

CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 23 NOVEMBER 2023
MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Angela Lewis	Director of People and Culture
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Joga Singh	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

Attendees

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Anthony Evans	British Sign Language (left meeting at 10:00am)

Apologies

Bethan Evans	Non-Executive Director
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93/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting, and noted apologies were received from Bethan Evans.

Declarations of interest

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

RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Bethan Evans was formally recorded.

94/23 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 28 September 2023 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action Number 82/23: Progress on Actions to Mitigate Avoidable Patient Harm. For the corresponding paper at the next meeting of the Trust Board to include further information on Same Day Emergency Care (SDEC). Details were contained in the report later in the agenda. Action Closed

RESOLVED: That

- (1) **the Minutes of the meeting held on 28 September 2023 were confirmed as a correct record; and**
- (2) **the update on the action log was noted.**

95/23 CHAIR'S REPORT AND UPDATE

The Chair provided a verbal report noting that at the next meeting of the Trust Board on 25 January 2024, the report will be a written Chair's Report.

He advised Members this was the last formal Board meeting that Professor Kevin Davies would attend as Vice Chair, but he was remaining in post as a Non-Executive Director (NED) for the foreseeable future. Ceri Jackson will assume the role of Interim Vice Chair with effect from 1 December 2023.

A recruitment programme was underway to appoint two Non-Executive Directors (NEDs) to replace those standing down, with interviews taking place during December 2023. This recruitment is to replace Martin Turner and Paul Hollard. Martin's term comes to an end in December but has agreed to continue until his replacement is in post in January 2024.

The Association of Ambulance Chief Executives (AACE) leadership forum held their annual meeting in Cardiff which he attended. This was a great opportunity to meet some of the leaders from the English, Northern Ireland, and Scottish ambulance services and to showcase the Trust's strategic direction.

During the last few weeks several CEO Roadshows Road shows had taken place across Wales, and these had proven to be very successful with a good representation from staff. The Chair was honoured to have attended the Roadshows in Narberth, Swansea, Cardiff, and Cwmbran.

A Board Development Day was held on the 26 October during which attendees discussed the Trust's long-term strategy and were also updated on the new Citizen's Voice initiative. The CEO of Llais, the Citizen's Voice body attended and spoke on the ambitious work that Llais have planned and the Trust's role

Lastly, I was also able to come along to the Charity Committee and People and Culture Committee meetings both held recently.

RESOLVED: The update was noted.

96/23 CHIEF EXECUTIVE'S UPDATE

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

It was with great sadness to advise the Board of the passing of colleague Michelle Perry. Michelle joined the Trust in 1999 having previously worked for Mid and West Wales Fire and Rescue Service. She progressed from a 999-call handler into dispatch and then into learning and development roles within EMSC before becoming a

Medical Priority Despatch System (MPDS) Facilitator in 2011. The funeral will take place tomorrow, and the Board reflected on Michelle's passing in a moment of respectful silence.

More than 200 volunteers attended two volunteering conferences in September and October with one held in Llandudno and one in Swansea. Our volunteers were also presented with awards aligned to our behaviours at a gala dinner in the evening of both conferences. The volunteers recognised the Trust's investment in volunteering over the past two years, particularly the improvements in training.

The Trust was awarded re-accreditation for MPDS by the International Academies of Emergency Despatch (IAED) at the UK Navigator Conference. The Trust was now a dual accredited organisation as it was awarded Emergency Communication Nurse System (ECNS) accreditation for the first time.

The Trust was the first in the UK to utilise the new Control Room Solution (CRS) and Mobile Data Vehicle Solution (MDVS) systems with the MDVS first vehicle hardware installations taking place on Wednesday 23 October. This will replace the ageing technology currently in vehicles.

With regards to the Estate, there was an update on the South-East Fleet workshop. The new Merthyr facility was operational following the relocation of Fleet Teams from Blackwood and Blackweir in early October 2023. Decommissioning work at Blackweir was well underway, with anticipated formal handover of the premises on 1st December. Decommissioning work for Blackwood was also underway alongside discussions about future operational use of the space and potential investment requirements at the site. It was anticipated that the official opening of the new workshop will take place early in the New Year. There were several other areas of improvement work across the Trust's Estate, notably that a business case has been approved to allow work to commence on the Dolgellau site in early January 2024.

