

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 NOVEMBER 2021
MEETING HELD AT THE INTERNATIONAL CONVENTION CENTRE, NEWPORT AND
VIA ZOOM**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Craig Brown	Trade Union Partner (Via Zoom)
Andrew Challenger	Senior Education and Development Lead
Emrys Davies	Non Executive Director (Via Zoom)
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director (Via Zoom)
Andy Haywood	Director of Digital Services (Left meeting at 10:15)
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner (Via Zoom)
Claire Roche	Executive Director of Quality and Nursing
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Sonia Thompson	Assistant Director of Operations EMS
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non Executive Director

Members of British Sign
Language and staff in
attendance:

Seven

Apologies

Lee Brooks	Director of Operations
Claire Vaughan	Director of Workforce & Organisational Development

83/21 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting, noting that it was the first in person for some time; there were also Members using the Zoom facility. Apologies were received

from Claire Vaughan, Director of Workforce and Organisational Development and Lee Brooks, Director of Operations.

Declarations of interest

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite and Ceri Jackson, a Trustee of the Stroke Association.

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

84/21 PROCEDURAL MATTERS

Minutes of the previous meeting. The Minutes of 30 September 2021 were approved.

Action Log:

The Board received the action log and noted the updated position.

Trust Seal

Since the last Board meeting, the Trust seal was used on the following occasions:

- a. (0225): License for alterations (Minor Works) relating to part of basement, ground floor and first floor in VPH, between Vantage Point Business Park and WAST
- b. (0226): Lease Hywel Dda and WAST. Old garage site to Ambulance Station at Aberaeron
- c. (0227): Lease – License for Alteration, part of Aberaeron site

RESOLVED: That

- (1) the Minutes of the meeting on 30 September 2021 were confirmed as a correct record;**
- (2) the action log was noted; and**
- (3) the use of the Trust seal as described was noted.**

85/21 CHAIR'S ACTIONS SINCE LAST MEETING

The Chair reported that the following Chair's action had been undertaken since the last Board meeting:

On 25 October 2021 Chair's action was approved for a temporary payment for staff voluntarily taking primary rest breaks at a designated location away from base when crews were delayed or clearing at hospital. The payment was subject to the agreement of funding by the Chief Ambulance Services Commissioner.

RESOLVED: That the Chair's Action as described was ratified.

86/21 CHAIR'S UPDATE

The Chair, in giving his update referred to the meetings, conferences and ceremonies he had attended since the last Board meeting:

Internal

1. Two Board Development sessions which had covered a wide range of issues including; Leadership role of the Board, environmental issues, forward plan and the Trust's application for university status.
2. Regular meetings with Non Executive Directors and Trade Union partners.
3. WAST had held a very successful awards ceremony.
4. Attendance on the Trust's regular live Team WAST sessions which were chaired by the Chief Executive.

External

1. Regular meetings of Chairs of Health Boards across Wales; the issues of emergency care, urgent care and handover delays were discussed.
2. NHS Confederation meetings.
3. Met with External and Internal Audit colleagues.
4. Held meetings with the Health Minister one of them to specifically discuss the challenges facing WAST.

The Chair added that he had visited front line staff in ambulance stations across Wales.

87/21 CHIEF EXECUTIVE UPDATE

Jason Killens, Chief Executive, presented his report and drew the Board's attention to the following key highlights:

1. Capital and Estates – a number of capital works were already underway; in particular, an extensive programme of work was underway at Vantage Point House in Cwmbran. Part of the refurbishment was to increase the capacity for 111 and 999 Clinical Centre staff. Furthermore work was underway at the Area Ambulance Centre in Dobshill and once completed, this would be the first carbon neutral station.
2. The Electronic Patient Care Record (ePCR) system was now live in North Wales with an expected roll out across Wales in due course. Early feedback indicates that the system was working well.

3. Pandemic response. Military support had been granted under the Military Aid to Civil Authorities (MACA) scheme and had resulted with the addition of 110 military personnel supporting the Trust; as a result of this additional capacity there had been improvements in performance.
4. Mental Health – Five Mental Health Practitioners had been recruited into the Clinical Support desk and it was anticipated by the end of Quarter four they will be operating seven days a week. Furthermore, the Board were asked to note the achievement of Stephen Clarke, Head of Mental Health, who had won the RCN Wales Year of the Nurse Award in Mental Health.

