

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE  
SERVICES NHS TRUST BOARD, HELD on THURSDAY 29 July 2021  
Meeting Conducted via Teams**

**PRESENT:**

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Medical Director
Hugh Parry	Trade Union Partner
Claire Roche	Executive Director of Quality and Nursing
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

**IN ATTENDANCE**

Hugh Bennett	Head of Planning and Performance
Andrew Challenger	Senior Education and Development Lead
Alison Kelly	Business and Quality Manager
Melanie O'Connor	Planning and Performance Support Officer
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Rachel Watling	Communications Officer
Kevin Webb	Head of Clinical Audit and Effectiveness
Ross Whitehead	EASC

**BSL Interpreters**

Hannah Wilson  
Rachel Williams

## **52/21 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies**

The Chair welcomed all to the meeting adding that the meeting was being recorded for minute taking purposes. He added that meeting was being slightly curtailed due to the AGM having previously taken place earlier in the day

### **Apologies**

Apologies were received from Rachel Marsh Director of Strategy, Planning and Performance and Joga Singh Non Executive Director

### **Declarations of interest**

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

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, Nathan Holman, Member of the Llannon Community Council and Ceri Jackson, a Trustee of the Stroke Association

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

## **53/21 CHIEF EXECUTIVE UPDATE**

Jason Killens presented his report as read advising that the challenges of performance, response and waiting times in the last two weeks had dominated the landscape at this time.

In terms of the circumstances regarding the system pressures placed upon the Trust during the last two weeks, the Board's attention was drawn to the following key areas:

1. 999 calls activity had significantly increased with unprecedented levels of demand and had seen a steady rise; it was noted that other ambulance services in the UK were sustaining similar pressures
2. Red demand in 2021 had risen to the highest levels on record for this period
3. Emergency Department delays continued to rise due to congestion at hospitals; and these clearly had an impact on the Trust's ability to respond to 999 calls
4. EMS workforce had increased with recruitment continuing and despite this, the pressure was still increasing
5. Hear and Treat – this provided clinical advice to patients over the phone, and alleviated some pressure on the system as the principle was to prevent the need for patients attending Emergency departments

6. Patients continued to wait for ambulances longer than usual and Jason on behalf of the Trust, recorded apologies that regrettably a timely response was not met on some occasions.
7. Additional measures were being deployed which were designed to increase activity and to improve the efficiency of current resources in readiness for the potential warmer weather in August and increased system pressure

Comments:

1. Members sought to understand why, given the exponential increase in demand, was there also an increase in clinical acuity presentation by patients? Jason advised that some of the increase in red activity was driven by a change of application in the Medical Priority Despatch System (MPDS) and also a general increase in acuity pan Wales. Andy Swinburn added there were several factors which contributed to certain chronic conditions such as warm weather. The patient would initially present with a minor problem, and over a period of hours of not receiving assistance, would become intensified and trigger a higher acuity response from the Trust. Members further recognised the challenges with the difficulty in breathing coding component within the MPDS
2. If patients were waiting for a long time and presenting with high acuity problems, was there a training requirement for staff that could be addressed in terms of responding? Andy Swinburn gave details of the Trust's aspirations in respect of new initiatives to improve the ability to respond to patients in this regard
3. Dr Brendan Lloyd drew the Board's attention to the recent Medical Directors meeting in which they discussed the acuity of patients presenting; the vast majority of increase related to calls recorded as a breathing problem. The issue had been raised with all Health Board Medical Directors in Wales asking them to enable patients to be referred to same day care centres which would alleviate pressure on the 999 calls. He added it was crucial to communicate the appropriate messaging to patients enabling them to contact the most suitable aspect of the health service.
4. Jason Killens gave broad details in terms of how the MPDS allocated patients as per the clinical prioritisation process; adding that regrettably those patients at the lower end of priority had been waiting longer than normal. Dr Brendan Lloyd added that at a recent meeting of the National Ambulance Service Medical Directors a review of the response codes was undertaken; in particular the amber calls. Evidence had suggested that these calls could be managed differently if the relevant clinical support existed.
5. How does the Trust agree on the public messaging? Dr Brendan Lloyd explained that for example patients having a stroke, the Trust had engaged in a national programme of stroke awareness and expressed the need for those patients to be assessed rapidly. He added that other specific messages that were clinically related for time pressured incidents were communicated and should be seen differently from the general message around the pressures on the system. Estelle Hitchon assured the Board that the general messaging

was constantly under review and continuously being aligned with Welsh Government initiatives

