

APOLOGIES:

Kevin Davies

Non-Executive Director

79/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting especially Angela Mutlow from Llais and to Jayne Beeslee attending her first Trust Board meeting. The apologies of Kevin Davies were recorded for this meeting.

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 Trust's Register of Interests were formally recorded and the apologies of Kevin Davies were noted.

80/24 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 meetings held on 12 July 2024 and 25 July 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action 66/24: Following on from the Patient Story video concerning the Maxwell family, further information was requested in terms of whether an Immediate Release Directive had been issued for this particular case. Liam Williams advised that there was no immediate release request made; the rationale being that there were longer waiting Amber 1 calls prior to the call going RED. Of note in the event of an immediate Amber release request being made at the time, these would have been made for the calls above this patient. Action closed.

RESOLVED: That

- (1) The Minutes of the meetings held on 12 July 2024 and 25 July 2024 were confirmed as a correct record.**
- (2) The update on the action log as described was noted.**

81/24 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair was presented as read. He added there has been a good response to the two vacant Non-Executive Director posts with interviews taking place next week.

The Vice Chair, Ceri Jackson informed the Board she had a very productive and insightful experience with the Vice Chair's Peer group which included visiting various teams within the Trust, meeting with colleagues and understanding their challenges firsthand. The feedback was positive, and the meeting was well-received.

Lee Brooks update on the clinical response model was a particular highlight. It was encouraging that the Chair of the Vice-Chair's peer group has invited further discussions with the Trust in December or January. There were also presentations on mental health and the general transformation journey given by Andy Swinburn and Liam Williams.

RESOLVED: The update was noted.

82/24 CHIEF EXECUTIVE'S UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following: Manchester Arena Inquiry (MAI). Progress against the 68 recommendations, directly or through partnership working, that related to the Trust continued. Lee Brooks provided a very encouraging update on the progress against the recommendations, with many items now completed or nearing completion. The goal of closing the remaining items within the next six months and transitioning to business-as-usual arrangements was ambitious but seemed within reach given the current momentum.

The EMS Coordination Restructure and Reconfiguration was progressing well. The final organisational change document was issued to EMS Coordination colleagues in July 2024, which marked the start of the implementation phase. All aspects of the project were on track with anticipated conclusion in Q3. The delivery of this programme will mark a new era in EMS Coordination with improved ways of working, with a much-needed progressive career structure, and capacity to better support our people.

The Pre-Hospital Maternity Conference took place on the 3 September 2024 in Birmingham and welcomed over 350 attendees from across the UK. The event was the first of its kind and a sell-out event. Facilitated by the co-chairs of the Association of Ambulance Chief Executives UK Pre-Hospital Maternity and Newborn Care group – WAST's own Consultant Paramedic, Regional Clinical Lead Steve Magee, and Camella Main, London Ambulance Service own lead Midwife - the conference offered a unique opportunity to delve into the latest advancements, protocols and strategies to ensure optimal outcomes for women and babies in urgent and emergency situations.

The official launch of the refreshed Digital Plan for 2024-2029 had been undertaken. The Plan outlined the strategic vision for digital transformation in the Trust over the next five years. The launch will be accompanied by a video introduction that highlights the plan's key objectives and goals, alongside scheduled Q&A sessions to engage and inform stakeholders. A visually compelling rich picture has been developed to articulate the digital journey, offering an engaging and accessible way to understand the plan's impact.

MPOX Preparedness - The Trust has established a dedicated MPOX Task & Finish Group to monitor the emerging global situation. The team's function was to ensure that the response was agile and informed by the latest scientific and public health advice. The group will ensure that our people working in our Contact Centres were apprised of the latest guidance to inform patients calling NHS 111Wales or 999 for advice or treatment, and for those providing a face-to-face response to ensure they were informed and equipped to remain safe while minimising potential exposure to other patients and staff whilst in our care. Liam Williams updated the Board on the actions and initiatives being taken, including training for staff following any significant communicable disease outbreak.

The Trust has had three entries shortlisted for the Patient Experience Network National Awards 2024 Finals in the following categories: 'Partnership Working to Improve the Experience' with our entry title 'A System of Partnership Working' 'Innovative Use of Technology, Social and Digital Media' with our entry title 'Blue Light Hub gaming app' and 'Engaging and Championing the Public' with our entry title 'Championing the Needs of people with a learning disability, when accessing the Trust, through continuous engagement'

Ceri Jackson was interested to learn more about the strategic level of collaboration across Health Boards. Jason Killens advised that Directors were actively participating in national peer groups, engaging in discussions with colleagues from other Health Boards and trusts across Wales. The recent executive-to-executive strategic discussion with Digital Health and Care Wales (DHCW) has opened exciting opportunities for further collaboration. The ongoing engagement discussions with Chief Executives, such as the recent meeting with Betsi Cadwaladr University Health Board has demonstrated a commitment to understanding and supporting local plans.

