thanked Julie for sharing her story and apologised for the poor experience.
2. The Board were shown a video in which Julie outlined the circumstances whilst waiting for an ambulance to arrive for her father. Her father had collapsed on the bed and was grey, clammy and sweating profusely, and in the meantime Julie's mother had called for an ambulance and contacted Julie. Julie arrived and also called for an ambulance; by which time her father's condition had deteriorated. After a couple of hours Julie called 999 again and was told an ambulance would not be coming and was advised to take him to hospital by their own means, which Julie did.
3. On arrival at the hospital her father was taken to Accident and Emergency where he remained for 12 hours until being transferred to a ward. Tragically he died the following day. Julie and her family were very distressed and traumatised by the events; but understood that he would have died even if an ambulance had arrived.

Comments:

1. The Board noted that whilst the initial call was categorised as a green but should have been amber, and then re-graded as red. Notwithstanding the categorisation issue, the Trust did not have the resources available to respond. If it had, it would have been possible for an ambulance to attend within approximately 30 minutes and provide initial pain relief to Julie's father.

2. Members recognised that the follow up response to Julie's concern after the incident was clear and transparent, which was crucial, and may have helped in some way for Julie to understand the circumstances.
3. The Chair of the Quality, Patient Safety and Experience Committee (QUEST) Bethan Evans stated the importance of learning from all patient experiences and noted the impact of Julie's story. The learning from such experiences and organisational networks must be used to minimise the risk of patient harm; and whilst, unfortunately the outcome in this case may not have been any different if an ambulance had attended, it was crucial the Trust continued to do all it could to minimise the impact of the system wide pressures on its patients
4. Jason Killens further apologised for the failure of the ambulance to arrive and thanked Julie for sharing the story. He added that whilst errors do occur with call categorisation, the Trust's call handling staff were subject to routine and regular audits of compliance to the accredited Centre of Excellence triage tool and protocol.

131/22 ACTIONS TO MITIGATE REALTIME AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE -PROGRESS UPDATE

1. Jason Killens reminded the Board of the discussion held at the July and September Board meetings where they were notified of the actions to mitigate real time avoidable patient harm. This report sought to update the Board on progress on the key actions within the plan.
2. In October 2022, 28,940 hours of emergency fleet capacity were lost to hospital handover delays; this amounted to an average of 36% of the emergency fleet lost
3. Progress had been made in several areas to improve the position. This includes a reduction in overall staff sickness; recruitment of 100 personnel continued to be on track to be employed in mid – January 2023, and the consult and close rate was, on some days, reaching 16%.
4. There has been an overall improvement in the actions that were within the Trust's control with improving compliance on immediate release directions, particularly with red calls; however, there is variation across categories within the system.
5. Jason Killens added that a meeting with other Chief Executives, Medical and Nursing Directors across the Health Boards would be taking place next week; focussing on overall improvements and the sharing of best practice going forward.
6. The Chair added that the issue, particularly around hospital handover delays had received a significant amount of attention at the highest level, as the issue has been escalated to the Minister for Health & Social Services in Wales.

Comments:

1. The Board expressed its grave concern when considering the data forecasted during the next few months. It was noted that an estimated 2,195 patients will come to severe harm and over 41,000 people will not receive an ambulance response due to system pressures. The Board also recognised that 3,000 12-hour shifts per month would be lost to hospital handover delays.
2. Despite the continuing dialogue and escalation of the issues, there appeared to be minimal progress. The Board impressed the importance of not becoming complacent in its response and engagement with system partners. Jason Killens added that the Trust continued to do all it could within its gift to improve its performance and furthermore, took on board best practice from other ambulance Trusts.
3. The Board recognised there had been signs of significant reductions in hospital handover delays in the Cardiff and Vale Health Board (CVHB) area, and as well as improvements in the immediate release of emergency ambulances. The Board were advised that Health Boards across Wales were due to meet with the Minister to understand how the CVHB had adapted its services to improve the position.
4. Following a query on the update with the fit2sit protocol, Liam Williams advised that progress had been made and further meetings with Executive Directors of Nursing were scheduled to develop it further.
5. In response to a question regarding the management of national arrangements of Covid sickness absence, Lee Brooks explained that the number of Covid related absences had decreased and added that the arrangements in Wales had not changed.
6. Jason Killens advised there was regular dialogue in terms of the impact on patients with Health Boards, complementing the approach taken by the Minister. Additionally, Executive colleagues have a regular dialogue with their peers across Wales. Brendan Lloyd added that the situation was regularly discussed by Medical Directors at Health Boards.
7. The Board questioned the outcome in respect of those ambulances that were not released immediately, given the expectation that over 41,000 people will not receive an ambulance response to system pressures, and how the Trust intends to respond. Lee Brooks explained that immediate release directions were subject to the All Wales immediate release protocols. This process involved the dynamic escalation of the immediate release directions being progressed through the Trust's Operational Delivery Unit (ODU) which connected live to Health Boards. These incidents were captured using the Trust's Datix software system; on a weekly basis two reports would be generated one shared with Chief Executives and the other with Chief Operating Officers, the latter providing information relating to outcomes. Lee Brooks added that the Trust will always send a resource to a patient when it practically can subject to availability.

8. In terms of advising patients to make their way own to hospital, the Board asked at what point this would be given. Lee Brooks advised that callers would where possible be given an Estimated Time of Arrival (ETA), adding that details of ETAs were reviewed on a regular basis. Clinicians on the Clinical Support Desk (CSD) when it was in the patient's interest and medically appropriate, would advise them to make their own way. He added it was a balance of advising callers to make their own way and monitoring the number of ambulances at Emergency Departments.

RESOLVED: The Board

- (1) **NOTED the report and the progress the Trust was making on WAST actions.**
- (2) **NOTED that handover lost hours remained extreme and could be further exacerbated as the health and social care system moves into the winter period;**
- (3) **NOTED the estimated patient harm for the period December 2022 to March 2023;**
- (4) **NOTED the impact of hospital handover lost hours on the capacity of the Trust, compared to the initiatives the Trust has the ability to take forward;**
- (5) **NOTED there was evidence of significant handover reduction in Cardiff & the Value Health Board; and**
- (6) **CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.**

132/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER (CRR)

1. The Chair commented that Board Committees had at their respective meetings carried out scrutiny and review of the risks relevant to their Committee and had also reviewed the Board Assurance Framework.
2. Trish Mills presented the report informing the Board there were currently 18 principal risks that were aligned to the delivery of the strategic objectives in the Integrated Medium Term Plan (IMTP).
3. Risks were allocated to the appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there were formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks. All 18 risks had been reviewed and validated by the Executive Management Team (EMT). It was noted that the risks relevant to the Quality, Patient Experience and Safety (QUEST) Committee and the Finance and Performance Committee had recently been reviewed at their respective meetings.
4. Further detail of the Trust's four highest rated risks were contained in the

update report, and these continued to be focused on at respective Committees and by the EMT. These risks were: Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224 (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients), both rated at 25, and Risk 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) and risk 201 (damage to the Trust's reputation following a loss of stakeholder confidence) both rated at 20.

5. The Board noted the closure of Risk 311 from the CRR (Inability of the Estate to cope with the increase in Full Time Equivalents [FTE]) and the inclusion of one new risk on the CRR, Risk 557 (Potential impact on services as a result of Industrial Action).

RESOLVED: The Board received and accepted the organisational risks as presented in the Corporate Risk Register; and noted the closure of Risk 311 from the CRR and the inclusion of the new Risk 557 on the CRR at a score of 16. The Board also reviewed the Board Assurance framework.

133/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – OCTOBER 2022

Prior to the update the Chair commented that the relevant deep dive and scrutiny had been carried out by the Board's Committees at their previous meetings. The Board also recognised that the relevant scrutiny had been carried out at previous Finance and Performance Committee meetings; as evidenced in the Committee highlight reports received.

Rachel Marsh drew the Board's attention to the following areas: -

1. 111 call answering performance remains poorer than the Trust would like it to be. Further work was required to reduce capacity lost through sickness absence, aligning capacity with demand, and improving efficient of use of resource.
2. Ambulance Care (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in October 2022, and had improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre-COVID-19 levels.

