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

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 27 MARCH 2025
MEETING HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS TOWNHALL**

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Carl Kneeshaw	Director of People
Professor Hayley Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
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:

Fflur Jones	Audit Wales (Virtual) (Item 36/25 only)
Angela Mutlow	Director of Operations, Llais (Voice) Wales (Virtual) (Left at Item 35/25)
Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Yvonne Thomas	Audit Wales (Virtual) (Item 36/25 only)

BSL INTERPRETERS:

Anthony Evans
Rachel Williams

APOLOGIES:

Hannah Rowan

Non-Executive Director

18/25 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:

The Chair welcomed all to the meeting, apologies were received from Hannah Rowan. He added that Teams Townhall was now being used for Live Streaming.

Declarations of Interest:

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

RESOLVED: That

- (1) The declarations of interest on the Trust's Register of Interests were formally recorded.**
- (2) The apologies of Hannah Rowan was noted.**

19/25 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 30 January 2025 were presented and confirmed as a correct record.

Action Log: Action Number 07/25a - Actions to Mitigate Avoidable Patient Harm (Revised Reporting) *There was a discussion about the dashboard's ability to contextualise the volume of Red and Amber 1 responded incidents and Ceri Jackson asked if this was possible. Rachel Marsh advised that some of this data was available in the Monthly Integrated Quality Performance Report (MIQPR), however agreed to consider adjustments to the dashboard to provide a better sense of context within the MIQPR. Rachel Marsh explained that the team have considered whether it was possible to add in more detail about activity, and because the data element of the harm report needed to be succinct and the number of metrics kept to a minimum, the data was therefore not included, adding that it was already in the MIQPR. Rachel also added this would be kept under review to ensure that the harm report was as meaningful as possible. Action Closed.*

RESOLVED: That

- (1) The Minutes of the Board meeting held on 30 January 2025 were confirmed as a correct record.**
- (2) The update on the action as described was noted.**

20/25 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair and Vice Chair was presented as read. Ceri Jacskon recalled details of her impromptu visit to the Royal Glamorgan on Tuesday which was welcomed by the staff.

RESOLVED: The update was noted.

21/25 CHIEF EXECUTIVE'S UPDATE

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

1. The Trust hosted a visit by the Cabinet Secretary for Health and Social Care. During the visit, Mr Miles observed colleagues in the Operational Delivery Unit and Clinical Contact Centre. He also joined paramedics on an emergency ambulance responding to calls in the Aneurin Bevan University Health Board area.
2. As the Chair of the Association of Ambulance Chief Executives (AACE), the CEO hosted the Ambulance Leadership Forum (ALF) Conference 2025. The conference provided a platform for leaders in the ambulance service to discuss the latest advancements, challenges, and strategies in the field. The Trust delivered several workshops at the conference including one main stage event together with Trade Union partners.
3. Manchester Arena Inquiry. Following the Trust's submission in August 2024 to Commissioners reflecting the Trust's evidence base to address those Inquiry recommendations which required investment, a process for scrutiny by Commissioners will be undertaken.
4. Clinical Model Transformation. On 6 February 2025, the Trust implemented the next phase of its Rapid Clinical Screening model and were now screening in the region of 5,000 calls per week. Initial data shows that around 65% of incidents screened were appropriate for some form of remote clinical intervention.
5. The Virtual Assistant (previously referred to as ChatBot) development was underway with contracts signed and testing now in progress.

6. The announcement by the Cabinet Secretary for Health and Social Care of a change to the Trust's performance framework was preceded by a significant amount of engagement and preparatory work.

Angela Mutlow sought clarification on what communications were being aimed at the public to give them an understanding of the new targets. Jason Killens added that whilst there has been an announcement of the target change the next step was to finalise further details through the Clinical Model Transformation programme before publicly effecting the change. Estelle Hitchon added there will be collaboration with the Llais team to ensure the public receives clear and appropriate information.