The Chair sought further information on the use of 111 call handlers in their provision of support to the green category of 999 calls. Lee Brooks provided further insight into the integration of the 111 system with 999 services. The trials and pilots have shown that the 111 non-clinical call handling system can effectively manage some of the green category 999 calls. This approach not only maintained the current flow of activity but also enhanced the ability to meet patient needs more efficiently. This integration frees up clinical resources, allowing them to focus on higher priority cases, thereby improving overall service efficiency.

RESOLVED: That the update was noted.

83/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there were no questions and reminded viewers that the Trust Board welcomed questions from members of the public prior to each meeting, for response during the meeting

RESOLVED: The Board noted there were no questions.

84/24 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Jason Killens explained that at its July 2022 meeting the Trust Board received and discussed a report relating to avoidable harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting. The report has now been running for two years. Following a review it has been agreed that future reports will be a one-page Trust Board patient harm mitigations scorecard.

Good progress had been made on the action plan with 12 actions completed, three were currently off target, seven were open/being progressed and five actions were significantly off target. Of the five actions that were significantly off target, three were the responsibility of Health Boards i.e. handover/pathways, and two were the responsibility of the Trust, sickness absence and consult & close.

Key headline patient harm mitigation metrics for August included:

- The Trust was responding to more Red (immediately life threatening) incidents in 8 minutes.
- The levels of avoidable patient harm remained unacceptably high, with the primary cause being longer response times than we would want in all call categories, with the extreme levels of hospital handover delay being a key contributory factor.

Peter Curran sought clarity on the reporting process. Jason Killens explained that this dashboard was a comprehensive tool that consolidated key performance indicators from various reports, including the Monthly Integrated Quality Performance Report (MIQPR). This approach helps to provide a clear overview of the critical measures that directly affect patient service efficiency. Rachel Marsh added there was a strong emphasis on refining the indicators to better capture both the successes and areas needing improvement in patient response times. The idea of not only tracking how many patients were reached within eight minutes, but also those who were not, and the potential harm caused by delays was crucial for a more comprehensive understanding of performance.

Damon Turner queried why the shift overruns were categorised under the Amber category, as opposed to Red. Lee Brooks advised that there was a lot of detailed analysis and ongoing investigation to ensure the data accurately reflected the reality of the position. The correlation between handovers, lost hours, and shift overruns was indeed critical, and any associated issues were being addressed to ensure the data was correct.

Jason Killens added that it was proposed to stop presenting the action plan in this forum, as the remaining actions were within the Trust's control and will be managed through the existing governance structures, primarily the Integrated Medium Term Plan (IMTP). This approach would streamline the reporting process and ensure that the focus remained on actionable items within the appropriate governance framework.

The Board discussed the report in further detail and agreed that in line with the updated position as stated in the paper, that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that future updates - with the new dashboard/metrics - included a breakdown of where / how these actions will be monitored.

RESOLVED: The Board

- (1) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (2) AGREED the new patient harm mitigations dashboard which would be an evolving document.**
- (3) NOTED the good progress made on the patient harm mitigations actions that were within the Trust's gift to deliver.**
- (4) AGREED that the patient harm mitigations action plan will be closed with on-going actions to mitigate harm being undertake through other delivery mechanisms.**
- (5) CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm.**

85/24 JULY/AUGUST 2024 INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:

There have been some data issues in the following areas: 111, work was ongoing to review the data definition issues. Clinical Quality Indicators, there was ongoing work within the Quality, Patient Safety and Experience (QuEST) Committee to address these indicators. Advanced Paramedic Practitioner (APP) Data: The manual recording process for APPs and their activity data was being addressed by the Digital Team.

111 call answering performance has improved over recent weeks, although the call abandonment performance was at 8.9% in August and off target (5%). One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of the new 111 Clinical Assessment System (CAS) system.

Compliance for Statutory and Mandatory training increased to 84.66%, which was just below the 85% target.

Lee Brooks added there has been some improvement in lost hours recently, even though the overall numbers remained high. He highlighted there was a direct correlation between lost capacity and the Trust's ability to respond which was being closely monitored.

Jason Killens added there has been progress in compliance with the STEMI (ST-Elevation Myocardial Infarction) and stroke bundles, notwithstanding the challenges faced during the introduction of the electronic Patient Care Record (ePCR). Andy Swinburn reiterated there had been significant improvements in bundle compliance since the plan was initiated earlier this year. The upward trend in compliance, especially in critical areas like stroke, was very encouraging. The Return of Spontaneous Circulation (ROSC) outcome for August, at 24.2%, was a testament to the positive progress being made.