Comments:

1. Was there an update on the MACA situation? Jason explained that the Trust currently had support to the end of November 2021 and were awaiting a final decision on confirmation of future support.

RESOLVED: That the update was noted.

88/21 QUESTIONS FROM MEMBERS OF THE PUBLIC

One question had been received from Danielle Butterly:

What was the reason that the ambulance response time target had not been met for the past 15 months?

Jason Killens explained that the whole NHS system had been under extreme pressure in particular the ambulance sector across Wales and the rest of the UK.

There was pressure on the workforce due to the increase in demand which in turn had caused an increase in staff absence also caused by high levels of Covid cases in the community. There was also an increase in pressure across urgent and emergency care.

All these factors had created numerous challenges for WAST to be able to respond to patients in the community in a timely manner.

It was agreed that due to the complexities involved Estelle Hitchon would formally write back to Ms Butterly with a more comprehensive answer.

Comments:

Dr Brendan Lloyd updated the Board following a combined meeting of Medical and Nurse Directors in which they had considered the pressures in the system in more detail and discussed ideas to escalate to political leaders.

RESOLVED: That the Board noted the question and the response to be provided to Ms Butterly.

71/21 HEALTHCARE INSPECTORATE WALES (HIW) – REVIEW OF PATIENT EXPERIENCE AND HANDOVER DELAYS

1. Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (Quest), explained that the purpose of the report was to inform the Board that HIW had published findings from its 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' on 7 October 2021.
2. The Quest Committee had received the report on 16 November 2021 and were assured that the Trust's Action Plan would be brought to the Committee once the process of system wide response had been completed by the National Collaborative Commissioning Unit (NCCU)
3. The Committee regularly discussed and scrutinised all aspects of patient safety; furthermore at a recent scrutiny panel several case reviews were looked at and these in the main related to matters of patient safety and were often linked to handover delays. At this panel meeting, members were assured that not only were the investigations carried out robustly, there were always lessons learned.
4. Going forward, the Quest Committee would update the Board at regular intervals in respect of the actions and recommendations as outlined in the HIW report.
5. Claire Roche advised the Board that the response from WAST had been broadly supported by the Commissioner.

Comments:

1. Was there a date yet as to when the NCCU were likely to produce the system wide response for HIW. Claire Roche understood this was imminent and then the Trust would await the reply from HIW.
2. Claire Roche reiterated the significance and importance of a system wide response as many of the actions required collaboration across all the Health Boards to ensure the safety of patients was paramount.
3. Paul Hollard made reference to the Audit Wales work in respect of the unscheduled care system and noted that once this was completed it would provide further clarity in respect of system pressures.
4. Dr Brendan Lloyd outlined the issues particularly at hospital in relation to beds occupied by patients who were medically fit to be discharged but were awaiting a safe and funded return back to the Community.
5. Jason Killens explained that the challenges faced by each Health Board were slightly different adding that this was one of the reasons the NCCU were consolidating all the responses into one to develop an overall picture. He added that WAST had a part to play in fixing the flow challenges at emergency departments; this was to ensure that patients were only taken to emergency department who really needed to be.

6. The Board noted that it would receive the full action plan once it had been considered at the Quest Committee in due course.

RESOLVED: That Trust Board noted the publication of the report and the current arrangements in place to respond to its recommendations.

88/21

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES (AACE) HANDOVER HARMS REPORT

1. Claire Roche, in presenting the report advised the Board that AACE had undertaken a review of cases whereby patients had been delayed on handover at emergency departments (ED) for more than 60 minutes. The review was conducted on 4 January 2021 in Wales, England and Scotland.
2. Each ambulance service was asked to review up to 50 cases whereby patients had been delayed and only included adults over the age of 16.
3. The aim of the review was to assess the potential level of harm as a result of the delay; this harm was categorised into three levels, severe harm, moderate harm and low harm.
4. The report highlighted that Wales had the longer waiting times at ED and the patients overall, were identified as being older.
5. Members recognised that the AACE have brought these delays into focus and there was a need for a collaborative effort across the entire health and social care system. It was also noted that the report had been shared widely with health boards