Ceri Jackson was interested to find out what the learning for the Trust had been following the ALF conference. In terms of ALF reflections, there was a good session around the research papers, mental health, and discussion around a joint meeting to take place with the National Ambulance Services Medical Directors Group (NASMED) regarding transformation, Community Welfare Responders and opportunities with AI to collaborate with all sectors going forward.

Rhiannon Beaumont-Wood queried whether there were plans to bring the 111 element and the clinical desk element from Thanet House. Jason Killens explained that co-location was happening, but the timing and the physical estate opportunities were posing a challenge going forward.

RESOLVED: That the update was noted.

22/25 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there was a question from Catherine Foulkes the MP for Monmouthshire, who asked if there was any update on the situation with ambulances waiting outside the Grange hospital.

Lee Brooks highlighted there were some serious issues within the Aneurin Bevan Health Board area, particularly regarding the delays experienced by patients. He explained that earlier clinical involvement in the 999 pathway to address these delays of Rapid Clinical Screening, where paramedics and nurses in control rooms quickly assess 999 calls to ensure patients received the most appropriate care, was part of the focus on reducing the need for emergency department (ED) conveyance. This initiative amongst others was a way in which the Trust could reduce delays.

RESOLVED: The Board noted the question raised.

23/25 STAFF/PATIENT STORY – VOLUNTER CAR SERVICE FOR ONCOLOGY PATIENTS

Prior to the video, Lee Brooks highlighted the impressive work of the Volunteer Car Service (VCS), which covered over 1.5 million miles last year, transporting patients to appointments across and beyond Wales. This service was crucial for many, especially those undergoing regular and intensive treatments like renal dialysis and oncology.

To improve the experience for oncology patients and make volunteering more rewarding, a pilot programme was introduced. This programme pairs a VCS driver with a patient for the duration of their oncology treatment. This initiative aimed to provide consistent and compassionate support for patients during a challenging time in their lives.

In the video, the Board heard from Howard Wiltsher, one of the dedicated volunteer drivers, Michael Samuels, a patient benefiting from the service, and Nicola Lloyd, a supporting staff member, discussing the positive impacts of this pilot programme across North Wales.

Angela Mutlow asked whether the Trust intended to roll this out across other parts of Wales. Lee Brooks was enthusiastic about expanding the VCS, however the pandemic unfortunately led to a reduction in the number of volunteers, partly due to the age and demographic profile of the drivers at that time.

Since then, efforts have been made to rebuild the volunteer base, with a target of reaching 200 drivers by the end of this financial year. The ambition was to extend the pilot programme, which pairs drivers with oncology patients, into a standard approach for the VCS.

Rhiannon Beaumont-Wood questioned in terms of vulnerable patients, how, from a safeguarding perspective patients were empowered to speak up. Lee Brooks explained there were mechanisms to support VCS drivers as they come into regular contact with patients over extended periods. This involved training drivers to recognise signs and signals that may indicate changes in a patient's condition.

Additionally, the Trust was mindful of the welfare and well-being of the drivers themselves. Regular contact with patients, especially those undergoing intensive treatments, can be emotionally challenging. The Trust was exploring ways to offer training and resources to help drivers identify vital signs and symptoms, ensuring they can respond appropriately if a patient's condition deteriorates.

RESOLVED: The Staff/Patient story was noted.

24/25 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens drew the Board's attention to the following areas:

There has been an increase in consult and close rates, since Rapid clinical screening was introduced. The number of red patients reached in 8 minutes in January was 22% more than the rolling two year average. Handover delays were the single biggest issue and the single biggest driver of the avoidable harm. In January 27,000 hours were lost to handover delays, up 22% on the 2 year average.

The Chair added that the external challenges limited the efforts to improve ambulance efficiency and patient handover times in Wales. Despite changes in triage processes and efforts to maximise ambulance effectiveness, the impact has been limited due to factors beyond the Trust's control.