Jason Killens added that the report saw a clear trend of improvement in reducing the duration of shift overruns. While there was still work to be done, this positive trend indicated that the strategies and efforts in place were starting to make a difference.

Ceri Jackson expressed concern regarding the handover delays at Emergency Departments and especially with winter approaching, sought the Trust's optimism for any improvements going forward. Lee Brooks provided a realistic assessment of the situation. While the downward trend in handover delays during the Summer was promising, the recent reversal and the anticipated pressures of Winter were understandably concerning. He added that the situation was still better compared to the previous winter, with a significant reduction from the 32,000 hours lost in December 2022.

The Chair commented it was clear that the data strongly supported the correlation between handover delays and Red response rates.

RESOLVED: The Trust Board received the July/August 2024 Integrated Quality and Performance Report and were content it provided sufficient assurance.

86/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report which illustrated the most up to date version of the Trust's principal risks, noting that the Audit, Risk and Assurance Committee (ARAC) had reviewed these at its last meeting on 12 September 2024.

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*) remained static at the highest score of 25. The score was not based on the volume of cases of catastrophic harm, it was based on any one individual that experienced avoidable harm. These two risks continue to be reviewed dynamically and the scores remain unchanged despite several updates to the controls.

In terms of the other highest scoring risks the Board noted the following:

Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) was rated 20. Sickness absence remained a key challenge for the Trust and whilst there has been a significant reduction in absence levels, the score remained static as these were higher than desired. The score will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions and the early, positive indications discussed at the People & Culture Committee in August 2024 showing that levels were on a downward trajectory

Risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*). The programme of engagement and relationship building will continue throughout 2024/25. Work was underway to deliver the action plan in partnership. At the People & Culture Committee (PCC) meeting in August 2024, Trade Union partners noted the excellent partnership working at the Trust and recognised the structures were embedding well.

Risk 201 (*A loss of stakeholder confidence that damages the Trust's reputation*) remained static at 20. The current risk score remained at 20 given that many of the mitigations were outside the Trust's control. Whilst the risk remained static, it was inextricably linked to several of the metrics measured and discussed at the PCC.

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*) remained at a score of 20 reflecting the continued challenges across the unscheduled care system.

Furthermore, the Board were advised that Risk 424 *Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)* has reduced in score from 12 (3x4) to 8 (2x4) and this will now be de-escalated to the Directorate Risk Register for ongoing management.

In addition, Risk 619 relating to the replacement CAS has been closed from all registers. This risk was reported in closed sessions of the Finance & Performance Committee (FPC) and Trust Board; however, the risk has been mitigated in full and therefore closed.

Peter Curran endorsed the report adding that the ARAC meeting had been very productive. The alignment of strategic objectives with strategic risks will help in identifying and managing the risks more effectively.

RESOLVED: The Board:

- (1) Noted the plans to reposition Risks 223 and 224.**
- (2) Noted the reduction in score for Risk 424 from 12 (3x4) to 8 (2x4). The risk will be de-escalated to the Directorate Risk Registers for ongoing management.**
- (3) Noted the closure of Risk 619 from all registers having been fully mitigated.**
- (4) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (5) Noted the ratings and mitigating actions for each principal risk.**

87/24 FINANCIAL POSITION FOR MONTH 5, 2023/24

Chris Turley provided key highlights from the report which included:

The Trust was reporting a small revenue surplus (£31k) for month 5 2024/25.

In line with the balanced Financial Plan approved as part of the submitted 2024-27 Integrated Medium Term Plan (IMTP), the Trust was currently forecasting to breakeven for the 2024/25 financial year.

Capital expenditure plans were being progressed with plans to fully achieve in year.

In line with the financial plans that support the IMTP, gross savings of £3.313m have been achieved in month five against a target of £2.828m.

Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.8% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

Risks continue to be reviewed monthly and reported to Welsh Government (WG). It was considered that there were currently no individual high likelihood risks, but these will be reviewed to ensure that the level of likelihood was assessed along with the financial value. The biggest single risk related to the costs associated with the business case submitted in respect of the EMT/Technician level posts. Ongoing discussions continued with the Joint Commissioning Committee (JCC) and WG regarding this funding. Currently the in year risk cost was in the region of £2.6m - £3m.

Peter Curran sought confirmation that costs of the recently agreed 5.5% pay award for NHS staff will be funded by Welsh Government. Chris Turley advised that the funding has been agreed not just for the agreed 5.5% pay award but also for any additional pay points in certain bands.

