



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
University NHS Trust

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 30 MAY 2024 MEETING HELD IN CARDIFF MAKE READY DEPOT AND VIA ZOOM**

**Meeting started at 09:30**

**PRESENT:**

|                        |  |
|------------------------|--|
| Colin Dennis           | Non-Executive Director and Chair of the Board              |
| Jason Killens          | Chief Executive  |
| Lee Brooks             | Executive Director of Operations                           |
| Peter Curran           | Non-Executive Director                                     |
| Professor Kevin Davies | Non-Executive Director                                     |
| Estelle Hitchon        | Director of Partnerships and Engagement                    |
| Ceri Jackson           | Non-Executive Director and Interim Vice Chair of the Board |
| Angela Lewis           | Director of People and Culture                             |
| Rachel Marsh           | Executive Director of Strategy, Planning and Performance   |
| Trish Mills            | Director of Corporate Governance/Board Secretary           |
| Hugh Parry             | Trade Union Partner  |
| Jonny Sammut           | Director of Digital Services                               |
| Andy Swinburn          | Executive Director of Paramedicine                         |
| Chris Turley           | Executive Director of Finance and Corporate Resources      |
| Damon Turner           | Trade Union Partner  |
| Liam Williams          | Executive Director of Quality and Nursing                  |

**Attendees:**

|              |   |
|--------------|---|
| Steve Owen   | Corporate Governance Officer (Virtual)              |
| Alex Payne   | Corporate Governance Manager                        |
| Emma Worrall | Emergency Medical Dispatch Call Taker (Staff Story) |

**BSL Interpreters:**

Hayley Brown  
Alison Gilchrist

**Apologies:**

|              |                        |
|--------------|------------------------|
| Bethan Evans | Non-Executive Director |
| Hannah Rowan | Non-Executive Director |
| Joga Singh   | Non-Executive Director |

## **39/24 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies.**

The Chair welcomed all to the meeting, and noted apologies were received from Bethan Evans, Hannah Rowan, and Joga Singh.

### **Declarations of interest.**

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

**RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Bethan Evans, Hannah Rowan, and Joga Singh were formally recorded.**

## **40/24 PROCEDURAL MATTERS**

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process. He added that all Committee meetings had been quorate and well attended.

### **Minutes:**

The Minutes of the Board meeting held on 28 March 2024 were presented and confirmed as a correct record.

### **Action Log:**

The Board received the action log:

Minute 24/24: Progress on Actions to Mitigate Avoidable Patient Harm. *Overall lost hours at ED, to include details of the variation in performance across Wales for the Quest Committee's consideration.* Action transferred to the Quest Committee; action closed.

Minute 33/24: The Workforce Equality Monitoring Report 2023 and the Gender Pay Gap Reports for 2022-23. *People with a disability in Wales 21.1% using Census data 2021. It was queried if a working age could be used as data to ensure more accurate comparison for future reports.* The census data on disability has been age-standardised and is based on numbers per household, therefore, this figure

should be used as being reflective of the local population of Wales. The census data only provides differences in geographical areas across Wales e.g. Blaenau Gwent has the highest percentage of disability (24.6%) and Monmouthshire has the lowest (17.7%). Action closed.

Minute 33/24a: The Workforce Equality Monitoring Report 2023 and the Gender Pay Gap Reports for 2022-23. *To ensure accuracy of Welsh translations on the supported documents.* Any errors in the Welsh language versions have been corrected. The documents have also been amended to include the new Trust logo. The documents have been sent to the Communications Team for upload to the Trust's website.

**RESOLVED: That**

- (1) The Minutes of the meeting held on 28 March 2024 were confirmed as a correct record.**
- (2) The update on the action log was noted.**

**41/24 CHAIR'S REPORT AND UPDATE**

The Chair presented the report as read noting that recruitment for Non-Executive Director roles were ongoing.

He also added that on a recent visit to a 111 call centre, he observed that the installation and implementation of the new Clinical Assessment Software (CAS) system has been successful, resulting in positive feedback from staff and operational improvements. It was noted that the smooth transition and effective training have contributed to a reduction in call queue times and overall service enhancement.

**RESOLVED: The update was noted.**

**42/24 CHIEF EXECUTIVE'S UPDATE**

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

1. Seven Staff Roadshows were held during the week commencing 15 April. Over 500 staff and volunteers attended to learn more about the Trust's clinically led planned service changes and learn more about the Wellbeing and Occupational Health offer, what the 'good looks like' in the future, our clinical indicators, and the Duty of Quality. Some of the events had been oversubscribed and it was noted there were more operational colleagues in attendance than previous years.