Rachel Marsh referred to a new task force announced by the Cabinet Secretary, which was clinically led and aimed at working quickly to reduce handover delays and before next winter. Jason Killens advised that the next report to the Board will focus on several touchpoints aimed at delivering and improving delays.

The Chair highlighted a critical issue: approximately 500 patients per month were experiencing harm due to handover delays. This was a significant concern, as it not only affected those patients but also impacted the broader community.

Liam Williams stressed the importance of timely intervention for patients, particularly those who have experienced falls and fractures. Delays in getting these patients to surgery can significantly impact their recovery and ability to return to their previous level of independence. Liam added that following the Cabinet Secretary's visit it was felt they left with a deeper understanding of the Trust's capabilities and deliverability.

Members held a discussion which focused on several issues emerging when patients spend a long time in the back of an ambulance. Prolonged waits could lead to worsening of the patient's condition, especially if they required urgent medical intervention. Paramedics and other emergency personnel face increased stress and burnout due to the pressure of managing patients in suboptimal conditions for extended periods.

Bethan Evans sought further details on the winter summit being hosted by the Cabinet Secretary. Jason Killens mentioned that the Trust was preparing a summary of lessons learned from last winter to help focus on the upcoming year. Some of the high-impact opportunities being explored included exploiting digital opportunities by leveraging digital solutions to improve healthcare delivery and patient outcomes.

The Chair summarised by stating the importance of doing everything within the Trust's power to address the issues at hand, whilst also recognising the limitations imposed by external agencies. He highlighted the Cabinet Secretary's awareness of the problem and the establishment of a dedicated group to tackle ambulance handover delays.

The Chair asked that future reports include a narrative on the progress of and feedback from the Cabinet Secretary's Ambulance Patient Handover Improvement Implementation (APHID) Group which was addressing handover delays.

RESOLVED: The Board

- (1) NOTED that the Trust's clinical model transformation is beginning to take effect.**
- (2) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (3) NOTED the strategic imperative to continue delivering the clinical model transformation programme at pace, supported by early tactical planning for winter 2025/26.**

25/26 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills explained the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks.

Risks 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*) remain 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 experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing these delays.

Risk 260 *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* has increased in score from 15 (3x5) to 20 (4x5). This was due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. This risk and rationale for the increase was reviewed by the Finance and Performance Committee (FPC) on 18 March 2025.

Ceri Jackson sought further clarification that the risks had been updated and of the processes involved. Trish Mills explained the governance process and gave assurance that risks whose score was 15 to 20 were reviewed on a quarterly basis and the others on a two month or quarterly basis as they reduced in score.

RESOLVED: Members considered and discussed the contents of the report and:

- (1) Noted the ongoing repositioning of Risks 223 and 224.**
- (2) Noted the increase in score for Risk 260 from 15 (3x5) 20 (4x5). The detail will be discussed in Closed Session of Finance & Performance Committee.**
- (3) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (4) Noted the ratings and mitigating actions for each principal risk.**

26/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

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

1. The 111 call abandonment rate in February 2025 was 5.6% lower than during February 2024. The Trust recently procured a third party to undertake a joint (with commissioners) and independent review of the Trust's 111 call handler rostering practices, including a review of demand levels and staffing capacity.
2. Ambulance Care (Patient Experience): Oncology performance in January 2025 was 77.7%, achieving the 70% target. Renal performance improved to 73.3% which was also above target. Advanced discharge & transfer journey performance decreased minimally to 80% and remains below its 95% target. Overall demand for Non-Emergency Patient Transport Services (NEPTS) continued to increase.

RESOLVED: The Trust Board received the Monthly Integrated Quality and Performance Report for January/February 2025 and were content it provided sufficient assurance.

