

CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 September 2021
Meeting Conducted via ZOOM

PRESENT:

Members

Martin Woodford	Chair of the Board
Professor Kevin Davies	Non Executive Director and Vice Chair
Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Martin Turner	Non Executive Director
Jason Killens	Chief Executive
Dr Brendan Lloyd	Executive Medical Director
Claire Roche	Executive Director of Quality and Nursing
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce & Organisational Development (left at 1pm)

In Attendance

Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Strategy, Planning and Performance
Rachel Marsh	Director of Partnerships and Engagement
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Andy Swinburn	Associate Director of Paramedicine

Members of staff, public
and press 21

Apologies

Joga Singh Non Executive Director

65/21 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting in particular Trish Mills, Board Secretary to her first meeting adding that the meeting was being recorded for minute taking purposes. Apologies were received from Joga Singh, Non Executive Director.

Guidelines in terms of using the chat function and other administrative matters during the meeting were highlighted by the Chair.

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, Ceri Jackson, a Trustee of the Stroke Association and Claire Vaughan as an Independent Member of Aberystwyth University.

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

66/21 PROCEDURAL MATTERS

Minutes of the previous meeting. The Minutes of 29 July 2021 were approved subject to

- a. Page 7, bullet point nine, delete 'extraction' insert 'abstraction'
- b. Page 7, under comments, Delete point four and insert new paragraph; 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

Action Log:

The Board received the action log and noted the updated position statements as detailed below:

Action Number 45 - Feedback from Board Members. This had been discussed at a recent Board Development session. Action Closed.

Action Number 47 – Annual Reporting: Trish Mills advised that the 2022/2023 timetable for production of annual filings and the review by appropriate Board Committees prior to approval at Trust Board would be presented to the Audit Committee in December 2021. Action Closed.

Action Number 48 – MIPR; the numbers of cases being reported for complex case review be included within the MIPR. Claire Roche confirmed this would be illustrated in future reports. Action Closed.

67/21 CHAIR'S ACTIONS SINCE LAST MEETING

The Chair reported that the following Chair's actions had been undertaken since the last Board meeting and these were:

1. 9 August 2021, Interim Estates Solutions: Implementation of the Demand and Capacity Review. Approval was given to spend up to a maximum of £665k from the Trust's remaining 2021/22 discretionary capital.

2. 25 August 2021, St John's Ambulance Cymru Winter Support 2021/22. Approval was given to spend up to the value of £688k for additional St John UCS resources for the period October 2021 to March 2022 inclusive, provided funds were secured on a full cost recovery basis.

RESOLVED: That the Minutes of the Chair's Actions as described were ratified.

68/21 CHAIR'S UPDATE

1. The Chair, in giving his update, took time to reflect that the whole NHS was currently under extreme pressure which in turn was impacting on the Trust's ability to provide a timely response to patients.
2. The impact of Covid 19 had affected the way in which the Trust was able to conduct its business and it was hoped that face to face meetings would commence in the near future.
3. In terms of the Trust's role as the organisation emerged from current service pressures, this should be seen as a leadership role with a focus on clear plans for the future.
4. The Chair advised the Board of meetings he had attended since the last Board meeting and these included, externally: Collectively and individually with the Chairs of Health Boards across Wales. Held meetings with the Commissioner, the new Health Minister, North Wales Regional Leadership Board meetings and the Board of Community Health Councils. From an internal perspective he had met with Trade Union partners and staff across Wales.
5. Furthermore, the recent Board Development sessions had proven extremely valuable which allowed the Board, jointly, to understand its role going forward in these challenging times.

69/21 PATIENT EXPERIENCE – 'BLUE LIGHT HUB' APP FOR CHILDREN

1. Leanne Hawker outlined how the Trust engaged with children and in developing this further the Trust had recently launched a new App which was predominantly aimed at 7 – 12 year olds. The App, through a gaming platform, provided an awareness of how the Trust responded to calls through the use of games and quizzes.
2. The Board were shown a video in which Fiona Maclean explained that the Patient Experience and Community Involvement (PECI) team were unable to undertake face to face engagement at schools due to the Pandemic. This, and the Trust's desire to reach out and influence people using digital technology had been a key incentive in developing the App.
3. The content of the App had derived from working with DotC studios Ltd, staff colleagues from all directorates and also experts in clinical psychology and social development.