Jason Killens added that the message to the public was if there was any doubt to your condition and you were really not sure what the issue was, contact 111 or 999 and the Trust would give the appropriate clinical advice. Furthermore there were other areas of contact such as Primary care, GP and the Symptom checker on the Trust's website

**RESOLVED: That the Board noted the contents of the report.**

**54/21 UPDATE ON ELECTRONIC PATIENT CLINICAL RECORD (EPCR)**

Duncan Robertson, via a PowerPoint presentation, gave an update on the EPCR which was due to replace the Digital pen the Trust was currently using in order to fully digitalise clinical records.

The Trust was working towards a go live date of November 2021 with the Digital pen being decommissioned by March 2022

The EPCR would allow for more widespread sharing and integration of information amongst other departments within the NHS such as safeguarding.

The Board was shown the timeline of work for the development of the EPCR noting that more functionality would be added to the application going forward. Duncan illustrated to the Board in more detail how the EPCR would be used and its extensive capabilities in terms of collecting data. From this data the Trust would be able to review cases in more detail and develop new clinical indicators which in the long run would be beneficial to patients

Comments:

1. Will this system give staff the ability to access patient health board records? Duncan advised that this was work in progress and at some stage in the future this access would be available; clearly operating under the correct clinical governance guidelines
2. Paul Hollard, a member of the EPCR programme board informed the Board that the work had been managed to the highest standard noting the complex nature of it.
3. Andy Swinburn gave further details in terms of the significant benefits the EPCR would bring for both the Trust and patients alike
4. The Board thanked all those involved in the development of the EPCR recognising that it would be a 'game changer'

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

**55/21 UPDATE FROM THE BOARD STRATEGY GROUP – DEVELOPING THE TRUST'S STRATEGY**

Jason Killens explained that the development and implementation of an organisational strategy was a very important Board function. The Trust had developed and approved its long-term strategy 'Delivering Excellence' in 2019.

The purpose of the Strategy Group was to oversee the process and set out a framework for development and delivery of a strategy going forward. Furthermore the group would ensure engagement with a wide group of stakeholders (including the Board).

The Chair commented that it had been a deliberate act to ensure this group was informal and flexible and not intended in any way to relinquish the full Board's input and responsibility

Comments:

1. Martin Turner, as Chair of the Group explained that its role was to assist in overseeing the strategy development process and provide assurance to the full Board in that regard
2. Claire Roche added that continuous engagement with the public and seeking their views, was pivotal to the success of the strategy
3. Nathan Holman queried as to why there were no TU partners on the group. Jason Killens explained it was a small informal group still in its early development and going forward, TU partners would be invited to attend once details of the ambition statement were clarified. The Board noted that specific representation would be further discussed at the next meeting of the group

**RESOLVED: That**

- (1) the Board noted the ongoing strategy development work and confirmed it was content with the unfolding arrangements and direction of travel;**
- (2) the Board noted the wider engagement with the public (continuous public engagement); and**
- (3) at the next meeting of the group a discussion be held to consider TU Partnership of the group.**

**56/21**

## **REVISED LEADERSHIP STRUCTURE FOR THE MEDICAL AND CLINICAL SERVICES DIRECTORATE**

The Board were given an overview of the report by Jason Killens in which they were informed that the revised structure would strengthen the clinical leadership within the Trust. It would also create further clinical support necessary to enable delivery of the Trust's strategic ambition.

The Revised Leadership Structure had been prompted by Dr Brendan Lloyd's, the Executive Medical Director, decision to retire on 31 December 2021. Members noted that Brendan would return to the Trust on 1 January 2022 for a period of 18

months on a part time basis supported by a team of Assistant Medical Directors on an externally focused basis.