27/25 QUALITY PERFORMANCE MANAGEMENT FRAMEWORK – REFRESH

Rachel Marsh explained that the purpose of this report was to obtain approval for the refresh of the current Quality & Performance Management Framework (QPMF) which had been endorsed at the Finance and Performance Committee (FPC) meeting on 18 March 2025.

At this stage of the meeting Jayne Beeslee, Chair of the FPC, drew the Board's attention to elements within the highlight report from the FPC meeting of 18 March 2025:

- The Integrated Medium Term Plan (IMTP) for 2025-28 and the financial plan for 2025/26 were received and endorsed for board approval.

- The financial position has been broadly stable for several months, with a forecast to land at a break-even position.

RESOLVED: The Board:

- (1) **Noted FPC's endorsement of the QPMF Re-fresh.**
- (2) **Approved the Q&PMF 2025-28.**

28/25 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2025-2028 (INCLUDING FINANCIAL PLAN FOR 2025/26)

Rachel Marsh explained the purpose of the report was to update the Board on progress in developing the 2025-2028 Integrated Medium-Term Plan (IMTP) in the context of NHS Wales Planning Framework and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2025/26 and that the Board approved the plan, subject to final proof reading prior to Welsh Government submission by 31 March 2025.

The FPC were assured at their meeting that the IMTP and the process to develop it this year:

1. Aligned with the Trust's long-term strategy, demonstrating a clear link between the actions and strategic objectives.
2. Balanced ambition with deliverability.
3. It was underpinned by a credible, sustainable financial plan.
4. It took appropriate account of patient outcomes and workforce wellbeing.
5. The Plan identified and mitigated risk.
6. It showed appropriate engagement with stakeholders.

In the next few months, a vision statement and business case will be finalised and agreed upon with WG and Commissioners. This will initiate a journey towards a significantly different and radical approach to emergency response services. Starting on 1 July 2025, a new system for measuring emergency response will be implemented. This system will focus on "Purple arrest" and "Red emergency" categories.

By the end of this year, a single integrated team of remote clinicians will be established. This team will be supported by a larger number of Community Welfare Responders (CWR) and enhanced by remote monitoring and technological capabilities. The plan includes significant work from management, education, and leadership perspectives to enable this integration which will improve the delivery of remote integrated care.

There will be a continued investment, albeit at a reduced rate compared to previous years, in various alternative on-scene response options such as Advanced Paramedic Practitioners, palliative care, mental health services, and falls.

In terms of our people, work was focussed around three main areas: culture, capacity, and capability. One of the key priorities included 'The WAST Way', which was the leadership and management development framework with the aim of developing and enabling leaders in every part of the Trust to work better with their teams.

As an integrated plan, the planning approach will consider the workforce, fleet, estate, digital and financial resources required to deliver the IMTP. At the same time, it took account of the system wide developments which impact on the Trust's ability to deliver services to the quality expected.

The plan outlines financial sustainability, improved productivity, and maximising resource use. Innovation, particularly in digital transformation, was critical for achieving these goals. Health boards were encouraged to collaborate regionally to provide higher-quality and more accessible care, which will have clear implications for ambulance services.

In summary, Rachel Marsh concluded that the plan was ambitious and aimed for significant transformation, but it was not without risks, particularly financial and collaborative challenges. The plan itself was very clear on what was currently assumed as income and funding to support the Trust's estimated expenditure in 2025/26 and what savings were currently required and assessed as being deliverable, for the Trust to deliver on its statutory duty to breakeven. Rachel Marsh added a letter of support for the plan has been received from the Commissioners; and noted they have indicated further savings may be required going forward.

Chris Turley updated the Board on the following points from the financial plan:

1. The financial plan included an assumed 1.77% uplift from the Health Board's allocation, amounting to approximately £5.2 million. This does not cover the full-year effect of everything put in place this year, including the EMT band 5 impacts.
2. The plan required significant savings, with an £8.5 million savings target necessary to achieve a break-even position. There was confidence in delivering around £6.5 million of the required savings, with ongoing work to identify the remaining £2 million.
3. The plan included detailed estimates of cost and income movements, inflationary pressures, and other cost pressures for the next year.
4. There was a risk associated with the JCC's financial position, which may require further savings discussions.
5. Included in the plan was high level detail and some of the built in assumptions regarding the next two financial years.