2. Progress on the Manchester Arena Inquiry (MAI) workstream continues. The Chair of the Inquiry has set out that each organisation including all ambulance Trusts should review their capacity to respond to a mass casualty incident, make recommendations to their NHS commissioners relating to additional resources, and that commissioners must then give urgent and close consideration to these recommendations. Having undertaken a series of workshops and evidence gathering exercises, including data modelling, three reports will be produced which will detail: Capability to Prepare, Capability to Respond and Capability of Specialist Assets. Once complete this will be shared with Commissioners.
3. In January 2024 the Senior Leadership Team and Executive Leadership Team approved the EMS Coordination plans for change and supported the plans with a recurring investment of £350k. These plans consider the demand and capacity reviews undertaken by ORH and involve the move to a single allocator model, the realignment of dispatch boundaries and desks to ensure equity of workload across areas, and the review of rosters to ensure that the resource modelling reflects the demand across the service. In conjunction, a new structure has been agreed that provides career progression from entry as a Band 3 Emergency Medical Dispatcher (call taker) right through to Director level within the organisation. The existing structure does not provide the necessary support to colleagues and has been widely accepted as insufficient to meet the needs of a forward-thinking emergency contact centre.
4. Acknowledgement was made to the Finance Team who continue to play a key part in helping the Trust work through the significant savings plan and delivery required for the 2024/25 financial year which totals £6.421m. Themes and schemes to aid delivery have been identified and focus will now turn the delivery of the savings required for 2024/25. The Finance Team also continues to support the Financial Sustainability Programme (FSP) and the identification of schemes/themes for this and future financial years.
5. The 2023/24 Capital Programme delivered to plan despite a number of in year movements with the Trust achieving its Capital Expenditure Limit with a small underspend of £10.06 against a budget of £21.932m (subject to audit).
6. There was currently an Estates backlog, particularly with the current facility in Monmouth – The challenges with the current facility are acknowledged and the scheme has been prioritised within the 2024/25 Discretionary Capital allocation process. Work is underway to consider several options on a Trust only basis after discussions regarding a collaborative solution with South Wales Fire & Rescue Service and Gwent Police concluded that costs were likely to be unachievable within current budgets. Therefore, a Project Board will be

established to develop the preferred option for the site and a business case prepared for further consideration in due course.

7. In March, the Trust hosted the first event of the Ambulance Q network, 'Ambulance Q 24', at the Principality Stadium, Cardiff. The aim of the event was to bring NHS Ambulance Services together to understand cross-organisational challenges, opportunities for improvement and seek new ways of working, to build a network of like-minded people focusing on shared learning, collaboration, and co-delivery of improvements in patient care. The event had a Welsh language component including an automated bilingual registration platform, bilingual displays, and bilingual greetings as well as introductions from WAST staff.
8. A major element of the IMTP over the next 3 years is the transformation and delivery of further revisions to our integrated clinical model across WAST services (999, 111 and Ambulance Care). A week of clinical workshops were held during May in Cwmbran bringing together clinical, operational and corporate colleagues to start the process of designing the new model. Jason Killens reminded Members that Wales was the first ambulance service in the UK to move away from 'time' being the total measure of success and introducing quality indicators as well as time continuing to be an important measure for many patients.
9. The EMS Operational Transformation Programme Board met for the last time on 3 May 2024, with the programme's closure and evaluation report going to the Strategic Transformation Board. This programme delivered an uplift of 343 FTEs, re-rostered every EMS Response roster (146) across Wales and implemented a new responding resource; CHARU. The project closure report, will in due course, also come before Trust Board given the scale and impact of the change that has been delivered.
10. Most of the Respiratory Protection Equipment (RPE) within the Trust is currently provided in the form of tight fitting re-useable and disposable face masks and powered air purifying respirators (PAPR). In June 2023 a multidisciplinary Task and Finish Group was set up to look at the approach taken by the Trust and recommend any changes necessary to ensure the Trust remains prepared for any future respiratory acquired communicable disease outbreaks. The outcome of the Task and Finish Group was to recommend that PAPR with hoods are available on all Emergency Medical Service vehicles, removing the requirement for fit testing. The additional financial investment has been approved and the implementation of the project has commenced. This is an important step to maintain the safety of our people and the patients they care for.

Comments:

Members were keen to understand if there were any challenges in terms of the Commissioning system / process transition. Jason Killens explained that there had been two meetings of the new Joint Commissioning Committee (JCC), commenting that from the Trust's perspective, things were progressing well.

Following a query regarding whether there had been any outcomes from the recent North Wales cross-sector Chief Executive meeting Jason Killens explained that the North Wales cross-sector Chief Executive meeting focused on strategic issues across the health sector, involving services, local authorities, and other public sector players. While there is some health content, the forum is not intended for detailed operational health discussions. The primary topic of recent discussions has been transport services across Wales and potential improvements in this area.

Members asked for further clarity on the discussion surrounding the blue light service meetings and further information on the Right care, Right person initiative. Jason Killens explained that the Joint Emergency Services Group (JESG) includes Chief Constables, Chief Fire Officers, the Trust, representatives from the Royal Navy, the Army, the Royal Air Force, and leaders in the health sector. It is a non-statutory entity that does not have a formal place in the governance or command and control arrangements across Wales. The topic of Right Care, Right Person has been discussed within this forum, but primarily at a strategic level. There is a specific operational forum, in which the Trust is involved, that focuses on planning for the Right Care, Right Person initiative. While the Trust anticipates increases in activity because of this initiative, the exact volume of this increase remains unclear. Lee Brooks added that there is a governance arrangement involving Welsh Government and key partners to understand the consequences of the Right Care, Right Person initiative. Progress is being made, albeit slower than anticipated.

In terms of the Yorkshire Ambulance Service (YAS) and their change to the clinical model, it was recognised that they have had some positive returns. Members queried if there was any other data that proved the effectiveness of this change, and whether it added strength to the Trust's proposed change to the clinical model. Andy Swinburn explained that the Trust had learned valuable lessons from YAS regarding how they stream calls in their contact centre. Furthermore, YAS has successfully managed to defray activity directly into other parts of the health economy without necessarily instigating an ambulance response. This approach has demonstrated clear and measurable benefits, providing more suitable clinical outcomes for patients compared to the traditional method of dispatching an ambulance for every call.