RESOLVED: The Board

- (1) Noted and gained assurance in relation to the Month 5 revenue financial position and performance of the Trust as of 31st August 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 capital programme for 2024/25, and**
- (4) Noted the Month 4 & 5 Welsh Government monitoring return submission.**

88/24 INTEGRATED MEDIUM TERM PLAN

Rachel Marsh updated the Board on the following:

The Integrated Medium Term Plan (IMTP) for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government (WG) the same day. WG approved the IMTP 2024-27 subject to Accountability Conditions on 9 August 2024. The Accountability Conditions set out the following:

1. Continue with the development of the clinical model, liaising with wider services including Health Boards, to provide the evidence base and impact expected.
2. Continue to derisk the financial assumptions in the plan to secure the organisation's position. and
3. Ensure delivery was maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan was available if needed

The Clinical Model Transformation (CMT) Programme has been formally initiated and the first CMT Programme Board convened on 29 July 2024 to consider updates against the Phase 1 priorities and next steps to embed a robust programme delivery and assurance structure.

The overall status of the programme was yellow (cautionary) indicating that the programme was on track, but that challenges were anticipated in some areas due to the scale and complexity of planned changes.

There was significant progress in linking the actions from the IMTP with the performance measures. While it might not be fully refined yet, was encouraging to see this first attempt to clearly connect performance and action in this report. Furthermore, there had been discussions at the Finance and Performance Committee to consider further refinement of the report.

Ceri Jackson sought assurance about the Trust's capacity and resilience to drive this significant change, especially with the added pressures of operational pressures throughout the Winter. Rachel Marsh commented that the Trust was taking a very proactive approach to managing the workload and priorities within the Trust. She was planning to discuss these issues at the next Strategic Transformation Board meeting whereby any concerns will be discussed, and the plans adjusted as needed. Rachel reinforced the Trust's commitment to supporting its staff through these changes.

The Chair sought further information on the role of the Clinical Navigator and what skill sets they required. Andy Swinburn explained that the role involved scrutinising the calls initially coded by the Medical Priority Dispatch System (MPDS) and assessing which calls truly required an ambulance and which calls might benefit from further assessment or alternative care. This would ensure that resources were used efficiently and that patients received the most appropriate care. The Trust has successfully recruited individuals for this role, with a blend of experienced Nurses and Paramedics both from internal candidates and new external recruits. There was an induction programme which was a crucial step to ensure everyone was well-prepared for their roles.

Following a request from the Chair on further details regarding the Senior Paramedic Role, Andy Swinburn explained that the new role - Senior Advanced Paramedic - was being introduced to provide clinical supervision and leadership for frontline crews, particularly focusing on Advanced Paramedic Practitioners (APP). The individuals stepping into these roles will come from the Trust's existing establishment, ensuring they already have significant experience and familiarity with operations. The main goal was to enhance day-to-day supervision and leadership, helping APPs to perform at their best. This initiative has been approved by the Senior Leadership Team (SLT), and the Trust was now in the process of implementing this role

RESOLVED: The Board

- (1) Noted the CMT programme delivery and assurance arrangements and progress update.**
- (2) Noted the Directorate-led IMTP delivery and assurance arrangements and progress update.**
- (3) Noted the reporting against performance and outcomes measures linked to IMTP delivery.**
- (4) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**
- (5) Noted the update against the quarter 2 milestones in the action plans to meet the Cabinet Secretary's priorities set out in the 2024-27 planning framework and our approved IMTP.**

89/24 STRATEGIC WORKFORCE PLAN

Angela Lewis advised the Board that the Strategic Workforce Plan (SWP) has been developed over the past six months in conjunction with managers across the Trust and Trade Union (TU) Partners. The aim was to map the workforce changes over the next 5-6 years that will be required to meet *Delivering Excellence: Our Vision for 2030* and the IMTP 2024-2027. This Plan aligned with the objectives outlined in these strategic documents and considered how it interlinked specifically with the People and Culture Plan 2023-2026.

The SWP has been designed to be high-level, digestible, and accessible to a wide audience. The goal was to ensure clarity in the Trust's objectives while reassuring the Board that the plan was backed by extensive data and evidence.

The Plan's development involved extensive engagement over six months, both internally and externally. The standard Sixpoint methodology, adopted across NHS Wales, was used. Audit Wales's recommendations from last year's review have been incorporated. The Plan has been reviewed and approved by the Executive Leadership Team (ELT), PCC, and discussed in detail at a partnership forum.

This will be the first organisational specific Strategic Workforce Plan in NHS Wales. While there were many profession specific workforce plans, this plan aimed to address common challenges across the NHS. There was a desire among HR directors to use this plan as a template for developing similar plans across the NHS.

The plan outlines four key objectives, reflecting the broad focus areas. Risks have been referenced, and there was a commitment to keeping the plan relevant, dynamic, and live through the integrated strategic workforce group.