Rachel Marsh added that progress has been made in aligning the top-down strategy with bottom-up delivery. She was pleased to report that the deliverables created by local teams were meeting priorities and there was strong engagement from commissioners.

Rachel Marsh confirmed there has been some positive impact of the actions taken. Rapid clinical screening, especially for conditions like strokes, was a crucial step in improving patient outcomes. The growth of community resources that can respond quickly and take observations was also a significant move towards better patient care.

Jayne Beeslee outlined the discussions from the Finance and Performance Committee's perspective who acknowledged the significant efforts of the Executive Leadership Team and other teams in developing the plan.

The Chair thanked those concerned, noting there had been a lot of scrutiny on the plan prior to this point, also noting an Equality Impact Assessment was attached.

RESOLVED: The Board:

- (1) Noted the progress made in developing this year's IMTP.**
- (2) Approved the IMTP for submission to Welsh Government by 31 March 2025.**
- (3) Approved the Financial Plan for 2025/26.**

29/35 WELLBEING OBJECTIVES

Estelle Hitchon provided an overview of the well-being objectives, noting their long-term nature and alignment with the ethos of the Well-being of Future Generations Act. She mentioned that the objectives were designed to reflect the Trust's contribution to the act's goals. The wellbeing objectives were as follows:

- Objective One: A Socially Responsible and Inclusive Employer
- Objective Two: An Innovative and Sustainable Organisation
- Objective Three: A Pro-active, Accessible and Equitable Care Provider

Estelle Hitchon highlighted the Trust's proactive approach, noting that they have been working in the spirit of the act since its inception in 2015. It was noted that a Task and Finish Group was established to develop the objectives, which included membership of Trade Union Partners. The Objectives were endorsed by the Finance and Performance Committee at its meeting on the 18 March 2025.

Estelle Hitchon commented on how future iterations of the IMTP can better support communities and the economy in Wales, particularly through employment and volunteering opportunities.

In respect of objective three, it was asked why the word 'inclusive' was not used. Estelle Hitchon explained that the term equitable was chosen to emphasise addressing disparities in access to services, particularly in rural areas where availability can differ significantly. The Board approved the revised wellbeing objectives.

RESOLVED: The Board

- (1) Noted the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.**
- (2) Noted the endorsement by Finance and Performance Committee of the wellbeing objectives.**
- (3) Approved the wellbeing objectives for adoption and publication by 31 March 2025.**

30/25 INITIAL 2025/26 REVENUE BUDGET

Chris Turley added that further to the detail provided in the finance section of the IMTP this paper provided additional analysis of how the proposed balanced financial plan for 2025/2026 was translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.

The current planned income for the Trust for the financial year 2025/26, as per the financial plan within the IMTP, totalled £310.6m of which £291.5m was via JCC commissioned services of EMS, Ambulance Care and 111 services, £7.9m from other NHS Welsh Organisations, £10.1m from WG and £0.9m from other sources, of which £0.150m was assumed to be delivered via the Trust's Savings programme.

The Trust Board was asked to approve the initial 2025/26 revenue budget, building on the Trust's Financial Plan included in the IMTP as endorsed by the FPC on 18 March 2025.

Peter Curran highlighted the challenge of accommodating unplanned costs, specifically mentioning EMT banding, which was initially thought to be manageable but now had implications for the 2025/26 budget. He commended the team for achieving a balanced budget, while noting the need to remain cautious about future financial risks.

The Board approved the initial 2025/26 Revenue Budget.