4. The bilingual App was able to illustrate to children how to understand the pressures the Trust was currently under, the roles within the Trust and what to do in a real emergency situation.
5. Initial feedback from users had been very encouraging with a wide range of useful comments and helpful ideas to develop the App going forward.

Comments:

1. A wide ranging discussion followed and Members enquired as to the general uptake of the App. Fiona Maclean gave an overview of the interest shown to date adding that counterparts in health boards across Wales have embraced the App.
2. A member asked whether the App, in the future, could be aimed at older children who may be considering the ambulance service as a career option. Leanne Hawker explained there was potential to develop the App further including that option.
3. Members recognised the positive comments from the public during the meeting.
4. The Board expressed their sincere thanks for the exemplary way in which the PEGI team had led this work and also recorded their thanks to the Digital Directorate for their input.

70/21 CHIEF EXECUTIVE UPDATE

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

1. During the last fortnight there had been significant media attention, particularly around the operational pressures being sustained by the Trust
2. Funding had been secured for an initial three year project that would see a small team of rotational paramedics split their working time 50/50 between the Trust and the Specialist Palliative Care Team in Swansea Bay University Health Board. This scheme would be able to offer patients much greater dignity.
3. It was very pleasing to report that funding had been approved to purchase around 500 Public Access Defibrillators. This would bring the total of approximately 6,000 defibrillators across Wales. Quick and easy access to defibrillators was paramount to improving the outcome of cardiac arrest patients
4. Estimated Time of Arrival (ETA). An ETA of an ambulance response was introduced as part of the call taker's script. This would give patients a better understanding of when the ambulance would arrive to them.

5. A new software package to support staff on the clinical support desk was being introduced. This would enhance the Trust's ability to provide clinical advice over the phone (Hear and Treat); subsequently avoiding, in some cases, the need for an ambulance response.
6. Non Emergency Patient Transfer Services (NEPTS) transfer of work. The imminent transfer of Cwm Taf Morgannwg University Health Board would see the final transfer of work to WAST; all NEPTS across Wales would now be operated by WAST, on behalf of the health boards.

Comments:

1. The Board expressed their thanks to all those involved in the transfer of work process.
2. Members were pleased to see confirmation of funding for mental health and dementia; this would allow for the recruitment of mental health practitioners in order to enhance the clinical support desk
3. Claire Vaughan referred to developments of driving instructors and asked that a note of thanks be recorded to the team who had recently completed their training (train the trainers) to a very high standard.

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

71/21

OPERATIONAL SITUATION PRESENTATION AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Jason Killens gave an overview of the three main areas impacting on the Trust's operational performance and its ability to respond to patients in a timely manner:

1. There was increasing pressure on the workforce leading to higher than normal staff absences; due to sickness.
2. An increase in demand for the Trust's services had also impacted on the Trust. Jason Killens formally recorded a note of apology to all those patients who had waited for an ambulance longer than normally expected.
3. An overall increase in the demand for emergency care had led to longer than normal handover delays at hospitals.
4. An outline of the actions to improve the situation, within the Trust's gift, such as the request of military assistance was provided.

Lee Brooks gave a PowerPoint presentation and drew the Board's attention to the following areas:

1. In August 2021, the Trust escalated to REAP (Resource Escalation Action Plan) level four (extreme pressure) and had remained at that level since.
2. Another indicator of service pressure was the use of the Demand Management Plan (DMP). The DMP sought to ensure that at times when the demand

exceeded capacity, the Trust would respond to those patients of the highest acuity. The Trust was currently at DMP level six (the highest level was eight) and at this level there would be times when an ambulance may not be able to respond to a patient.

3. In terms of 999 calls the volume had begun to increase and times to answer the call had slightly deteriorated. This situation was consistent with all other ambulance services in the UK.
4. In terms of verified incidents and the responses to them the performance in this area was decreasing.
5. Red performance, the trend for red demand had shown an increase throughout the year and this had affected the Trust's performance to respond to red calls within eight minutes.
6. In terms of amber one response, waiting times had progressively increased with the median time over the year exceeding two hours.
7. Staff absences; there has been an increase in staff sickness with rates in the Control Room environment up to 18%. In respect of EMS, this was around 12%. In terms of Covid related absences, this accounted for 6% of the workforce.
8. The hours lost due to extended time at hospital handing patients over, had a significant impact on the Trust's ability to respond to patients in the Community. Some of these waits had been over 10 hours.
9. Covid 19 – confirmed cases were on the increase; around 18% of the Trust's daily activity related to the pandemic.
10. NHS 111 Wales call demand had increased significantly. Patients waiting for calls to be answered varied with the maximum wait time was up to 35 minutes. As the Trust moved in to the winter period further resources would be made available.
11. The Board were given details of all the plans and actions in train which had been designed to mitigate the significant increase in demand and the resulting impact on the Trust's ability to deliver.