The Chair underlined the importance of the Chief Executive Roadshows and acknowledged the work of the Executive Leadership Team (ELT), noting that it is a significant commitment to conduct these road shows twice a year. These events are well-supported and highly important. The Chair emphasised the value of leadership visibility within the Trust, citing the recent 'WAST Live' event as an example of the open and transparent leadership displayed.

**RESOLVED: That the update was noted.**

#### **43/24 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public.

Angela from the Stroke Association raised a question regarding data from April 2024. She noted that almost 8000 patients had cancelled their ambulance, and another 170 callers were unable to receive an ambulance due to the high level of escalation at that time. Angela inquired specifically about how many of the cancelled ambulances were from callers with a suspected stroke and how many of the 170 callers who did not receive an ambulance were suspected stroke patients.

Andy Swinburn explained that the detail in the question was very technical and agreed to provide a response directly to Angela once he had compiled the necessary information.

**RESOLVED: The Board received the question regarding data in respect of ambulance response for stroke patients and it was agreed that Andy Swinburn would compile the required data and respond directly to Angela from members of the public**

#### **44/24 STAFF STORY – EMMA WORRAL**

Angela Lewis reminded the Board that the People and Culture Plan was launched our last April. As part of the delivery and successful implementation of this plan across the Trust, it was decided to create a community of Culture Champions. A year on, the Trust now has 107 Culture Champions. Emma has been one of the early adopters of the Culture Champion role. In terms of the role itself, the remit is to promote our behaviours, bring our People and Culture Plan to life, and act as an additional conduit for colleagues in different parts of the Trust. Emma's story followed:

"I worked in a secondary school for 17 years as a house and well-being coordinator for autistic sixth form boys, focusing predominantly on anger management and anxiety. During COVID, I needed a change, so I started with the Welsh Ambulance Service as a call taker. In my four years here, I've become a trained call taker supervisor, a trained mentor, and a Culture Champion.

I wanted to become a Culture Champion because I was curious about the role and its impact. I had heard many people discussing the Culture Champions and management talking about the new behaviours they were introducing to support staff well-being. I wanted to learn more about these initiatives and how they could help our colleagues.

Once I understood the background of the behaviours, I wanted to disseminate that information because there are a lot of pressures on call takers. I wanted my colleagues to understand how they can achieve effective communication by knowing what the behaviours are and what they mean.

There is a lot of stress within the call taker environment, and by understanding the behaviours, I gained the confidence to speak up about the issues we were experiencing. Being a Culture Champion has helped me significantly by allowing me to network, get to know more people, and enjoy what I do. I like helping others and want to inform them about the benefits of being a Culture Champion. I wanted to make the behaviours and the role of Culture Champions inclusive for everyone in the CCC and Carmarthen. To achieve this, I created two display boards to help disseminate this information and reflect our values and efforts.

It's very rare that call takers receive any recognition for their work, which can be quite demoralising. I thought that introducing shout outs where colleagues and supervisors notice and acknowledge the good work done by call takers, and displaying these shout outs on a board, would help boost morale in the call-taking environment.

In terms of improving behaviours within the environment, I've suggested incorporating the behaviours into our monthly one-on-ones where we discuss KPIs. If supervisors notice any recurring patterns of behaviour, they can address them privately during these sessions.

Regarding feedback, the call takers are now recognising the benefits of the behaviours and are discussing them more frequently. Supervisors have also noted an improvement in behaviours, which is very positive.

With regards to what needs to happen next, I believe it's crucial for us to focus more on addressing burnout within the call-taking environment and exploring how the behaviours can mitigate stress and burnout. Personally, I have

experienced three episodes of burnout where I was unable to work for over a month. The longer it took to recover, the more anxious I became about returning to work, creating a vicious circle. However, by learning more about the behaviours and culture and how they support wellbeing at work, I have gained insights into my triggers and found ways to manage them effectively. This understanding has been instrumental in improving my overall well-being in the workplace.

Comments:

Jason Killens responded positively to hear such an encouraging story about promoting the behaviours that were crafted by our own staff to enhance the workplace experience.

He added it was particularly disappointing to hear about abusive callers, especially when some healthcare professionals blame individual call handlers for delays. This behaviour is unjust and does not reflect the reality of the pressures faced across urgent and emergency care services. We must all remember that we are colleagues working within the same system, and no one should be taking out their frustrations on individuals.

Clearly, the Trust was doing everything it can to support you and your colleagues, especially in cases where members of the public were abusive. It is acknowledged that calling 999 can be incredibly stressful for many people, but the Trust takes repeat or particularly abusive behaviour seriously. The Trust will pursue prosecutions and interventions to address these issues because it is unacceptable for you and your colleagues to be mistreated while carrying out your duties.

Emma was asked if she had received abusive calls and the extent of them. Emma commented that she had personally been threatened and added that other call takers have faced similar levels of aggression from abusive callers, and agreed that this behaviour is completely unacceptable.

Furthermore, Emma added that when instructed to input information about abusive calls into the Trust's reporting system, Datix, it takes away valuable time from answering calls. It is a challenging situation because we want to report these incidents, but we are very aware that there could be critical calls waiting on screen, and consequently, completing the Datix report often becomes a secondary priority.