Comments:

1. What additional evidence and context does this provide in relation to the HIW response? Claire Roche confirmed that the contents of the AACE report had supported the Trust's response to HIW.
2. Was WAST doing everything it could to ensure public confidence in the services it provided? Estelle Hitchon gave an overview of the positive stories available and the messaging to the public. Claire Roche added that WAST used a continuous engagement model which was maintained by the Patient Experience and Community Involvement (PECI) Team. The Peci Team continued to liaise with the public and community groups, by sending messages to the public and receiving feedback and acting upon that.
3. Dr Brendan Lloyd advised that the report had been reviewed by ambulance service medical directors and it was noted that the audit would again be carried out on 4 January 2022. The Board acknowledged the work undertaken by Kevin Webb and his team in extracting the relevant data in the compilation of the report. He stressed that the patient most at risk was the high priority category who was waiting for an ambulance in the community.

4. Sonia Thompson made reference to the older person category in that they were waiting the longest and suggested that further work could be undertaken to reduce conveyance for these patients.
5. Members sought clarity in respect of harm and whether the audit looked at whether the harm was due to the patient waiting in the community or if the patient was waiting in the ambulance. Claire Roche explained that the audit considered 50 cases and the impact to the patient with a delay in access to the ED. She added that next year's audit may have a broader remit and provide the opportunity to look into more detail.
6. Was there scope for the Trust to highlight its own areas of concern for future audits? Dr Brendan Lloyd explained there were technical limitations in a whole system audit and agreed to advise the Board on progress as necessary.
7. Jason Killens informed the Board that the report had been shared widely with Health Board colleagues and Commissioners. He added that the report did not consider the whole spectrum of harm and where it was most likely to occur. Further, the report did not consider the level of harm had the patient not been in an ambulance. A strong focus continued with EASC and health boards about the need to improve the delays as a result of the risk of harm and the impact on patients.
8. Estelle Hitchon advised that the narrative must now move to solutions as opposed to re-telling the story on the problems with delays; Jason Killens added that the main focus should be on the key measures in resolving the delays at EDs.

RESOLVED: That the Board noted the publication of the report and discussed its findings.

89/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – OCTOBER 2021

Rachel Marsh presented the report and drew attention to the following areas:

1. Call answering of 111 and 999 has been particularly challenging through the significant increase of demand. The 111 Call answering performance which was measured by call abandonment rates, required improvement; details of the measures to improve were provided and this included the recruitment of additional call handlers. The Board also noted that the new telephony system (Interactive Voice Response system) was having a positive effect with 111 call answering.
2. 111 Clinical response – whilst the clinical call back times continued to meet the target, additional recruitment of clinicians in this area was underway,
3. Ambulance response times – these continued be longer than expected, however the figures in November have shown that the Amber response times have improved. It was also noted in November that with the supplementary

support of the Military and other groups, this was having a positive impact on response times.

4. Members were updated on the Non Emergency Patient Transport Service (NEPTS) performance which was above the target for renal patients and was continuing to improve. However it was anticipated that as planned care levels increase, demand will increase; funding has been made available to increase the NEPTS capacity.
5. The number of Serious Adverse Incidents have increased which largely were related to handover delays.
6. Staff sickness absence levels continued to rise and in September was at 11.74%; measures were being undertaken to investigate in more detail the reasons for this increase.
7. Post Production Lost Hours (PPLH), a significant amount of hours were being lost; approximately 40% was due to staff returning to their base for meal breaks.

Comments:

1. Following a question regarding the number of staff who had received the Covid jab, Jason Killens advised that subject to confirmation, the number of staff who had been double jabbed was 95% with approximately 60% receiving the booster. He added that these figures were the highest amongst other UK ambulance services. Furthermore, were the number of volunteers who had been jabbed being included in the overall numbers? Paul Hollard agreed to clarify this at the next People and Culture Committee meeting with the Board being updated in due course through the P and C update report. .
2. PPLH, was it possible to categorise these lost hours into factors beyond the Trust's control. Rachel Marsh advised that information relating to each category was available on the Intranet. Jason Killens gave an overview of the legitimate reasons why vehicles were not on the road. Rachel Marsh was requested to illustrate in further detail the reasons for lost hours at the next Board update.
3. In terms of the call abandonment rates and the new Interactive Voice Response messaging system clarity was sought on how these were recorded? Rachel Marsh commented that once the message had finished the 60 second timer commenced.