The Chair referred to a graph in the report which showed the destinations of departing employees. Currently, there was a significant gap in understanding where most of these individuals go. Angela Lewis explained that efforts were being made to improve this insight. A new, more user-friendly approach to exit interviews has been introduced to encourage voluntary sharing of departure reasons. This aimed to gather better data on why employees leave and where they go. The goal was to address issues early to prevent employees from leaving.

The Board also noted that numerous employees have been with the Trust for about a year, many of whom were likely in call centres. Angela Lewis advised the Board of the processes involved in welcoming new employees with several induction and retention initiatives ensuring a positive start for new employees.

The Chair asked whether the plan explicitly covered the impact of hybrid working as this was an important aspect to consider, especially regarding retention and support for remote employees. Angela Lewis advised this was a significant consideration for the Trust. She added that regular support and check-ins were crucial for hybrid workers, as their needs differed from those working onsite. The Trust was preparing to present principles of hybrid working to the ELT which will aim to guide leaders in managing hybrid teams effectively without mandating specific practices.

Hannah Rowan commented there was a recognition of the significant changes in work expectations across generations. Senior decision-makers often belonged to a different generation than the younger workforce who would implement these decisions, and Hannah Rowan was interested to discover what the Trust's plans were in this regard. Angela Lewis explained that the Trust actively discussed generational expectations under the umbrella of Equality, Diversity and Inclusion. Various networks within the Trust were being used to gather diverse perspectives. The Voices Network was demographically diverse and played a crucial role in providing feedback and challenging existing ideas ensuring that a wide range of voices were heard. There was also a strong focus on engaging with the student population, particularly newly qualified paramedics and first-year students; recent interactions with these groups have involved seeking their opinions and encouraging them to challenge the status quo.

RESOLVED: The Board APPROVED the Strategic Workforce Plan and NOTED the workforce risks highlighted in the Plan.

90/24 SPEAKING UP SAFELY UPDATE SEPTEMBER 2024

Angela Lewis advised the Board that Speaking Up Safely (SUS) was instituted to create an alternative and confidential mechanism that allowed staff to raise concerns without fear of retaliation. This endeavor has led to significant advancements, including the appointment of a full-time Lead Speaking Up Safely Guardian, Lizzie

O'Shea, who brought a wealth of experience and was keen to build on this to create a safer working environment at the Trust.

Lizzie O'Shea provided the Board with an overview of her role as the Speaking Up Safely Guardian Lead for the Trust. The role was crucial in providing a safe and confidential space for employees to raise concerns. Traditional routes were encouraged, but this role offered an alternative when employees felt unsafe or unsupported.

A secure and confidential database has been established to record data which will help to address any cultural issues within the Trust. Early themes included a fear of raising concerns. While anonymous reporting was still used, there was a shift towards more confidential and open reporting which will help to address deeper concerns and understanding of any organisational issues.

October was dedicated to "Speak Up Month," with the theme "The Power of Listening." Activities included a strong communications plan, a video explaining the initiative, and efforts to engage with employees directly. The direct engagement with employees was essential to build trust and encourage the use of the speaking up service. This included visiting different areas and understanding the challenges faced by employees.

The speaking up initiative affects all Directorates. Leaders were encouraged to host "Listen and Learn" events to gather feedback and understand the cultural climate within their teams. Board Members were encouraged to send a pledge to Lizzie O'Shea to help embed a Speak Up and Listen Up Culture across the Trust.

Ceri Jackson commented that the People and Culture Committee (PCC) has taken assurance from the strong commitment at the senior level, particularly from Lizzie O'Shea.

The Board discussed SUS further and it was asked that guidance be provided to Board Members regarding communication with colleagues / internal stakeholders, to aid any conversations regarding SUS. This will be prepared by the Trust's SUS Lead Guardian and disseminated.

Furthermore, it was agreed that the Trust's SUS Lead Guardian would engage with the Non-Executive Directors regarding additional support which may be required, e.g. a meeting to discuss SUS and how to deliver the pledge committed at the Trust Board and signpost to any relevant training.

Members recognised it was anticipated that the number of reported cases will probably increase, which was a positive indicator of a safe reporting environment. This mirrored the experience in health and safety, where encouraging the reporting of near misses led to an increase in reported incidents.

RESOLVED: The Trust Board

- (1) Received assurance on Speaking Up Safely activity from this update.**
- (2) Supported the continued implementation of Speaking Up Safely by liaising with the Guardian, talking about Speaking Up Safely regularly especially when interacting with staff.**
- (3) Were asked to encourage for those with teams, leaders to facilitate a listening event in October.**
- (4) Were encouraged to send a Pledge that can be shared with the organisation in October, with the Speaking Up Safely Guardian regarding how you will help embed a Speak Up and Listen Up culture in your teams.**

91/24 WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST – GENERAL SCRUTINY

Jason Killens presented the report which outlined to the Board that on 15 May 2024, the Chief Executive, along with Colin Dennis, the Chair, and Andy Swinburn, the Executive Director of Paramedicine, participated in a general scrutiny session held by the Health and Social Care Committee (HSCC). The purpose of this session was to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's ongoing consideration of factors influencing patient flow through hospitals.