Members recognised that due to underreporting, it is quite possible that the actual number of call takers receiving abuse is significantly higher.

Jason Killens explained that we have led the "Work With Us, Not Against Us" campaign across the emergency services in Wales. This campaign, run over the past two years in collaboration with the three emergency services, aims to educate the public that abuse, assault, or interference with our duties will have consequences. While analysis of the campaign's impact shows some reduction in physical assaults, the overall trend remains consistent, with ongoing instances of unnecessary physical and verbal threatening behaviour. The Trust continues to address this issue through public-facing campaigns and remain open to new learning and strategies.

Estelle Hitchon suggested connecting Emma with Lois Hough, the architect behind the "Work With Us, Not Against Us" campaign, to discuss effective public messaging. Lois has conducted an evaluation on this campaign, which spans the three emergency services, making it applicable and useful for all emergency services, not just the Trust. Estelle Hitchon noted an interesting parallel with the significant increase in abuse towards GP receptionists, who, like call takers, act as gatekeepers of service. Estelle Hitchon agreed to facilitate this connection so Emma could share insights on messaging that might better resonate with the public, enhancing the current campaign's impact.

Lee Brooks highlighted the unique challenges faced by contact centres, especially in customer service roles where callers often have high expectations. One major challenge is that call handler positions are typically entry-level roles, attracting a generally younger demographic. These roles are characterised by low control, as call handlers must follow strict scripts and manage calls as they come in, with no control over the call flow. This creates a very specific set of stressors unique to the industry.

Lee Brooks emphasised the importance of reporting incidents through Datix, stressing that it is a crucial mechanism for understanding and addressing the challenges faced by call handlers. He encouraged all staff, including planning supervisor colleagues, to actively promote and utilise Datix reporting. This will help the Trust gain a comprehensive understanding of the issues and take necessary actions to improve the working environment and support for call handlers.

Liam Williams informed the Board that today marked the re-signing event for the anti-violence collaborative initiative across Wales, led by the NHS Chief Executive. He highlighted that at the recent People and Culture Committee meeting, it was reported that five cases of violence against staff had recently progressed through the legal system, resulting in four of them leading to Community Orders or financial penalties.

The Board were interested to hear Emma's thoughts on how the Trust can promote and equip our people with the tools and opportunities to handle stressful situations.

Emma emphasised that each person perceives stress differently. She highlighted the outstanding support provided by supervisors, particularly the in Central and West region. Emma shared her efforts to involve supervisors more in promoting the behaviours and culture champion initiatives, explaining that everyone experiences trauma uniquely. A traumatic call could vary widely in nature; it doesn't have to be a paediatric arrest, for example, it is about what the individual finds traumatic. Recently, call taker supervisors have been excellent in supporting staff. After every call, they check in with call takers, asking if they are okay and if they need a few minutes to process the call. Supervisors also offer further assistance and explain the process for getting additional help if needed. This proactive approach ensures that call takers feel supported and understood, recognising the individual nature of stress and trauma.

Angela Lewis explained that the Trust is well equipped with a dedicated Occupational Health and well-being team, providing immediate access to Clinical Psychologists and other formal support services for colleagues. However, beyond these formal resources, the immediate support provided by supervisors and peers plays a crucial role. She emphasised the importance of supervisors in noticing when staff might need support, and the role of peers and culture champions in creating an environment where staff can talk and decompress. This immediate and informal support is a key part of the Trust's approach to well-being. Angela also highlighted that managers are fundamental in promoting and embodying the role of Culture Champions, but peers can have just as much influence. The Trust is committed to fostering a culture where everyone sees culture change as their responsibility. Checking in with colleagues, noticing when they might need support, and encouraging open communication are essential parts of everyone's job. This holistic approach ensures that staff feel supported both formally and informally, contributing to a healthier and more supportive work environment.

Jason Killens explained that the current management structure in Contact Centres is quite limited, which makes it challenging to effectively notice and check in with staff to see if they are okay, particularly after difficult calls. This lack of capacity means that recognising when an individual has had a tough call is harder. However, he noted that a new approach and restructuring plan has been agreed upon. This new structure aims to address these challenges and better support the staff, ensuring that they receive the necessary attention and care after handling difficult situations.

The Chair thanked Emma for her time and acknowledged the personal challenge she described. The dilemma faced when wanting to take time off to report an

abusive caller through Datix but feeling compelled to continue answering calls due to the number of calls stacking up was acknowledged. This relentless nature of call handling is driven by the uncertainty of whether the next call will be relatively minor or a genuine life-threatening emergency. It was noted that while the information is difficult to quantify without more data, today's discussion highlighted that the level of abuse and difficulty faced by call takers is considerably greater than what is formally reported. The Chair reiterated the earlier point about the significant attention being given to the structuring of clinical contact centres. The Trust is acutely aware that handover delays and increasing demand are causing backups in the call centres, and this is being actively addressed.

**RESOLVED: The staff story was noted.**

#### **45/24      PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

Jason Killens presented the report and highlighted the following for the Board's attention:

1. The sickness absence target of 6% by March 2024: whilst missing the target and being Red, Amber Green (RAG) rated red, the Trust achieved 7.67% in March 2024 which demonstrates a significant shift in the right direction over the last 12 months.
2. The Trust's Consult & Close ambition was 17% by Q4 2023/24: the Trust achieved 15.1% in April 2024, which is the highest rate the Trust has achieved. In terms of volumes of calls closed remotely, the Trust is also trending upwards. The Trust is closing by way of consult and close more calls every day than this time a year ago.