Comments:

1. The Board recognised the increase in overall demand, an increase in staff sickness, a downward trend in the ability to use overtime, a set back with the production of hours to meet demand and the delays in handing over patients at hospitals.
2. Jason Killens explained that under the current circumstances, the Trust was seeking ways to ease the overall pressure. Part of this was to maximise the number of ambulances on the road. It was important to note that this measure was not a quick fix. In all likelihood there would be more ambulances queuing outside hospitals. This was not the long term permanent solution; it was much

more complex and involved a wide range of factors across the whole NHS system.

3. The Board expressed concern with the high levels of staff sickness. Claire Vaughan explained that pre-pandemic sickness levels were higher than other UK ambulance services. As a result of this the Trust developed a strategy to reduce this level. Several initiatives were ongoing which included the recruitment of additional resources and improving the mental health wellbeing in the workplace. Jason Killens advised the Board that a deep dive on the reasons for staff sickness would be reported to the Board meeting on 27 January 2022 by Claire Vaughan.
4. Members discussed sickness levels further and stressed the importance of the issue being discussed at Committees. It was also recognised that the impact of Covid had been a significant source in the sickness levels.
5. In terms of handover delays, were there any lessons to be learned from other UK nations? Jason Killens explained that the demand pressures were identical with the other UK services. He added that lessons were being learnt and that the Trust continued to consider and identify different approaches. He reminded the Board that hand over delays were not in the Trust's control.
6. Craig Brown, TU Partner, outlined the current issues, frustrations and challenges being faced by all frontline staff; adding that staff welfare must be a priority for the Board. Assurances were sought that everything possible was being done to address hospital delays, every possible action was taken to address the escalating levels of aggression towards staff and comprehensive risk assessments were undertaken when accommodating additional colleagues including the Military. Further assurance was sought that every possible action was being taken to protect colleagues from the effects and transmission from Covid and other winter diseases.
7. Concern was expressed that the long waits on ambulances outside the Emergency Departments were also having a detrimental effect on the overall well-being of patients. Claire Roche assured the Board that these concerns were being addressed with health boards, adding that patients received regular nurse assessments.
8. Jason Killens confirmed that he and the Chair continued to work with health board colleagues, Commissioners and patients and where possible influenced the easing of demand pressures.

RESOLVED: That the update was noted.

72/21

INTEGRATED MEDIUM TERM PLAN (IMTP) 2021 – 2024 PROGRESS REPORT

1. Rachel Marsh explained that the report illustrated the progress and achievements made to date in relation to the actions within the plan for this year.
2. Good progress was being made in quarter two with only one action being

classed as red and this was in relation to the development of a level two falls service business case in respect of funding.

3. As a result of the ongoing services pressures it was noted that some of the objectives set within the plan may have to be paused; the Board would be kept informed of progress going forward.

Comments:

1. Members acknowledged that the report had been discussed in depth at the recent Finance and Performance Committee meeting.
2. In terms of the level two falls work, how could the Board influence the issue with funding? Claire Roche commented that the existing falls framework and response model was currently being reviewed and would be progressed through the Clinical Transformation Board.

RESOLVED: That the Board:

- (1) Noted the current IMTP delivery status as an interim position ahead of the end of quarter 2;**
- (2) Noted that delivery in quarters 3 and 4 were anticipated to be impacted by current pressure and the return to a Monitor Position of the pandemic plan;**
- (3) Noted the current activity in relation to Health Board strategic service changes; and**
- (4) Noted the process for preparation of the next iteration of the Trust's IMTP for 2022-25.**

73/21

EMERGENCY SERVICES MOBILE COMMUNICATIONS PROGRAMME, MOBILE DATA VEHICLE SOLUTION – FULL BUSINESS CASE

Keith Williams gave a PowerPoint presentation and drew the Board's attention to the following highlights:

1. The Mobile Data Vehicle Solution was due to replace Airwave as the critical communications system used by the Trust and all other emergency services. Airwave acted as the primary critical communications system using a combination of Mobile Data Terminals (MDT) and Voice Radios.
2. The business case sought to disaggregate the procurements with phase 1 replacing the Mobile Data Terminals and associated software, whilst also providing installation and support services.
3. It was recognised that the Department of Health and Social Care Investment Committee approved the Ambulance Radio Programme funding requirement of £437.5m, and identified a Total WAST requirement of approximately £32.8m. The WAST element would be funded by Welsh Government.