The HSCC provided seven recommendations to the Trust to address the challenges and improve the efficiency and effectiveness of the ambulance service within the healthcare system in Wales.

The Executive Leadership Team will actively monitor the progress of the recommendations and ensure they were being effectively implemented. They will provide regular updates and a comprehensive report to the Board in twelve months' time to review the outcomes and any further action needed.

The Chair commented it was pleasing to note it was acknowledged by both politicians and healthcare professionals that the ambulance service can do more than just transport patients to hospitals.

RESOLVED: The Trust Board noted the contents of the Health and Social Care Committee report, its seven recommendations and the action planned in response by the Executive Leadership Team.

92/24 EMS OPERATIONAL TRANSFORMATION PROGRAMME CLOSURE EVALUATION REPORT

Rachel Marsh presented the report which gave assurance to the Board that the Emergency Medical Services (EMS) Operational Transformation Programme has been delivered, closed and evaluated.

Essentially, the EMS Operational Transformation Programme had achieved its planned deliverables; however, the programme has not delivered the planned benefits to the 999 emergency ambulance care pathway. The key reason for not delivering the expected benefits (Red 65% 8 minute performance and Amber 1 median 30 minutes) was the extreme level of handover lost hours.

The programme involved a series of interlinked projects, in particular, front-line recruitment to EMS, replacing Rapid Response Vehicles with Cymru High Acuity Response Units (CHARUs), re-rostering every CHARU, EA and UCS roster across Wales, related estate and fleet adjustments to support the recruitment and re-rostering, and a series of efficiencies, particularly the consult & close rate.

The programme was complex, but its delivery was further complicated by it taking place during a pandemic. The Programme required a high degree of collaboration with TU partners, between different Directorates and with commissioners, during a period of very high system pressure and was further evidence of the Trust's ability to deliver on its plans.

The Finance and Performance Committee (FPC) considered the closure report at its September meeting and reflected positively on a programme management approach being used. The Committee noted that lessons learnt reports had been completed and that the programme management approach had been maintained through to completion of a formal closure report. The Committee recognised that the successor programme was the Clinical Model Transformation Programme.

The Board recognised that despite significant transformation efforts, key performance measures such as eight-minute response times and Amber response times have not shown significant improvement. However, there has been a substantial increase in demand for services. The number of red calls and overall call volume has risen dramatically compared to recent years. This surge in demand highlighted the challenges faced by the service. Without the transformation efforts, there would likely have been a significant decline in performance. The ability to maintain response rates, even if not optimal, in the face of increasing demand was a notable achievement. It was important for the Trust to celebrate the success of sustaining response rates despite the rising demand and challenges which underscored the effectiveness of the transformation work done.

RESOLVED: The Board

- (1) Noted the successful delivery of the EMS Operational Transformation Programme.**
- (2) Noted that whilst the Programme achieved its deliverables it has not delivered the intended benefits to patient safety. The primary cause is the extreme levels of handover lost hours.**

93/24 GOVERNANCE REPORT

Trish Mills presented the report and drew the Board's attention the following areas: There have been two decisions made by Chair's Action made since the meeting of the Board on the 25 July 2024, the second of which was a confidential matter. The Board was asked to ratify these decisions:

- On 7 August 2024 the Trust Board approved the business case and associated Contract Award Recommendation (CARR) for the discretionary capital expenditure to facilitate the completion of the new facility at Llangunnor and to award the contract to the preferred contractor following a competitive tender exercise. The decision sought from the Board was approval of discretionary capital investment for 2024/25 and 2025/26 of £953K to facilitate completion of the project.
- On 27 August 2024 the Board approved a request to increase the quantum of costs for a previously agreed authority to settle case (decision made on 8 December 2023). It was not appropriate to provide further details of this decision in an open forum due to the confidential nature of the case.

It had come to the Trust's attention that there has been a non-compliance with the Standing Orders regarding the approval of the Annual General Meeting (AGM) minutes from the 2023 meeting: in reference to provision 7.2.7. Standing Order 7.2.7 provides that the minutes of the AGM should be presented to the next ordinary meeting of the Trust Board for approval, which was not undertaken. This will be corrected for the 2024 AGM meeting onwards.