In terms of the action plan, the Trust has made significant progress on many fronts within its control. Several actions have been completed, showcasing the Trust's commitment to using available resources in a smarter and more effective way. These efforts have led to operational improvements and have helped stabilise the performance position, which had previously been largely static. However, despite these internal advancements, the Trust is currently unable to deliver further improvements in performance due to the ongoing environment of sustained pressure within the system.

Comments:

Liam Williams explained that the Trust has identified several priorities aimed at tracking patients at a pathway level to better understand and reduce harm. This

approach is focused on gaining insights into patient journeys and implementing strategies to mitigate risks and improve patient safety.

Lee Brooks explained that in terms of performance for this month, the Trust has already responded to about 1,000 more Red calls compared to the same period last year. Despite this increase, the Trust has managed to respond to approximately 100 more red calls within eight minutes than last year. However, the percentile for these responses is down by 10%. Lee Brooks emphasised the importance of the public and Commissioners focusing on the actual numbers rather than just percentages. He highlighted that despite numerous internal efforts and the implementation of several initiatives aimed at improving efficiency, the overall percentile improvement for red calls has not significantly changed.

Lee Brooks stressed that the Trust should concentrate its efforts on the Integrated Medium Term Plan (IMTP) that is expected to receive final approval, rather than on other actions that are unlikely to achieve the desired improvements. He suggested that these other actions could serve as distractions. He stressed the importance of maintaining a strong focus on safety and quality, alongside the percentage measures currently in use.

Rachel Marsh added that as part of the programme of work going forward, the Trust was looking at different ways to measure performance through a new set of performance metrics.

The Chair added that the number of lost hours in April 2024 was similar to the previous year, highlighting the persistent issues within the wider system. It is important to note that handover delays and lost hours are ongoing challenges that are not expected to be resolved soon.

The Chair summarised that the people the Trust is serving in Wales are the most important, and our focus should be on them. In terms of Red response, much of the work we do to improve and transform our services may not directly respond to immediate needs, but it will benefit the public in the long run. It is crucial that everyone is on the same page, looking at the same data and understanding what it tells us. This paper is a great resource and it's important to have it for our next meeting as we continue to focus on this critical issue.

**RESOLVED: The Trust Board noted the continued level of avoidable patient harm.**

## **46/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Rachel Marsh drew attention to the following areas:

111 performance had stabilised in 2003, however, more recently performance has deteriorated. Whilst patient demand was 4.8% lower in April 2024, compared to April 2023, it was 18% higher in Q4 2023/24 compared with Q4 2022/23. There is also a 4% commissioned reduction in call handlers in 2024/25. The new 111 CAS went live on 30 April 2024 as planned. This new system was delivered at high pace to mitigate a non-delivery issue beyond the Trust's control. The Commissioners raised their concerns of this position at the last 111 Programme Board

Concerns response: In April 2024 complaint response times improved to 62%, an improvement on the 56% recorded in March 2024, but remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken.

Trust sickness absence: the Trust's overall sickness percentage was 7.58% in April 2024, a slight decrease on the 7.71% recorded in March 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% is above the 2023/24 IMTP ambition of 6% but is a good improvement.

Staff training and PADR: PADR rates did not achieve the 85% target in April 2024, but have been steadily improving (78.46%). Compliance for Statutory and Mandatory training increased to 82.73%.

Comments:

Members queried the reason for the increase in demand for 111. As part of the Demand and Capacity Review, Rachel Marsh explained that the Trust will examine the increase in demand in more detail to help manage capacity more effectively. As such, this detail will be available in due course.

Estelle Hitchon commented that we need to be quite careful in our thinking because we are actively encouraging people to use 111. If we weren't seeing an increase in demand, it would be concerning. Ideally, an increase in demand would indicate that people are having positive experiences with the service and are more likely to use it again. The telephone-based element of the service should be driving up demand as users have good experiences and recommend it to others.

The Chair reflected on his visit to a 111 call centre and noted that the first four calls he observed highlighted the changes and challenges within the community. Two of these calls were related to dental issues: one involved a patient managing a broken tooth that had turned into an abscess with pain gradually increasing over a week, and the other involved swelling and pain in the jaw. These calls underscore the significant stress on dental services, a trend that is also reflected in the MIQPR due to dental health issues. The other calls were related to mental

health issues and the lack of access to GPs, further illustrating the broad range of challenges faced by the community. Liam Williams explained that from a dental demand perspective there are dental advisors that operate within the 111 service and support delivery.

**RESOLVED: The Trust Board considered the April 2024 Integrated Quality & Performance Report and actions being taken and determined that it provided sufficient assurance.**

#### **47/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)**

Trish Mills presented the report highlighting the five highest scoring risks for the Board's attention.

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*) scoring 25 and remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death.

Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) is rated 20. A significant number of actions have been added to this risk since its last review, and also the controls and assurances have been strengthened. The People and Culture Committee's (PCC) AAA report highlights the staff story, emphasising the efforts of managers within the Trust to support their teams in returning to work and reducing sickness locally. Additionally, the report identifies key themes and trends emerging from the NHS staff survey, providing valuable insights into the staff's experiences and areas for improvement within the Trust.