RESOLVED: The Board considered the Oct-21 Integrated Quality and Performance Report and actions being taken.

90/21 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

Rachel Marsh explained the purpose of the report was to update the Board on progress and delivery of actions in the IMTP 2021-24 at the end of quarter two. The following was brought to the Board's attention:

1. Reference was made to the parameter letter received from Welsh Government which asked WAST to ensure the Trust Board was given assurance on the delivery of its annual plan; and had set out several parameters to follow.
 - a) Ensure the plan was reviewed against current expectations and commissioning intentions of EASC
 - b) Review workforce challenges of recruitment versus retention and implement any mitigating actions
 - c) Review risks associated with the Grange University Hospital and handover issues
 - d) Identify clear actions to recover services paused/ reduced as a result of the pandemic
 - e) Finance: Allocations for additional COVID funding were being worked through and forecasts would continue to be reviewed and tested as part of the mid-year review process
 - f) Recovery - the Board must also assure itself that plans continued to optimise delivery

RESOLVED: That the progress on delivery was noted.

91/21

BOARD ASSURANCE FRAMEWORK (BAF) AND CORPORATE RISK REGISTER

Trish Mills explained that the report provided the Board with a position relating to the Corporate risks and BAF, noting there were 17 risks due for review. The Board's attention was drawn to the following areas:

1. Risks 223, inability to attend to patients in the community, 224, patients delayed on ambulances at ED both remained high. Risk ID 199, Compliance with Health and Safety legislation also remained high.
2. Going forward there will be a focus on reviewing the descriptors of these three high risks which will consider how they were articulated and allow the relevant Committees and Board to assess any mitigating actions.
3. Two risks have been managed to within or below the target; ID 343, failure to undertake tactical winter planning and ID 229, impact of Brexit. The Board was asked to approve the closure of and removal from the register.
4. The Board were updated on the future direction of risk management and the BAF which included a revised strategy, training and education.

Comments:

1. Chris Turley gave an overview of the new risks likely to be added to the Corporate Risk Register particularly the risks around recurrent funding and NHS Decarbonisation.
2. Risk 201, Trust reputation. The Board queried whether this was likely to escalate further, Estelle Hitchon assured the Board that it was reviewed and monitored regularly and may increase in score. Estelle added that at present the risk was, in the main, reviewed and scrutinised at the People and Culture

Committee. Jason Killens commented that it was appropriate for the Board should receive updates.

RESOLVED: That the Board:

- (1) Agreed to the closure of Risks 343 (failure to undertake tactical seasonal planning) and 229 (impact of Brexit)**
- (2) Noted the risk management activity since the last Trust Board in September**

92/21 FINANCE PERFORMANCE MONTH 7

Chris Turley presented the month seven financial report, with the Board noting that it had recently been reviewed at the Finance and Performance Committee meeting. That said, the following was brought to the Board's attention

1. The Trust continued to focus on the year-end financial balance; and this balance continued month on month.
2. Savings Delivery – The Trust continued to deliver savings against its original target of £2.800m through effective management and cost avoidance.
3. Members were given an update on the Trust's capital position and it was noted that it was on target to spend its capital expenditure limit.
4. Chris Turley reminded the Board of the challenges to locate a suitable site for the new fleet workshop in South East Wales and updated them on progress.

RESOLVED: That Members noted and gained assurance in relation to the Month 7 and forecast revenue and capital financial position and performance of the Trust as at 31 October 2021, noting that this was scrutinised in some detail at the Finance and Performance Committee meeting on 18 November 2021.

93/21 CHARITABLE FUNDS COMMITTEE REPORT

Professor Kevin Davies presented the report to the Committee from their meeting on 4th November, and asked them to note the following:

1. It should be noted that due to some capacity restraints at Audit Wales (AW), this year's charity accounts would be subjected to an Independent review by AW; a full audit of the accounts by AW would be undertaken for the following year. Chris Turley added that the Trust considered this to be good practice and governance.
2. Work would be undertaken to consider the structure of the bids panel from a governance perspective.