The Executive Leadership Team received a report on the Board Visibility and Engagement Standard Operating Procedure from 1 March to 8 August 2024, with the various respective Board Members' activities. The visits to the stations or corporate buildings showed a total of 51 visits in the period, with the most being in VPH, Cardiff MRD and Wrexham station. This compared favourably to the same period in 2023 where there were only 23 visits, again mostly centred around Cardiff MRD and VPH, but with more visits in Central and West taking place in this period.

RESOLVED: The Board:

- (1) RATIFIED the decisions made by Chair's Action on the 07 August and 27 August 2024, respectively.**
- (2) NOTED the public disclosure of decisions made in closed session.**
- (3) NOTED the minor changes to the Quality, Patient Experience and Safety and People and Culture Committee Terms of Reference.**
- (4) NOTED the non-compliance with Standing Order 7.2.7; and**
- (5) NOTED the report against the Board Visits SOP.**

94/24 BOARD COMMITTEE REPORTS

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

Quality, Patient Experience and Safety Committee (QuEST) – 13 August 2024

Bethan Evans, as Chair of the QuEST Committee drew the Board's attention to the following key points:

Handover delays continued to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what was acceptable to deliver a safe emergency service. There were 2,159 patients (2,137 in the previous quarter) who had waited over 12 hours to receive a response in Quarter 1, with one patient waiting 50 hours and 20 minutes.

Linda Erro Castillo shared the experience of her family after calling an ambulance for her son Guy who was in distress and pain and unable to breath easily. Guy had learning difficulties and Linda's concern included the need to ensure that call handlers should bear in mind the experience of vulnerable persons who may not be able to answer questions clearly after calling 999.

The Annual Safeguarding Report 2023/24 was approved and was included with the Trust Board pack of papers. An update was received on the Quality Strategy 2021-2024 implementation plan, as well as the development of its successor, the Quality Plan 2025-2028.

The Committee acknowledged the contributions of Duncan Robertson, Assistant Director of Clinical Development and Kevin Davies, Non-Executive Director at the QuEST Committee meetings over the past several years.

The Learning From Deaths (Mortality) bi-annual update was received. The Medical Examiner Service (MES) provide independent scrutiny of deaths not taken for investigation by a Coroner and feedback from families, with such scrutiny following

recommendations from several high-profile NHS inquiries.

The Clinical Audit Internal Audit was received with a rating of reasonable assurance, noting that the matters requiring management attention were being addressed.

In closed session an update on the 111 CAS Replacement Project which went live on 30 April 2024 was provided and assurance given there had been no reported clinical incidents, no serious adverse incidence and no patient experience complaints related to the use of the system.

Risks Discussed: The Trust's two highest scoring risks 223: the Trust's inability to reach patients in the community causing patient harm and death and risk 224: significant handover delays outside Accident and Emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service, remain unchanged at a score of 25.

Charity Committee – 22 August 2024

Ceri Jackson provided the following update:

David Hopkins has been appointed as the new Head of Charity and will be in post on 07 October 2024.

A revised visual identity for the Chairty will be developed over the coming months with Trustees being updated on progress in due course.

The Committee heard from Gill Fleming, Head of Service EMSC, who shared her experience of bidding the Zen Rooms in various locations across the Trust.

Remuneration Committee – 29 August 2024

Colin Dennis presented the report as read.

People and Culture Committee – 30 August 2024

Ceri Jackson presented the report and drew the Board's attention to the following areas:

The Workforce Race Equality Standards (WRES) Report for 2024 was taken in private session to protect the privacy of individuals, especially given the small numbers in certain categories which could make the data potentially identifiable.

The Strategic Equality Plan Annual Report 2023/24 and the Gender Pay Gap Report 2023/24 were endorsed for approval by the Trust Board.

Kayleigh Wheeler, Operations Manager Ambulance Care, shared her journey to her current leadership role at the Trust. Kayleigh was focused on amplifying quieter voices within the Trust and addressing issues like bullying and harassment.

The Health and Safety Annual Report 2023/24 was approved. The Committee noted the maturing culture of health and safety and the focused attention the team has had on this throughout the year.

The 2024 NHS Staff Survey will be released shortly. It was noted that concerns had been raised with Health Education and Improvement Wales (HEIW) who oversaw the survey regarding that lack of sufficient time to make meaningful progress on actions since the 2023 results were published.

The partnerships and engagement report was received and welcomed, and this had focused on regional partnership Boards and the Wellbeing of Future Generations Act, aiming to develop well-being objectives.

The Committee commended Angela Lewis, Director of People and Culture on being named as one of the top 30 most influential HR Practitioners in the UK.

Carl Kneeshaw will join the Trust as the Director of People from 1 November 2024 and will start engaging in several key events during October ahead of that date. Angela Lewis will continue in the role of Director of People and Culture until Carl arrived and will then move to 0.6 FTE as the Director of Culture thereafter.