Risk 201 (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control. The PCC undertook a deep dive of this risk at its meeting in May 2024. The reputation audit was discussed at the Welsh Ambulance Services Partnership Team in May 2024 and will be the subject of a future Board Development discussion.

Risk 594 (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*) remains at a score of 20 reflecting the continued challenges across the unscheduled care system.

The update shows that several risks have decreased in score, with some being closed and several added to the register. These will undergo review by the Committees in the current quarter. The Board can observe the movement, additional actions, and controls reflected in the AAA reports, which are continuously and dynamically reviewed with oversight at the highest level. Specifically, the top five risks are reviewed monthly to ensure ongoing management and mitigation.

Comments:

The Board recognised that in terms of risks, Risk 424 (*Resource availability - revenue, capital, and staff capacity*) associated with delivering the *Integrated Medium-Term Plan (IMTP)*, and Risk 139 (*Failure to Deliver Statutory Financial Duties*) these are intertwined with financial concerns and queried how up to date the Trust was in articulating these risks.

Chris Turley clarified that Risk 424 encompasses not only financial aspects but also concerns about peoples' expertise and skills. He described this risk as dynamic, indicating that while the revenue position appears reasonable for the upcoming year, there are still inherent risks within it. Regarding capital funding, Chris Turley acknowledged that some risks, such as those related to vehicle replacement, manifest due to funding constraints. He suggested the possibility of including a specific risk related to vehicle procurement in the future planning. He also alluded to the Trust's fleet outlook compared to the previously endorsed 10-year Welsh government plan, highlighting the need for strategic adjustments in fleet management and funding expectations moving forward.

Jason Killens highlighted a concerning trend regarding capital funding for fleet replacement at the Trust. Specifically, he mentioned that for the past three years, the Trust has not been able to secure the necessary level of capital funding required for fleet replacement. As a result, there is a growing realisation that the funding levels obtained in recent years are likely to persist into the future. This necessitates a strategic shift in how the Trust views its fleet operations, possibly including reevaluating the types of vehicles used. Additionally, he suggested considering adding a specific risk related to fleet management to the Trust's risk register to address this ongoing challenge proactively.

Trish Mills mentioned that the review frequency varies based on the risk ratings within the Trust. Risks rated as Red (scoring between 15 to 25) are reviewed monthly, as they are considered critical and unlikely to change significantly in the short term. These are closely monitored to ensure timely mitigation and management. For risks rated lower, they are typically reviewed quarterly, reflecting their lower impact or likelihood. However, the Finance and Performance

Committee (FPC) specifically reviews every two months, particularly focusing on financial risks.

Regarding risk 139, it has been retained on the Board Assurance Framework (BAF) with a score of eight. This retention ensures ongoing scrutiny and management attention, despite not being rated as high as Red risks, indicating its continued importance in financial oversight.

**RESOLVED:**

**The Board: considered and discussed the contents of the report and:**

- (1) Noted the reduction in two risk scores:  
Risk 163 from 20 (5x4) to 16 (4x4) and  
Risk 424 from 12 (3x4) to 12 (3x4)**
- (2) Noted the de-escalation of two risks to the Directorate Risk Registers:  
Risk 543 achieving target of 10 (2x5)  
Risk 283 achieving target of 8 (2x4)**
- (3) Noted the inclusion of two new risks:  
Risk 542 at a score of 16 (4x4)  
Risk 623 at a score of 15 (3x5)**
- (4) Noted the closure of Risk 458 from all registers.**
- (5) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (6) Noted the ratings and mitigating actions for each principal risk.**

**48/24 INTEGRATED MEDIUM-TERM PLAN (IMTP), END OF YEAR POSITION 2023/24 AND FORWARD ASSURANCE PLAN FOR 2024/25.**

Rachel Marsh explained that the purpose of this paper is to provide the Board with the end of year position on actions in the IMTP 2023-26, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

The end-of-year position for the Integrated Medium-Term Plan (IMTP) is predominantly positive, considering the ambitious goals set within it and the financial challenges faced by NHS Wales in the past year. Despite these challenges, the Trust has made significant progress in delivering the Financial Sustainability Programme and achieving substantial savings.

Areas of the IMTP where progress was not fully on track by the end of the year, indicated by an "AMBER" status, have been carried forward as necessary. These items have been integrated into ongoing IMTP workstreams or incorporated into directorate-specific plans for execution in the fiscal year 2024/25. This approach ensures continuity and alignment with strategic objectives while addressing any delayed initiatives effectively.

**RESOLVED: The Board**

**(1) Noted the overall delivery of the IMTP detailed in this paper and appendix; and**

**(2) Noted the approach to IMTP delivery and assurance reporting set out in this paper.**

**49/24 FINANCIAL POSITION FOR MONTH 12, 2023/24**

Chris Turley advised the Board that the report had been seen at the last Finance and Performance Committee (FPC) meeting on 14 May 2024.