RESOLVED: The Board approved the initial 2025/26 revenue budget, building on the WAST Financial Plan included in the IMTP and as endorsed the meeting of the Finance & Performance Committee on 18 March 2025.

31/25 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE PROGRESS UPDATE

Rachel Marsh advised that the report provided an update on the Clinical Model Transformation (CMT) programme and interim position for quarter four on the Directorate-led IMTP portfolio, including the Cabinet Secretary Priorities set by WG.

RESOLVED: That the Board

- (1) Noted the progress in identifying 'what good looks like' through the continuing development of high level outcomes measures.**
- (2) Noted the CMT programme progress update.**
- (3) Noted the Directorate-led IMTP interim position for Q4.
Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

32/25 FINANCE UPDATE MONTH 11

This update presented to the Board was the latest Financial Performance Report of the 2024/25 financial year, key highlights to note were:

1. The Trust was reporting a small revenue surplus (£42k) for month 11 2024/25.
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust was forecasting to breakeven for the 2024/25.
3. Capital expenditure plans were on track to fully deliver spend plans in year.
4. In line with the financial plans that support the IMTP, gross savings of £6.317m have been achieved in month 11 against a target of £5.975m.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.6% for the number, and 98.7% of the value of non-NHS invoices paid within 30 days.

Capital Update: At Month 11, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 was £20.449m. This included £14.994m of All Wales Approved schemes and £5.455m for Discretionary schemes.

RESOLVED: The Board:

- (1) Noted and gained assurance in relation to the Month 11 revenue financial position and performance of the Trust as at 28 February 2025.**
- (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 update for 2024/25, and**
- (4) Noted the Month 11 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

33/25 SPEAKING UP SAFELY UPDATE (6 MONTHLY)

Angela Lewis presented the report giving an overview of progress and activity in relation to the Speaking Up Safely (SUS) agenda, during the period July – December 2024 which included:

1. Creation of Speaking Up Database to enable more effective record keeping and data analysis.
2. Engagement activities undertaken (Speaking Up Week, CEO Roadshows, University students, at hospitals).
3. Appointment of SUS and Culture Change Project Support Manager to enable more proactive work on the SUS agenda.
4. Commencement of internal audit with the aim of further enhancing provision.

Several themes had emerged from the data gleaned during this reporting period:

1. Barriers to escalation and reporting.
2. Cultural and psychological safety concerns.
3. Additional training particularly in relation to safeguarding and sexual safety.
4. Positive recognition and impact of SUS.

Following a query in terms of safeguarding, Liam Williams clarified the safeguarding process was well-defined for reporting safeguarding concerns. Staff report concerns through Datix, marking them as highly confidential. These reports were reviewed by safeguarding, Putting Things Right (PTR) and people services.

Angela Lewis added there was a focus on improving how leaders handle conversations with their staff, particularly around discipline, performance, and other sensitive issues. It was also about ensuring that leaders conduct conversations in a clear and purposeful manner, while considering the perspective of staff. The Board were reassured that cases related to bullying and harassment were decreasing, but it was still important to be mindful of these issues.

RESOLVED: The Board noted the update.

34/25 2024 NHS WALES STAFF SURVEY

Angela Lewis presented a high level summary of the results from the recent NHS Wales Staff Survey. It was noted that whilst the Trust's engagement index score had dropped slightly, this could have declined much further. This suggested our focus on people, culture and enhancing colleague experience was to some extent mitigating the risk our operating context poses to engagement. This slight downward trend was reflected at an All Wales level, with the overall staff engagement index score down from 73% in 2023 to 72% in 2024.

Last year, lowest scores were associated with: Workload, burnout, emotional strain, presenteeism and wellbeing concerns, and lack of involvement and autonomy. This year it was:

1. Work-related stress remained a significant issue.
2. Many respondents report feeling drained and frustrated, impacting work-life balance.
3. Some respondents still feel unable to take time off when sick.
4. A proportion continue to report feeling disconnected from decisions that affect them.