The Committee received the People and Culture Plan Metrics (focusing on qualitative data from the NHS Staff Survey), the MIQPR for June/July and the July Workforce Scorecard.

The Committee reviewed the data relating to employee relations cases, sickness and training and the impact that was having on the culture at the Trust.

The Internal Audit on Disciplinary Case Management and The Volunteers Governance Internal Audit was presented, and both received reasonable assurance.

The four risks within the remit of this Committee were reviewed as below:

Risk160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service; whilst it remained at a rating of 20 (5x4) an improvement is beginning to show in specific areas of the business and there were early indications of a positive downward trajectory across the organisation against a backdrop of increasing concerns and disciplinary cases.

Risk 201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The risk was inextricably linked to several of the

metrics measured and discussed at PCC.

Risk 163 – Maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024.

Risk 558 - Deterioration of staff health and wellbeing in the face of continued system pressures because of workplace experiences) remains unchanged at a score of 15 (3x5).

The Welsh Language Annual Report 2023/24

The Welsh Language Annual Report 2023/24 was endorsed for approval by the Board. The report was presented bilingually by Melfyn Hughes, Welsh Language Manager, and the breadth and depth of the report was appreciated by members. Trish Mills explained that the introduction of a standards baseline was a new feature for 2024/25 to more objectively report on and increase standards compliance. The Board were interested to know if they could assist in any way to support the cultural change going forward. Bethan Evans commended the work undertaken by Melfyn Hughes to increase the use of Welsh Language across the Trust.

Audit, Risk and Assurance Committee – 12 September 2024

Peter Curran presented the report and updated the Board on the following areas:

The Committee received three Internal Audit reports: Volunteers Governance, Risk Management and the Disciplinary Case Management: Compassionate Practices, all of which were given a reasonable assurance.

The Committee received the Quality and Performance Management Framework.

An update was received on the revised Audit Tracker noting that 36 actions have been closed in the reported quarter.

The Committee received assurance on the progress of the Risk Management Transformation Programme and a presentation which illustrated the next phase of the programme.

In private session the Committee received the counter fraud update and a report on the tenders and single tender waiver requests.

Finance and Performance Committee – 17 September 2024

Peter Curran drew the Board's attention the following areas:

The Board should be aware, as indicated in their documents, that certain Key Performance Indicators were missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR).

Members reflected that the papers and presentations demonstrated the transparency, good teamwork and integration across all areas and the good progress being made. The Cymru High Acuity Response Unit (CHARU) presentation was particularly welcomed and clear.

Members noted that the financial position for month five demonstrated strong and robust financial management given the challenging financial savings position.

The Committee received the bi-annual Environment, Decarbonisation and Sustainability update, which included quantitative data on carbon emissions for 2023/24, highlighting challenges in tracking progress due to changing definitions and quantifying factors.

The annual 2023/24 Estates Backlog Maintenance update was received, and this demonstrated a significant reduction in backlog maintenance from over £15 million a few years ago to the current levels, with a focus on reducing high and significant risk areas.

The Waste Management Update 2023/24 included compliance with changes to waste legislation in Wales (April 2024) which required the Trust to recycle into four segregated waste streams, a move from two previously.

RESOLVED: The Board

- (1) 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.**
- (2) Approved the Strategic Equality Plan Annual Report 2023/24, the Workforce Equality Monitoring Report 2023/24, the Gender Pay Gap Report 2023/24 and the Welsh Language Annual Report 2023/24.**

95/24 MINUTES OF BOARD COMMITTEES AND NHS WALES JOINT COMMITTEE UPDATE REPORTS

The minutes of the following Board Committees were received.

Quality, Patient Experience and Safety) (Quest) Committee: 7 May 2024

People and Culture Committee (PCC): 9 May 2024

Audit, Risk and Assurance Committee (ARAC): 10 July 2024

Finance and Performance Committee (FPC): 16 July 2024

NHS Wales Joint Committee Update Reports.

There were no NHS Wales Joint Committee reports received at this meeting

RESOLVED: That

- (1) The minutes of the Quest Committee dated 7 May 2024, PCC dated 9 May 2024, ARAC dated 10 July 2024 and FPC dated 16 July 2024 were received.**
- (2) The Joint Commissioning Committee meeting dated 21 May 2024 was received.**

96/24 ANY OTHER BUSINESS

The Trust Board thanked Kevin Davies, Non-Executive Director for his significant contribution to the Trust over the past nine years. Kevin will leave the Trust Board on the 30 September 2024.

97/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 26 SEPTEMBER 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 26 September 2024.

Date of next Open meeting: 29 November 2024.

Meeting closed at 12:20