4. The in scope investment required £8.5m (capital) and £14.4m (revenue) (excluding vat and depreciation) over the 10yrs project life cycle.

Comments:

1. Chris Turley, Director of Finance and Corporate Resources assured the Board that the risk of not receiving the funding was relatively low.
2. The Board were content to approve recommendations as detailed.

RESOLVED: That

- (1) the disaggregated approach and assumptions within the MDVS Full Business case as mitigation to ESMCP delay was noted;**
- (2) submission of the MDVS FBC to Welsh Government was approved; and**
- (3) the entire projected ARP MDVS costs (a), the total end-to-end WAST funding requirement (b) and the specific in-scope funding requirement (c) for this element of the FBC, which was assumed would be fully funded by the Welsh Government was noted:**
 - a) the National UK total MDVS costs of £437.5m (ex VAT and deprecation costs).**
 - b) the total WAST MDVS funding requirement in Wales was approximately £32.832m (ex VAT and depreciation).**
 - c) the total WAST MDVS – in-scope funding requirement of £8.5m (Capital) and £14.4m (Revenue) (ex VAT and depreciation costs) would be required for the initial proposed investment.**

74/21 VOLUNTEER STRATEGY

Lee Brooks, prior to delivery of a PowerPoint presentation by Judith Bryce, acknowledged the tremendous work of all the volunteers within WAST.

Members' attention was drawn to the following points:

1. There were three key priorities in the strategy: (1) Building awareness and embedding a culture of volunteering, (2) enhanced training, support, communication and involvement of volunteers and (3) increasing volunteer contribution and diversity
2. The Board were given details on the actions to deliver these key strategic priorities which were detailed within the report.
3. The strategy had sought extensive feedback from a variety of stakeholders and had been endorsed by the Executive Management Team and the People and Culture Committee.

Members heard from two Community First Responders, Rhodri Jones and Simon Webb, who gave an overview in terms of how and what they had contributed to the

development of the volunteer strategy. One of the main successful developments was delivery of Community First Responders uniform.

Comments:

1. The Board thanked Rhodri and Simon for their contribution and comments and fully supported approval of the strategy. The Board also thanked Julie Stokes for her involvement in the early development of the strategy.
2. The Chair of the People and Culture Committee reported that the Committee had fully supported the volunteer strategy and recognised that the objectives to realise successful development of it would be monitored through the Committee going forward.
3. Lee Brooks and his team were thanked for the update to Non Executive Directors in August which had focussed on the initial development of the volunteer strategy.

RESOLVED: That the Volunteer Strategy was approved.

75/21 UNIVERSITY TRUST STATUS: DRAFT SUBMISSION

Estelle Hitchon in giving an overview of the report asked the Board to recognise the work undertaken by Jo Kelso in the Trust's ambition to become a University Trust. The main points of note for the Board were highlighted below:

1. Attaining University Trust status reflected the recognition of the organisation's commitment of being a learning organisation through innovation and research across all directorates.
2. There had been strong support from Welsh Government in terms of guiding the Trust through the application process.
3. Members noted that the application for University Trust status was due to be submitted to Welsh Government on 1 November and would be subjected to strict scrutiny.
4. The Chair of the Academic Partnership Committee, Professor Kevin Davies, added that on 1 November, if approved, was the starting point to enable the process to be developed further.
5. Estelle Hitchon asked that if any further changes to the submission document were required, that the Board give authority to make the appropriate amendments.

Comments:

Members noted that, following an affirmative decision on 1 November the structure of the Academic Partnership Committee would require review. Professor Kevin Davies advised the Board that this level of detail was being considered at its next meeting.