Jason Killens added that given the short time between this and the previous survey (6 months), it was great to see improvements in how colleagues felt about the workplace and the initiatives the Trust has been focusing on. However, it continues to be very concerning to hear about the challenges with violence and aggression in the workplace, especially abuse towards colleagues. He added that reducing systemic pressure would significantly improve workplace experiences for everyone.

Bethan Evans acknowledged there had been historical investment in training and development for frontline managers and queried if this investment was continuing. Angela Lewis added that those "crucial conversations" and effective one-to-one interactions were part of the core manager essentials at the Trust.

RESOLVED: That Trust Board:

- (1) **Noted the contents of the report.**
- (2) **Commented on insights shared.**
- (3) **Supported the proposed approach to engaging with colleagues.**

35/25 AUDIT WALES - ANNUAL REPORT 2024/25

Fflur Jones presented the Audit Wales Annual Report for 2024 which included the audit of accounts and the audit of arrangements for securing efficiency, effectiveness and economy of the use of resources. Each of the reports have been considered by the Audit, Risk and Assurance Committee (ARAC) during the year.

The audit of the 2023/24 accounts went well overall, with the accounts being appropriately prepared and materially accurate. There were no material weaknesses in internal controls. An unqualified opinion was issued, indicating that the financial statements were fairly presented.

The cost savings review highlighted the Trust's excellent track record in delivering savings but identified areas for improvement in how savings were identified and reported. In terms of the Quality Governance Follow-Up, progress has been made on

the recommendations from the 2022 review, but further work was needed to ensure that reported information provided effective and regular assurance.

In terms of the Structured Assessment the Trust efforts to improve governance arrangements and maintain strong financial performance were noted. Recent work to enhance the clinical model was also positively noted. A small number of recommendations were made and these were being progressed.

There were two ongoing performance audits: Managing Demand for Urgent Emergency Care and Digital Services. Both audits will be reported to the ARAC in due course.

RESOLVED: The Board received the Audit Wales annual report 2024/25.

36/25 EDUCATION COMMISSIONING 2026-2027

Carl Kneeshaw presented the report and drew the Board's attention to the following:

Health Education and Improvement Wales (HEIW) required each NHS Wales organisation to provide an annual Education Commissioning Return. This enabled HEIW to consider the Trust's future workforce requirements. It will also assist preparation and planning requirements for Higher Education Institutes commissioned to deliver related training and WG in allocating funding.

This Educational Commissioning exercise was aimed at clinical and related roles within the NHS. Submission of the draft Trust education commissioning numbers to HEIW took place on 29 January 2025. Final, Trust Board approved education commissioning numbers must be submitted to HEIW by 31 March 2025.

Carl Kneeshaw confirmed the courses remained fit for purpose, thanks to the ongoing relationship with HEIW and the involvement of the Trust's education and development team.

RESOLVED: The Board

- (1) Noted and Approved the content of the report.**
- (2) Recommended a letter was sent to HEIW confirming Trust Board endorsement of the final numbers.**

37/25 GOVERNANCE REPORT

Trish Mills presented the report and asked the Board to approve the changes to the Standing Orders and Scheme of Reservation and Delegation, as detailed in the supporting paper.

The Board were also asked to note the decision made in private and the chair's action taken in February 2025 (which will be approved in private session).

RESOLVED: The Board:

- (1) Approved the changes to the Standing Orders and Scheme of Reservation and Delegation, as detailed in the supporting paper in Annex 1.**
- (2) Noted the decision made in private and the chair's action taken in February 2025 (which will be approved in private session).**

38/25 BOARD COMMITTEE REPORTS

The following Committee highlight reports were received.