Details of the structure and the cost consequences were provided by Jason; these were illustrated within the report. It was also noted that the Director of Paramedicine post would attend the Board but would not be eligible to vote on the Board.

Comments:

The Board fully supported and approved the revised structure and looked forward to the new arrangements going forward noting the importance of clinical and paramedic development.

**RESOLVED: That**

- (1) the Board approved the revised structure for the Medical and Clinical Services Directorate including the creation of the post of Director of Paramedicine and associated adjustments to the Executive Medical Director post; and**
- (2) it was noted that the Remuneration Committee would be kept updated on the recruitment process of the Director of Paramedicine post.**

## **57/21 RISK AND BOARD ASSURANCE FRAMEWORK**

Keith Cox advised that the risk register continued to be reviewed and monitored and since the last meeting there had been no major changes to it.

The two highest scoring risks ID 223 and ID 224 which related to the handover of care and the response to members of the public respectively, remained on the register. It was planned that EMT would follow up on the deep dive due to be conducted by the Assistant Directors Leadership Team in relation to these risks

Comments:

Members discussed whether the Board should consider risks scoring higher than 20 in more detail. Keith Cox advised that this and other aspects of the register would be debated at a future Board Development Day and also at Committee level

**RESOLVED; That Members received assurances on the contents of the report; specifically relating to:**

- a) the risk management activity since the last Trust Board in May 2021; and**
- b) received and commented on the Board Assurance Framework.**

## **58/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett gave an overview of the report and drew the Board's attention to the following key areas and where applicable provided more detail:

1. 999 call answering – performance had been excellent
2. 111 call abandonment rate, this had deteriorated in June falling outside the 5% target – a significant number of actions were being taken to address this
3. Closing of the relief gap – 127 additional Full Time Equivalents (FTE) would be recruited this year to offset this
4. Rural response model – This was initially being looked at in the Powys area
5. The Trust's Summer plan had been activated; work was ongoing to develop the Winter plan
6. The Finance and Performance Committee had conducted a deep dive into red performance; it was concluded there were 23 different variables that had impacted on performance
7. Non-Emergency Patient Transfer Service – this was performing well, particularly in respect of renal patients
8. Serious Adverse Incidents (SAI); four SAI's had been forwarded to the Delivery Unit in June and seven patient safety incidents had been reported to health boards.
9. Staff abstraction; this was relatively high, in which Covid clearly had a significant impact
10. The Hear and Treat initiative exceeded the benchmarking figure

Comments:

1. Emrys Davies, Chair of the F and P Committee updated the Board on the Committee's discussion regarding the deep dive on red performance
2. Complaints response times; was the decline in performance specifically related to the volume of complaints? Claire Roche explained it was combination of an increase in volume and the shortage of staff resource to respond. Also some cases were referred for a review due to their complexity, which by their very nature took time and resource to resolve.
3. In terms of future reports, it was requested that the numbers of cases being reported for complex case review be included
4. Was the Trust on target to recruit the additional 127 FTE's? Claire Vaughan confirmed the Trust was on target to deliver, adding that any risks within the Trust's control, had been mitigated particularly with regards to the C1 driving license requirement
5. What was the response from Welsh Government (WG) regarding performance? Jason Killens explained that WG were sympathetic and receptive to the challenges faced by the Trust and had provided additional resources

**RESOLVED: That the Board considered the Jun-21 Integrated Quality and Performance Report and actions being taken and determined whether:**

- (1) the report provided sufficient assurance;**
- (2) whether further information, scrutiny or assurance was required, or**
- (3) further remedial actions were to be undertaken through Executives.**

**59/21 FINANCIAL PERFORMANCE MONTH 3, 2021/22**

Chris Turley presented the report as read and drew attention to the following:

- 1. Covid 19 costs – A fixed allocation for some elements of the spend had been provided by WG, based on the Trust's estimate
- 2. An update was given on the capital programme with further details in terms of the plans going forward in respect of the capital spend
- 3. Risks – Holiday pay and overtime, confirmation had been received from WG that any arrears and ongoing costs would be centrally funded by them
- 4. It was also assumed that the cost of the Pay award of 3%, over and above that funded as part of the 2% funding uplift at the outset of the financial year, would be funded by WG. This is still to be confirmed.