The Trust's 2023/24 Mandatory In-Service Training (MIST) now includes an update on two new Emergency Preparedness Resilience Response (EPRR) approaches that will be operational across all UK Emergency Services from March 2024. Ten Second Triage (TST) and Major Incident Triage Tool (MITT) were introduced during the MIST Day with opportunities to practice the skills and understand better how roles operate during a major incident in a safe, simulated environment. This has emerged following recommendations from the Manchester Arena Inquiry.

Comments:

The Board welcomed and acknowledged the tremendous work by the Trust's volunteers adding it was important to celebrate their success.

Members were keen to understand more detail regarding the Joint Emergency Services Group (JESG), Clinical Support Desk (CSD) Police Pilot. Lee Brooks advised that the second pilot had commenced on Monday 18th September 2023. An earlier pilot did not generate the level of activity to make it worthwhile, and subsequently the second pilot encompasses a greater geographical area. The trial includes South Wales Police and Gwent Police and will run for 3 months. The purpose of the trial is to broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient are waiting for an ambulance response.

RESOLVED: That the update was noted.

97/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public.

The Board received the following question: *"Can the Trust confirm why it doesn't make more use of private providers during times of peak demand on the 999 system?"*

Lee Brooks explained that there was use of some private providers. In terms of the Non-Emergency Patient Transport Services (NEPTS) there has been a period of transition over the past two years. Whilst the Trust was a provider of this service it did not provide all of it on its own. There were contractual arrangements with several private providers to deliver NEPTS.

The Trust has been liaising with Health Board partners to consider how additional capacity can be arranged to aid patient flow at hospital, particularly in terms of discharge and taking more patients home.

In terms of the position with emergency care, the Trust had used private provision in the past predominantly for the Trust's Urgent Care Service. The Trust was currently renewing the framework arrangements for additional support should it be required. Should there be a need for the additional support, it was important to note it would have cost implications. He added that additional capacity was not the ultimate solution, and the Trust must continue to design a model that was fit for future challenges.

98/23 PATIENT STORY

Liam Williams introduced the story which was an experience shared at the last Quest Committee meeting by Steven Parsons, who described his experience as he cared for and conveyed his grandfather to hospital. Liam added that the delay in reaching patients in a timely manner was causing psychological trauma for some families.

Through a video being shown to the Board, Steven Parsons recounted his distressing experience of being unable to get an ambulance for his grandfather, who he thought was suffering a stroke. On this day, Steven's grandfather called him asked to come over to the house as he was not feeling very well. Initially Steven called 111 that night and was told by a doctor that if his grandfather was well enough, he could wait and see the GP in the morning. A brief time later, Steven's grandfather collapsed, and he called 999 but was told there were no ambulances available at that time because of the system pressures.

Believing it was a stroke, Steven decided to transport his grandfather to the hospital himself. Upon arrival Steven began to assist his grandfather and on arrival at reception his grandfather collapsed. His grandfather was rushed to A&E and Steven was advised that he was in cardiac arrest. Fortunately, he was resuscitated in the Emergency Department.

Whilst the Trust was operating under extremely high demand on the service at the time of Steven's call, the experience that Steven and his family had underlined the trauma families experience when there are no resources to send in response to their call. Steven raised a formal concern with the Trust with the incident being formally investigated and a written explanation of the findings was sent to Steven.

Steven and his family completely understood that the NHS was understaffed and overworked. He stressed that the ordeal his grandfather and his family endured should not have happened and expressed a desire to share his experience to help others understand that impact.

Comments:

The Board thanked Steven for sharing this powerful experience acknowledging it was clear that his actions on the day had contributed to saving his grandfather's life. This case has highlighted the impact on people when the Trust was not able to respond.

Steven's story was very informative, it illustrated details of the Trust's two highest scoring risks and the wider impacts on the whole system. It brought to life in explicit detail of what the Trust Board and management discuss routinely, and was the type of story that will continue to happen unless there are improvements in the healthcare system.

This story has demonstrated the difficulty the Trust has in balancing the risk of the patient against the system pressures. As Winter approaches there should be a strong message across NHS Wales around the appropriate use of the emergency services with an explanation on the alternatives that are available for the public to seek clinical advice ahead of calling 999.