4 February 2025 - Quality, Patient Experience and Safety Committee (QuEST)

The Chair of QuEST Bethan Evans drew the Board's attention to the key points:

1. The meeting included the importance of data as intelligence to drive continuous improvements for patient safety.
2. The Challenges Datix 'Once for Wales' Concerns Management System were discussed.
3. The patient story regarded Gemma, who shared their experience as a profoundly deaf British Sign Language (BSL) user in accessing healthcare.
4. The following policies were approved: Safeguarding children and adults at risk of harm policy and Violence against women, domestic abuse and sexual violence policy.
5. A revised Putting Things Right (PTR) Report for Q3 2024-25 was received.
6. The Audit Wales Quality Governance Follow Up Review report was received and presented by Audit Wales.
7. The Infection Prevention and Control Annual Report for 2023/24 was received, emphasising improved compliance.
8. The internal audit on Patient Experience and Community Involvement was received.
9. The Committee's annual effectiveness review was held, with a revised approach taken across all committees.
10. 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 A&E 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.

18 February 2025 - People and Culture Committee (PCC)

The Chair of PCC Ceri Jackson drew the Board's attention to the following key points:

1. Mark Churchill, a colleague from Ambulance Care spoke to the committee of his role.
2. The report from the Director of Cultural Change and the Director of People was received.
3. The Q2 Operational Update from the Executive Director of Operations highlighted several initiatives related to our people and our culture.
4. The Committee welcomed the new leadership and management framework - Our WAST Way - which will launch in Q1/Q2 2025/26.
5. The Exposure to Fumes and Resourcing Policy Internal Audits were received.
6. The four risks within the remit of this Committee were reviewed.

6 March 2025 - Audit, Risk and Assurance Committee (ARAC)

The Chair of ARAC Peter Curran drew the Board's attention to the following key points:

1. The 2025/26 Internal Audit Plan was approved.
2. The Audit Wales Follow Up Review of Quality Governance Arrangements was received following review at QuEST.
3. There were six Internal Audits completed during the current quarter presented to the Committee. Vehicle Accident Management, Exposure to fumes, Patient Experience and Community Involvement, Rollout of Pentrox, 111 Digital Operations and Energy Management.
4. The Integrated Governance Programme was introduced to the committee.
5. An update was received on the revised Audit Tracker from the Q3 2024/25 reporting period.
6. The committee received assurance against the Risk Management Transformation Programme and noted the progress made to date with the board in the development of a suite of risk appetite statements aligned to the Trust's six strategic objectives.

13 March 2025 - Remuneration Committee

The Chair of the Remuneration Committee Colin Dennis drew the Board's attention to the following areas:

1. An update was provided on the position with Executive and Senior Pay.
2. The committee approved one Voluntary Early Release Scheme (VERS) application.
3. The committee's cycle of business monitoring report was received.

18 March 2025 - Finance and Performance Committee (FPC)

Jayne Beeslee, Chair of FPC advised the details had been covered earlier in the agenda.

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.

39/25 MINUTES OF COMMITTEES

The following Committee minutes were received:

5 November 2024 - Quality, Patient Experience and Safety Committee

14 November 2024 - People and Culture Committee

21 November 2024 - Audit, Risk and Assurance Committee

16 January 2025 Finance and Performance Committee

Other Committees: The following Committee minutes were received:

NHS Wales Shared Services Partnership Committee (SSPC) Assurance report Dated 21 November 2024 and the Highlight Report from the JCC - 21 January 2025

RESOLVED: The

- (1) Committee Minutes were received: 5 November 2024 - Quality, Patient Experience and Safety Committee ,14 November 2024 - People and Culture Committee, 21 November 2024 - Audit, Risk and Assurance Committee and 16 January 2025 Finance and Performance Committee.**
- (2) NHS SSPC Assurance report Dated 21 November 2024 and Highlight Report from the Joint Commissioning Committee (JCC) - 21 January 2025 were received.**

40/25 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

The Board welcomed the discussions on the IMTP.

41/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 MARCH 2025

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 27 March 2025.

Date of next meeting: 29 May 2025

Meeting closed at 14:25.