Comments:

1. Members welcomed the report and recognised that despite the ongoing immense pressures, Personal Appraisal Development Review (PADR) completion rates were starting to improve.
2. The Board were interested to know if metrics around culture were being developed. Angie Lewis advised that the Trust had considered the use of several metrics including absence, discipline case, retention, and turnover rates and how they were linked to culture. Jason Killens outlined the ongoing

work the Trust was undertaking to develop leadership and cultural behaviours. Paul Hollard added that the People and Culture Committee will be considering the new People and Culture Plan which will contain cultural indicators

RESOLVED: The Board considered the October 2022 Integrated Quality and Performance Report and actions undertaken, and determined that the report provided sufficient assurance of performance against the indicators. The Board noted that further information on cultural metrics would be provided in due course.

134/22 FINANCIAL PERFORMANCE AS AT MONTH 7 2022/23

1. The Chair advised the Board that the finance update had been received at the recent Finance and Performance Committee meeting for review, and noted that the Trust was on track to deliver a balanced budget with a number of caveats.
2. Chris Turley added that the Trust had been managing a significant level of risk from a financial perspective, which continued to be monitored and reviewed.
3. In October WG requested the Trust provide any schemes from the capital programme that could potentially be delivered before the end of this financial year. To date a scheme to help the Trust reduce its carbon emissions has been approved for £0.516m, and there was potential that further funding would be made available in the coming weeks.

RESOLVED: The Board

- (1) **Noted and gained assurance in relation to the month 7 revenue and capital financial position and performance of the Trust as at 31 October 2022, along with current risks and mitigation plans, and**
- (2) **Noted that months 6 and 7 Welsh Government monitoring return submissions had been included in the report Appendices 1 – 4 (as required by WG).**

135/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25, INTERIM QUARTER 2 PROGRESS REPORT

Rachel Marsh presented the report as read.

Comments:

The Board noted that attention was already being focused on next year's version of the 3 year plan. The Board also recognised that the relevant scrutiny had been carried out at previous Finance and Performance Committee meetings; as evidenced in the Finance and Performance Committee highlight report.

RESOLVED: The Board noted the update.

136/22 HEALTH INSPECTORATE WALES (HIW) ANNUAL REPORT 2021-2022

Gerallt Jones, Senior Inspector with HIW presented the report and drew the Board's attention to the following areas:

1. From an all Wales perspective, HIW completed 60 onsite inspections and 139 Quality checks.
2. Several key themes from the report included significant and sustained pressure on emergency care providers; there was a clear difference between scheduled and unscheduled care; there were indications of low staff morale and medicines management continued to be a concern for HIW.
3. The report also included details of General Practice and Dental Practices checks.
4. In respect of the Trust, HIW undertook a local review of patient experience whilst waiting in ambulances and this had found that not only did it impact on patients but had a detrimental effect on staff morale. HIW has made recommendations to improve patient safety and to address the impact on staff well-being. It should be noted that engagement between HIW and the Trust remains positive and constructive.
5. HIW appreciated that staffing has been a significant challenge for the Trust as it continues to see Covid related absences impacting on the workforce, and understands it will not be straightforward to resolve.

Comments:

1. Members queried whether it was possible to link the findings from the wider health system to give an overall and consolidated view, from an HIW perspective. Gerallt explained that HIW was actively working with Health Boards and would consider this approach going forward. Liam Williams added that Audit Wales were undertaking work which was looking at the whole NHS system, currently focussing on patient flow at hospitals.
2. The Board were interested to know if there had been any feedback from other health board colleagues following publication of the HIW annual report, particularly in respect of patient impact as a result of handover delays. Gerallt Jones commented that HIW undertook regular discussions with Health Boards, and explained that future HIW work would include the issue of patient flow and immediate release directions.

RESOLVED: The Board noted the report

137/22 CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT

Ceri Jackson alerted the Board to the following highlights from the report:

1. An Audit Wales review on charitable funds was due to commence on 1 December 2022.
2. The Committee received a presentation from the Head of the Hywel Dda University Health Board Charity in which the Committee benefited.