RESOLVED: That

- (1) the Trust's submission to Welsh Government in respect of university trust status was supported; and**
- (2) authority to the Chair of the Academic Partnerships Committee and the lead Director to submit the final post-Board version of the document, in the event that further amendments were required following further feedback from stakeholders was remitted.**

76/21 RISK AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills, in presenting the report advised the Board of the following:

1. One new Risk had been included on the Corporate Risk Register (CRR), Risk ID 424, with a score of 12, Resource Availability (capital) to deliver the organisation's IMTP.
2. No risks had been de-escalated to the Directorate Register or escalated to the CRR since the last update.
3. Risks ID 223 and ID 224 remained at risk ratings of 25. There had been several focus sessions to consider these risks in more detail; this being reflected in the further detail on the controls in place and the actions to mitigate the risks on ID 223 in particular. This will be replicated with the other risks on the CRR, together with a focus on describing the risks in a way that fully illustrates their impact.
4. Board Committees reviewed risks relevant to their remit on a regular basis; the Audit Committee continued to review and monitor the full register.

Comments:

1. The Chair of the Audit Committee, Martin Turner, advised the Board that the Committee continued to review the BAF ensuring it was fit for purpose.
2. Members acknowledged that the impact on staff from risks ID 223 and ID 224 would be explicitly reflected in future iterations.
3. The Chair of the Quality, Patient Experience and Safety Committee, Bethan Evans, informed the Board that the Committee had reviewed risks ID 223 and ID 224 and were assured that they were being mitigated to the best of the Trust's ability.
4. Emrys Davies, Chair of the Finance and Performance Committee advised the Board that the Committee were assured the controls in place were more than adequate in reviewing the risks pertinent to them.

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 July 2021; and**

b) Received and commented on the BAF report.

77/21 FINANCIAL PERFORMANCE MONTH 5, 2021/22

1. Chris Turley, the Director of Finance and Corporate resources presented the paper which provided a briefing on the financial performance of the Trust as at August 2021 and also reflected the financial impact of the continuing response to the Covid-19 pandemic.
2. He referred to the risk in respect of settling the impact of voluntary overtime on holiday pay and confirmed that funding would be received from Welsh Government and was therefore no longer a risk.
3. In terms of the current pressures on the service the Board were updated on how that was translated into a cost impact.
4. A mid-year review of the budget to ensure the Trust continued to maintain financial balance was due to be conducted in the near future.
5. In respect of the funding of items through the commissioning process, particularly in-year developments, the financial planning process was underway for the next year to ensure these costs were recognised.

Comments:

Emrys Davies updated the Board on the discussion held at the recent Finance and Performance Committee which included consideration of both short and long term cost implications.

RESOLVED: That the Board noted and gained assurance in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31st August 2021, noting that the Finance & Performance Committee reviewed this in detail at its meeting on 23rd September 2021.

78/21 WELSH LANGUAGE STANDARDS ANNUAL REPORT 2020-21

Trish Mills presented the report which was bilingual and illustrated the significant strides in promoting Welsh Language throughout the Trust

In order to monitor compliance with the Welsh language standards across the Trust, a compliance assurance exercise was carried out during June and July 2021 via the Assistant Directors Leadership Team. The responses were included in a Welsh Language Standards Tracker Plan which was being monitored through the People and Culture Committee.

Comments:

The Board noted the significant progress being made and acknowledged the risks and challenges which were being monitored through the People and Culture Committee. The Board expressed its thanks to Melfyn Hughes, Welsh Language Officer, in the production of the report.

RESOLVED: That the Board noted and approved the Welsh language annual report.

79/21 HEALTH AND SAFETY ANNUAL REPORT

Claire Roche explained that the report provided an analysis of the level of health and safety performance throughout the Trust for the 2020-2021 financial year. The report had previously received full scrutiny at the Quest Committee.

The following points from the report were highlighted:

1. The report was reflective of the Covid-19 period.
2. There had been an increase in staff reporting episodes of violence and aggression against them and an increase in the number of prosecutions against the perpetrators.
3. Health and Safety transformational plan, this had now evolved into a working safely programme board which would focus on a rapid improvement in terms of H&S matters.
4. The Quality, Patient Experience and Safety Committee would now receive a quarterly Health and Safety report with an annual report being presented to the Board.