Following detailed consideration by the FPC, the Board is asked to review, comment, note and receive assurance on the financial position of the Trust for 2023/24, subject to audit and ahead of the Trust Board presentation of the 2023/24 accounts in July 2024. Key highlights included:

1. The Trust is reporting a small revenue surplus (£85k) as a M12, and which forms the basis of the draft accounts for the 2023/24 financial year (*subject to audit*). These accounts were submitted to Welsh Government and Audit Wales, in line with the prescribed timetable, on 3<sup>rd</sup> May 2024;
2. Capital expenditure is fully spent;
3. In line with the financial plans that support the IMTP, gross savings of £6.546m have been achieved against a target of £6.000m;
4. Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

Comments:

The Board acknowledged the excellent job by all those involved in achieving the financial position particularly noting the significant savings attained.

**RESOLVED: The Board**

**(1) Noted and gained assurance in relation to the Month 12 (and**

**therefore draft 2023/24 year end) revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> March 2024;**

- (2) Noted the delivery of the 2023/24 savings plan, and the context of this within the overall financial position of the Trust.**

## **50/24 FINANCIAL PERFORMANCE MONTH 1**

Chris Turley advised the Board that the update presented to the Board was the first Financial Performance Report of the 2024/25 financial year, the reported position as at Month 1 (April 2024). A summarised presentation of the month 1 position was presented to FPC on 14 May 2024.

Key highlights from the report for the Board to note are:

1. The Trust is reporting a small revenue surplus (£19k) for month 1 2024/25;
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
3. Capital expenditure plans are being finalised with plans to fully achieve in year;
4. In line with the financial plans that support the IMTP, gross savings of £0.663m have been achieved in month 1 against a target of £0.569m;
5. Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.3% for the number, and 99.5% of the value of non NHS invoices paid within 30 days.

In terms of financial performance by Directorate, whilst there is a small surplus reported at Month 1 there are some small variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given it is so early in the financial year, but they will be continued to be closely monitored.

Understandably, at this early stage of the financial year, the reported risks are still undergoing thorough assessment. As these assessments are communicated to the Welsh Government (WG), it is currently deemed that there are no individual risks with a high likelihood of occurrence. However, over the next month or so, ongoing review processes will continue to evaluate these risks to ensure that both the likelihood and potential financial impact are appropriately assessed.

Also included are three additional risks, aligned to some of the income and

funding assumptions previously highlighted, and which relate to the following:

1. Ongoing discussions around the costs associated with the revised job description for the EMT / Technician level posts. As was the case with the revision of the Paramedic job description, assumptions remain that any increase in costs would require discussions with WG to secure funding, given the national UK influence on this that revised A4C job profiles recently published may have.
2. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required to deliver on them.
3. Costs associated with the recently submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported, and additional funding made available.

As we are in the early stages of the financial year the discretionary capital programme and resulting budgets are only now being finalised.

At Month 1, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is £21.672m. This includes £16.217m of All Wales Approved schemes and £5.455m for Discretionary schemes.

**RESOLVED: The Board**

- (1) Noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2024;**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;**
- (3) Noted the initial capital programme for 2024/25, and**
- (4) Noted the Month 12 and Month 1 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG).**

Trish Mills explained that the Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of external and internal assurance that support this assessment process for 2023/24.

Effectiveness reviews of the seven Committees of the Board and the single Advisory Group were conducted in Q4 of 2023/24, and proposed changes to their terms of reference and operating arrangements were made as a result. The Audit Committee reviewed the results of these through the committee annual reports and the terms of reference amendments at their meeting on 30 April 2024, and now recommend these to the board for approval.

The Committee terms of reference are regularly refreshed, and they each have a cycle of business which provides for the appropriate frequency of reporting. Agendas are set well ahead of meetings and are built around the highest rated risks. Timeliness of papers improved in 2023/24 however there is work to do in 2024/25 to support report writers, board members and presenters with guidance and new templates, and to develop bespoke committee induction programmes.

Annual Reports were also received which provide a comprehensive overview of each committee's activities, achievements, challenges, and future plans. All committee effectiveness reviews, annual reports and changes to terms of reference and operating arrangements have been reviewed by the Executive Leadership Team and each Committee during Quarter 4 2023/24.

Comments:

The Board acknowledged the significant volume of work undertaken by the Corporate Governance Team in providing the reports.

Members discussed in further detail the numbers of questionnaires returned in terms of Committee effectiveness and it was suggested by Peter Curran that new ideas and initiatives be developed to try and increase the number of returned questionnaires.

**RESOLVED: The Board**

- (1) Reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2023/24.**
- (2) Noted the priorities set by committees for 2024/25.**

- (3) **Approved changes to the terms of reference to all the Committees of the Board and the Welsh Ambulance Services Partnership Team.**
- (4) **Noted changes to operating arrangements for the Board and committees in 2023/24.**

#### **52/24 AUDIT WALES ANNUAL REPORT AND AUDIT PLAN**

This item was presented under the Audit Committee AAA.

**RESOLVED: This was noted by the Board.**

#### **53/24 INTERIM AMENDMENT OF MODEL STANDING ORDERS**

Trish Mills advised the Board that the interim changes were made to the Model Standing Orders by Welsh Government in March 2024 to reflect the new commissioning arrangements following the introduction of the Joint Commissioning Committee, and the change of the Trust's name following its award of University Trust Status; both of which took effect from 1 April 2024. The changes also clarify the Trust's status as a Public Body under the Wellbeing of Future Generations Act 2015.