It was queried whether Steven had been directed to seek the appropriate help and support post-event. Jason Killens explained that in the meeting with his family the relevant support available was discussed. The Chair expressed the need to continue to spotlight the issues at the highest levels.

Liam Williams advised the Board that the Putting Things Right (PTR) Team was in the process of enhancing the personalisation of the correspondence it sent in response to concerns raised. He added it was important to note there were many issues outside the Trust's control and stressed that things within its control were addressed effectively and efficiently and continued to be a focus.

The Board considered it important that stories such as Steven's were publicised across the wider healthcare system. Jason Killens added that the Emergency Ambulance Services Committee (EASC) have recently received patient stories, commenting that this story will be put forward.

RESOLVED: That the patient story was noted.

99/23 WINTER PLANNING AND PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

The Chair remarked that the Board had continued to receive update reports on the progress on action to mitigate avoidable harm. At the last Board meeting it was requested that a refresh of the report to include the Trust's winter planning be brought to this meeting. Jason Killens advised the Board that this update was the basis for the Trust's response to WG in respect of its winter planning and that this content was included in this report.

Further to the report he expanded on the following areas:

The main reason the Trust was unable to respond to patients in the community in a timely way was due to the loss of capacity at Emergency Departments across Wales due to the system pressures. The target for the Trust was to see the 12,000 hours lost at the end of Quarter 3; this was increasing with the total lost hours in October more than 23,000. In effect, 25% of the entire Trust's emergency fleet was unavailable to respond. He reminded Members that the current operational model and rosters deployed were established on an assumption of 6,000 lost hours per month.

There has been a further commitment to eradicate hospital handover waits over 4 hours; There were 1,888 patient handovers in October 2023 which were over the 4-hour mark. It was noted in some Health Board areas there had been an improving trend.

The actions the Trust was undertaking within its own control which included reducing staff sickness and consult and close efficiency were resulting in adding more capacity; however, this was being outweighed by the hospital handover delays.

It was noted that the Trust was responding to more Red incidents in eight minutes, but with the level of Red demand increasing, the percentage seen in 8 minutes remained lower than the target of 65%.

In terms of ambulances waiting outside hospital and when comparing with other services across the UK, the position in Wales was by far the worst.

With regards to winter forecasting and modelling. The modelling looks at 4 periods across the winter and uses demand forecasts and other variables to consider best case, most likely scenario, and a reasonable worst-case scenario for each period. All the assumptions within the modelling were discussed and agreed through the Forecasting and Modelling group, including representatives from across the Trust.

The modelling estimated a most likely scenario (MLS) of Red 8-minute performance of 50% in Oct / Nov 2023, declining to 45% in Dec-23 and early Jan-23, before recovering somewhat in Q4. The modelling estimates that the 65% Red 8-minute target will not be achieved at any point through the winter with Amber waits being too long. The modelling takes account of planned improvements across the winter. The modelling was based on the Trust's assessment of handover lost hours, not EASC ambitions, assuming a loss of 28,000 hours in December, improving somewhat in Q4.

The Board discussed in more detail the following points:

The Chair reiterated that the issues illustrated in the report were well known in the system with extensive discussion at all fora across the NHS, including meetings with

the Minister for Health. The Minister for Health has shown a commitment to consider ways to transform the ambulance service going forward. He added that in terms of the red responses, even though the target was not being met, there would be significant numbers of patients being reached within 9 or 10 Minutes. Furthermore, there was a huge variation in performance at Health Boards across Wales, this was also replicated across the UK.

Lee Brooks added that success for a patient was not always measured in the 8-minute target, it was dependant on their outcome. There were patients being reached outside of the 8 minutes who still have a positive outcome; clearly, the timelier the response the more positive the outcome was.

The Board recognised that winter forecasting had been a focus of discussion at the last Finance and Performance Committee meeting.

Liam Williams explained that the level of complexity of need in the Community has over the past few years exceeded expectations.

Andy Swinburn added that the more occasions the Trust was unable to respond, the more patients will likely make their own way to Emergency Departments, which adds to the system pressures and drives the worsening situation.

Angela Lewis commented that as the service pressure increases, there was an added impact on Trust staff.