Comments:

Emrys Davies commented that the F and P Committee were content with the financial position and were pleased to see the plans for the capital programme spend.

**RESOLVED: That the Board noted and gained assurance in relation to the Month 3 revenue and capital financial position and performance of the Trust as at 30 June 2021.**

**60/21 MECHANISMS FOR ASSURANCE ON GUIDANCE IMPLEMENTATION DURING THE RECOVERY OF SERVICES IN NHS WALES**

Claire Roche explained that the Director General Health and Social Services/ NHS Wales Chief Executive, Dr Andrew Goodall, had requested all NHS Health Boards and Trusts explain what mechanisms were in place to ensure that the Board and senior leadership within each organisation received assurance on compliance with guidance relating to 4 broad themes:

- Minimising the admission to hospital of people with SARS-CoV-2 Coronavirus;
- Preventing and limiting nosocomial transmission (originating in hospital) and in-hospital COVID-19 outbreaks;
- Safe resumption of elective and routine procedures and diagnostics including actions to prevent and limit other Healthcare Associated Infections (HCAIs);
- Ensuring transparency in the investigation of COVID-19 infections as 'incidents of patient safety' under Putting Things Right (PTR) guidance and contact with patients or families where harm has occurred as a requirement of The National Framework".

Claire Roche advised that the Trust had reviewed its governance arrangements and advised that the report set out the actions being taken to address the themes listed. A report outlining the Trust's response would be forwarded to Welsh Government in due course

**RESOLVED: That the Board received assurance on the actions being taken by the Trust, in line with guidance to support the NHS in Wales to recover services safely and effectively**

## **61/21 PROCEDURAL MATTERS**

1. The Minutes of the Open Board meetings held on 27 May and 10 June 2021 were confirmed as a correct record.

2. Action Log. The Board considered the Action Log.

Action Number 41 – deep dives on risks – Action Closed

Action Number 46 – Feedback from Board Members – to remain on log and be discussed at a future Board Development Day

Action Number 47 – Annual Performance report, Chairs Working Group to consider reporting process – To remain on log

3. Trust Seal – The Trust seal was used on the following occasion: Number 0224, Lease agreement to Matrix House ground floor
4. Chairs Action Minutes, the Minutes of the Chairs Action held on 24 June 2021 were ratified

**RESOLVED: That**

- (1) **the Minutes of the Open Trust Board meetings held on 27 May and 10 June 2021 be confirmed as a correct record;**
- (2) **the action log was considered;**
- (3) **the use of the Trust seal as described was noted; and**
- (4) **the Minutes of the Chairs actions as described were ratified.**

## **62/21 COMMITTEE UPDATES**

Updates on committees were received from:

1. Martin Turner, Chair of Audit Committee: further to the report added that feedback from the Auditors in respect of the Trust's governance during the pandemic had been excellent
2. Emrys Davies, Chair of the Finance and Performance Committee added further to the report, that extra work was progressing in respect of value based healthcare and that F&P would receive future updates on this
3. Academic Partnership Committee; Verbal updates were provided by Estelle Hitchon and Professor Kevin Davies in terms of the ongoing work and activities being undertaken

**RESOLVED: That the updates were noted.**

## **63/21 MINUTES OF COMMITTEES**

The Minutes of the following Committees were formally received and adopted.

1. 4 March 2021, Audit Committee Open and Closed
2. 23 March 2021, Remuneration Committee
3. 13 May 2021, Finance and Performance Committee Open and Closed

## **64/21 QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was agreed that Estelle Hitchon would address any questions that were brought up via Facebook during the meeting

**RESOLVED: That the above Committee minutes were formally received and adopted**

**Date of next meeting: 30 September 2021**