The Standing Orders at 7.2.5 provides for the Trust's Annual General Meeting (AGM) to be held by 31 July each year. Welsh Government have advised in the Manual for Accounts that for the 2023/24 annual report and accounts the AGM may be held before 30 September 2024. This ensures alignment with the external audit scheme. The Audit Committee reviewed the changes to the Standing Orders at their meeting on 30 April 2024 and recommended them to the Board for approval. The Trust Board is asked to formally approve this temporary change to the Standing Orders.

**RESOLVED: The Board**

- (1) **Approved the interim amendments to the Standing Orders.**
- (2) **Approved the change to the deadline to hold the 2023/24 AGM by the 30 September 2024.**

#### **54/24 BOARD COMMITTEE REPORTS**

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda.

**Academic Partnership Committee (APC) – 23 April 2024**

Kevin Davies in lieu of Hannah Rowan (Chair of APC) updated the Board on the following areas:

As was announced at the March Board meeting, the Trust's application for University Trust Status has now been approved and the Trust's name has changed to the Welsh Ambulance Services University NHS Trust.

As the Board will be aware, the appointed Academic Non-Executive Director who was due to start on 1 April 2024 was not able to join the Trust. A fresh campaign has commenced with a closing date of 10 May.

Hannah Rowan, the Research Champion Non-Executive Director, and Chair, recently attended a research workshop in Wrexham hosted by the Trust.

The original University Trust Status priorities i.e. digitisation to enable better outcomes, advanced practice, and decarbonisation, remain central to the IMTP 2024-27. However, it was noted that they are primarily monitored by other Committees, with the IMTP oversight overall coming under the Finance and Performance Committee, which will escalate issues to this Committee where necessary.

The Academic Partnerships Committee Task and Finish Group closure report was received, and the Committee was assured that it completed its work plan which included developing an approach to attract Academic Non-Executive Director candidates.

### **Audit Committee – 30 April 2024**

Peter Curran updated the Board on the following points:

The meeting was primarily a governance focused meeting in which the Committee reviewed interim changes to model Standing Orders, received the 2023/24 annual effectiveness review reports and discussed the 2023/24 Internal Audit plan.

### **Quality, Patient Safety and Experience Committee - 7 May 2024**

In lieu of the Chair, Bethan Evans, Ceri Jackson updated the Board as follows:

Lost hours due to handover delays remained significant in January at just under 27,000 hours with a slightly improving picture in February and March at around 24,000 hours.

The 111 Clinical Assessment Software Replacement Project went live on 30 April 2024 as planned.

Members noted the continued challenge in the team to deliver the Putting Things Right Recovery Plan with two key members of staff off long term and the additional time constraints in recruiting to the posts.

Fiona Maclean, Patient Experience Community Involvement (PECI) Manager, and Julie Starling, Save a Life Cymru, attended to present their Staff Story and recounted how the team actively promote the learning of life saving skills throughout the year, with particular emphasis during its annual campaigns 'Shoctober', 'Restart a Heart' and 'Defibuary'.

A suite of policies was presented to Committee and approved.

The draft Annual Quality Report 2023/24 was positively received ahead of presentation to the Trust Board for approval.

### **People and Culture Committee – 09 May 2024**

Ceri Jackson updated the Board further on the following points:

Key progress was noted as part of the Director of People and Culture update.

The Committee received the Operational Update, highlighting key areas.

Staff Story - A View of Front Line Leadership – Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he has undertaken on attendance and sickness absence.

The Committee received insights from NHS Staff Survey focussing on stress and burnout in the workplace and discussed the links between addressing these issues with our overarching People & Culture ambitions and the Health and Wellbeing Plan

The Committee were pleased to approve the Homeworking Policy and acknowledged that the Exit Interview Policy has been reclassified as a Standard Operating Procedure.

### **Finance and Performance Committee – 14 May 2024**

Kevin Davies in lieu of the Chair Joga Singh provided an update as follows:

The Committee received the Digital Plan Refresh 2024-29 and considered options, approving an option which balances addressing essential resource gaps in our day-to-day digital services provision and advancing key digital

transformation initiatives that support our IMTP and broader organisational strategy.

An update was provided on the draft financial position for Month 1 2024/25 in advance of the submission to Welsh Government with the cumulative year to date (end of April 2024) revenue financial position against budget of a small surplus of £0.019m with capital planned expenditure of £21.672m forecast to be fully spent.

Members were updated on the Trust's Information Governance Toolkit undertaken to test the secure handling of patient data and compliance against legal and regulatory requirements.

Risks Discussed: Whilst the report provides that there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024.

**RESOLVED: The Board received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, and Assure process.**

## **55/24 MINUTES OF BOARD COMMITTEES AND NHS WALES JOINT COMMITTEE UPDATE REPORTS**

The minutes of the following Board Committees were received.

1. Quest Committee: 08 February 2024
2. People and Culture Committee: 20 February 2024
3. Audit Committee: 01 March 2024
4. Finance and Performance Committee: 19 March 2024

NHS Wales Joint Committee Update Reports.

1. Welsh Health Specialised Services Committee (WHSSC) Joint Committee Briefing dated 19 March 2024
2. Shared Services Partnership Committee (SSPC) Assurance report dated 21 March 2024

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

## **56/24 ANY OTHER BUSINESS**

None.

**57/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 30 MAY 2024**

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).

**RESOLVED: The Board would meet in private on 30 May 2024.**

**Date of next Open meeting: 12 July 2024**

**Meeting closed at 12:25**