3. The Committee has engaged a Mr. Patrick Boggan from Tarnside Consulting to provide recommendations for the Charity's strategic direction.

RESOLVED: The Board received the Charitable Funds Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.

138/22 ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT

Kevin Davies alerted the Board to the following highlights from the report:

1. The Committee cycle of business has recently been approved and continues to mature.
2. Confirmation of University Trust Status was still awaited.

RESOLVED: The Board received the Academic Partnership Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.

139/22 QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT

Bethan Evans alerted the Board to the following highlights from the report:

1. The Committee focussed their attention on the ongoing system pressures which the Board had discussed during today's meeting.
2. The Committee heard a very powerful patient story which related to a patient's extremely long wait for an ambulance following a fall at home.
3. The Operations Directorate update report was presented in a different format, which was welcomed.
4. The Audit Wales review on the Trust's quality governance arrangements was received, and it recognised the extreme service pressures.
5. The Dementia update was received, and the team were commended on its significant number of achievements. The Committee noted that funding for the Dementia programme since 2018 had been through the Integrated Care Funds.
6. It was noted that the Committee, at its next meeting, would focus on the progress being made in the Trust's preparedness for the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
7. In terms of the risks, the Committee continued to monitor the 2 highest scoring risks. Risk 223, 'the Trust's inability to reach patients in the community causing patient harm and death'. and risk 224 'significant handover delays outside Emergency Departments which impacts on access to definitive care being

delayed and affected the Trust's ability to provide a safe and effective service', which were both rated at 25. The Committee also noted that Risk 303. 'Delayed administration of chest compressions to patients as part of resuscitation', has been closed as all actions have been completed and the risk score has reduced to target.

Comments:

Estelle Hitchon informed the Board that the Integrated Care Fund has been replaced with the Regional Integration Fund.

RESOLVED: The Board received the Quality, Patient Experience and Safety Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.

140/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT

Kevin Davies alerted the Board to the following highlights from the report:

1. Lost hours to handover delays at Emergency Departments in October were the highest recorded at 28,940; equating to 36% of the Trust's conveying capacity being unavailable to respond.
2. The Committee received a presentation on the financial position for month 7 2022/23.
3. There were 10 risks on the Corporate Risk Register assigned to the Committee and no changes in risk scores were observed from the September meeting of the Committee.

RESOLVED: The Board received the Finance and Performance Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.

141/22 GOVERNANCE REPORT

1. The Board noted that the Trust seal was applied to the following documents:
2. Reference number: 0237, Standard building contract Vantage Point House phase 2 with Paramount Office Interiors Ltd; and
3. Reference number: 0238, Land Transfer, HM Stanley, St Asaph to Castle Green Homes Ltd.
4. The Board noted a decision was made in private session on 1 September 2022 to approve a number of WAST non-emergency patient transport contracts. This item was taken in private due to commercial sensitivities.

RESOLVED: The Board noted the use of the Trust Seal as described and the decision made in private since the last Board meeting.

142/22 MINUTES OF COMMITTEES

The following minutes were received:

1. Charitable Funds Committee of 6 July 2022;
2. Academic Partnership Committee of 19 July 2022;
3. Finance and Performance Committee of 20 September 2022;
4. Quest Committee of 11 August 2022.

Furthermore the following NHS Wales Joint Committee update reports were received

1. Emergency Ambulance Services Committee meeting of 18 August 2022;
2. NHS Wales Shared Services Partnership Committee – Assurance Report dated 22 September 2022;
3. Welsh Health Specialised Services Committee – Joint Committee Meeting - Briefing dated 8 November 2022.

RESOLVED: That the above minutes and update reports were received.

143/22 ANY OTHER BUSINESS

This was Kevin Davies' last meeting of the Board as his eight-year tenure on the Board will end on 31 December 2022. Jason Killens thanked him on behalf of the Board for his support, stewardship and counsel to the Trust, and wished him well.

144/22 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 24 NOVEMBER 2022

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960). It was also noted that the Board would resolve to meet in private on 29 September 2022.

RESOLVED: The Board would meet in private on 24 November 2022.

Date of next Open meeting: 26 January 2023