Comments:

The Board noted and agreed to the review of the Charity accounts as described.

RESOLVED: That the update was noted and the Board agreed to review the Charity accounts as described.

94/21

QUALITY AND PATIENT EXPERIENCE AND SAFETY COMMITTEE REPORT

Bethan Evans drew the Board's attention to the following from the highlight report following the meeting on 16th November:

1. Two annual reports were approved at the Committee: the Information Governance annual report and the Safeguarding Annual Report: in terms of the latter a significant increase in staff referrals had been recognised. Both reports were on the agenda for this Trust Board meeting for members' information.
2. Quality Strategy – the Committee had focused on progress and development with the Quality and Performance Management Framework.
3. Quarterly Integrated Quality & Performance Report: The Committee welcomed the new format and felt this combined method of reporting was a more effective way of receiving the vast array of data available.
4. Older Person's framework. The Committee recognised the importance of engagement, consultation, collaboration and partnership working with the wider system; noting this approach was critical to delivering on the framework.
5. Patient Safety report - The ongoing high demand clearly had an effect and had given rise to an increase in the volume of patient safety incidents
6. The Committee had received a presentation on the early impact of the Senior Paramedic role. There had already been a positive impact both from a patient care perspective and the support being received by front line staff.

Comments:

It was noted that several Board members had been present at the Committee meeting and were already aware of the contents of the report

RESOLVED: That the Board noted the report.

95/21

FINANCE AND PERFORMANCE COMMITTEE REPORT

Emrys Davies provided a verbal update and highlighted the areas discussed at the Committee meeting on 18 November:

1. Current financial position. The Trust was still on forecast to deliver financial balance by the end of the financial year
1. The risk around ongoing military support. In terms of the application to extend military support beyond 30 November, unless it was resolved by 25 November, the Chair would be raising this at the next Board meeting.

2. The NEPTS transfer was now complete.
3. Reviewed seasonal planning which included military support and some extended hours from volunteers.
4. Noted that Covid costs had been agreed with the Commissioner.
5. There were good governance arrangements around Fleet, particularly with the replacement strategy.
6. Systems improvements were planned with the 111 and 999 call handling services.
7. Conveyance rates of taking patients to hospital was currently at 38%.
8. Discussion around improving staff welfare were continuing.
9. The Quality performance framework was in development.
10. Value based health care, Chris Turley gave further information on the initiatives that were currently in development.
11. Decarbonisation and Sustainability update. Members noted that ISO 14001 continued to be complied with.

RESOLVED: That the Board noted the update.

96/21 BOARD DEVELOPMENT APPROACH

Trish Mills explained the purpose of the report was to set out the approach for thematic Board development.

It was noted that these sessions would move to monthly and would focus more on understanding, learning and reflection as opposed to business as usual. These would be based on several principles which were outlined in the report

The calendar of development sessions for Q3 and Q4 2021/22 was attached to the report and would be reviewed and updated by the Executive Management Team on a quarterly basis.

RESOLVED: That the Board;

- (1) Agreed the principles of thematic Board development; and**
- (2) Noted the forward plan for thematic Board development for Q3 and Q4 2021/22**

97/21 CONSENT ITEMS

The following items were included in the consent item section of the agenda, and were noted for information. The Board noted that both reports were reviewed and approved at the Quest Committee meeting on 16 November 2021.

Safeguarding Annual Report – 2020/21

Information Governance and Data Protection Annual report – 2020/21

RESOLVED: That the reports were noted.

98/21 MINUTES OF COMMITTEES

The Minutes of the following Committees were formally received.

- a. 26 August 2021, Charitable Funds Committee
- b. 9 September 2021, Quest Committee
- c. 23 September 2021, Finance and Performance Committee
- d. EASC Minutes dated 7 September 2021

RESOLVED: That the above Committee minutes were formally received.

99/21 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 NOVEMBER 2021 AND 7 DECEMBER 2021

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 7 December 2021.

Trish Mills advised Members that the process involved in terms of agreeing closed Board minutes would be developed for the next meeting.

RESOLVED: That the Board would meet in private on 25 November 2021 and 7 December 2021

Date of next meeting: 27 January 2022