Comments:

Bethan Evans, Chair of Quality, Patient Experience and Safety Committee reported that the Committee fully supported the report recognising the challenging period the report covered. Whilst the Committee acknowledged the variation in performance in respect of some health and safety areas, assurance was given that this was recognised and being managed appropriately.

RESOLVED: That the Board noted and approved the report.

80/21 COMMITTEE HIGHLIGHT REPORTS

Committee highlight reports were presented by the Chairs of each Committee as described below with highlights as illustrated:

1. Professor Kevin Davies, Chair of the Charitable Funds Committee:
 - a. There was a discussion on the forward strategy for the Committee and its ambition to make best use of the funds available.
 - b. The Bursary panel had continued to undertake work, albeit slightly constrained.
2. Paul Hollard, Chair of the People and Culture Committee:
 - a. Overview of the risks relevant to the Committee.
 - b. Armed Forces covenant was considered and would be overseen by the Committee.

- c. The Behaviours refresh programme.
- d. Committee Effectiveness process.

3. Bethan Evans, Chair of the Quest Committee:

- a. Colleagues from Audit Wales and Health Inspectorate Wales were present at the last meeting.
- b. Quality strategy – update was received on the implementation plan and the impact of the strategy.
- c. Work was being undertaken to assess the impact of the patient engagement work.
- d. The Draft Annual report was received from Health Inspectorate Wales which detailed the findings from patients and their experience of waiting in ambulances outside Emergency Departments.

4. Martin Turner, Chair of Audit Committee:

- a. Fire Safety Limited assurance review; two major issues, the method of reporting fire safety matters to the Board and the management of hazardous substances at ambulance stations. Both of which were being addressed. Chris Turley explained that the review concerned Fire Safety management. He added that a detailed action plan had been developed in response to the recommendations adding that the vast majority would be closed by the next scheduled Audit Committee meeting.
- b. Audit Wales update; a review of unscheduled care was being undertaken and progress would be reported to the Board.

5. Emrys Davies, Chair of the Finance and Performance Committee: (verbal update)

- a. Risks ID 223 and ID 224 were discussed in detail.
- b. Progress on the IMTP.
- c. Mobile Vehicle Solution, business case had been recommended for approval.
- d. Decarbonisation, ISO 14001 accreditation was re-certified.
- e. Fire safety review audit.
- f. Grange University Hospital transport services.
- g. Value Based Healthcare, recommended time be spent at a Board Development session to discuss.
- h. Transfer of NEPTS work from Cwm Taf Morgannwg University Health Board was approved.
- i. A deep dive on 111 had been conducted.

RESOLVED: That the updates were noted.

81/21

QUESTIONS FROM MEMBERS OF THE PUBLIC AND STAFF

The Chair, Martin Woodford explained that going forward a revised process was being considered involving both a physical and virtual presence at Board meetings. The details of which were yet to be formalised.

Estelle Hitchon presented the following questions received from attendees.

1. When was the next newly qualified paramedic recruitment drive? Andrew Challenger explained there were regular intakes throughout the year and advised that the enquirer contact the Trust's HR hub for further information.
2. What were the plans for Ambulance provision in the Hywel Dda health board area? Jason Killens explained this was a complex issue and that following a demand and capacity review in 2019 a number of recommendations arose. An impact of one of these was to re-roster staff closer to areas where the majority of emergency calls were being received. Discussions were ongoing with several stakeholders to address and reconsider staff rosters.
3. What steps were being undertaken to quicken telephone triage time? Lee Brooks advised that recruitment was underway to increase the number of call handlers. Also a new software platform was being developed which would provide the opportunity to manage call demand more efficiently.
4. When will a patient be able to use a mobile phone app for 111 advice? Andy Haywood explained that this should be available in May 2022.
5. Had the Trust considered how it would align Value Based Healthcare in 111? Dr Brendan Lloyd advised that the Trust continued to monitor any evidence in this area going forward.
6. What percentage of the increase in red demand were for paediatric patients? Lee Brooks explained there had been a negligible increase.

RESOLVED: That the questions were noted.

82/21 MINUTES OF COMMITTEES

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

1. 11 May, People and Culture Committee, open and closed
2. 7 May 2021, Quest Committee open
3. 3 June 2021, Audit Committee, open and closed
4. 22 July 2021, Finance and Performance Committee, open and closed
5. 3 June 2021, Charitable Funds Committee

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

Date of next meeting: 25 November 2021