Lee Brooks reiterated the current challenges in the healthcare environment especially the delays in emergency response which were primarily attributed to the hospital handover delays. Discussions with colleagues in other Health Boards were ongoing with a focus on addressing the issues to ensure timely and effective care, particularly those patients in high acuity situations. Whilst the success in managing delays in some Health Boards was commendable, the issues continued to persist in other Health Boards.

The Chair added there was a significant disparity between Red and Amber Immediate Releases across Health Boards in Wales. Whilst it was recognised that Red releases were generally adhered to, there was significant non-compliance with the Amber releases. He suggested this issue be explored in future meetings potentially through the MIQPR.

Dr Brendan Lloyd highlighted the ongoing efforts of the Trust to improve the data it analyses relating to chest pain and heart attacks. The recent integration of Electronic Patient Care Record (ePCR) data has enabled the Trust to be provided with richer information and subsequently allow it to refine current protocols. The key focus was

the need to optimise health and social care systems to avoid unnecessary hospitalisation.

The Board felt that despite the significant efforts by the Trust the report appeared to demonstrate minimal change overall particularly with the Immediate Releases. It was queried if it was possible to illustrate, of those Immediate Releases declined, as to why. Jason Killens advised the Board that a weekly compliance report was shared with Chief Executives and Operations Officers which breaks down cases by Health Board. In terms of the Amber cases, compliance in this area had been identified as an area to address. Lee Brooks acknowledged that occasionally there were errors in the Trust's processes however he added that compliance trends were generally satisfactory. There was a structured escalation process from the Control room to Health Boards for addressing any Immediate Release related issues. The effectiveness of this escalation was monitored by the Trust as part of its compliance checks.

Following a query as to how the Trust would be advising the public as Winter approached, Jason Killens advised that the Trust was actively involved in preparing a stakeholder briefing for key partners and politicians regarding system messaging for communities. It was anticipated this communication would be released early next week.

Members acknowledged that the Trust was doing everything in its gift to improve the situation and expected more from the Health Boards in terms of their escalation of the problems through more effective leadership. Jason Killens referenced the Association Ambulance Chief Executives' (AACE) recent report, which highlighted there was a general decay across the system. The report had drawn on best practice from areas like Walsall, which provided a value insight particularly around leadership. He added that sharing and adopting successful approaches could contribute to addressing the significant growing issues facing the NHS.

Members referred to the Trust's two highest scoring risks 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 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) and the fact they were constantly debated on; acknowledging the challenges associated with managing and mitigating the risks. It was likely they would remain the Trust's two highest scoring risks, rated at 25, for the foreseeable future because of the sustained and extreme pressure across the Welsh NHS urgent and emergency care system.

Rachel Marsh informed Members that something radical will need to happen for positive change to take place. The Trust has engaged in discussions with The Emergency Ambulance Services Committee (EASC) to consider both short term strategies and the longer-term transformational changes.

The Chair welcomed the discussion and recognised the need for the Board to spend more time to consider how to improve the situation regarding the Amber Immediate Release, and for this to be programmed into a future Board Development Day. Collaborating with the wider system and obtaining feedback from other Chief Executives would be a useful exercise and essential for effective transformation.

RESOLVED: The Trust Board:

- (1) Noted the report and the progress the Trust was making on actions within its control; and**
- (2) Considered whether there were any further actions available to the Trust to mitigate patient harm.**

100/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report indicating there were 15 principal risks listed on the Corporate Risk Register (CRR) all of which had been reviewed by the relevant Committee. The report highlights the Trust's two highest scoring risks which have been discussed comprehensively throughout the meeting and reviewed on a regular basis. The other higher rated risks were reviewed monthly by the Executive Leadership Team (ELT) and the Assistant Directors Leadership Team (ADLT).

Updates were highlighted in blue on the BAF which show changes to actions, controls, and assurances. There has been one material change made during this period, and this was in relation to the risk rating of Risk 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation) which has achieved its target risk score of 10 (2x5). This was due to the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. This risk will be de-escalated to the Directorate register and monitored by the Executive Director and his team on a quarterly basis.

Comments

The Board welcomed the comprehensive and maturing report and were please to see the de-escalation of risk 199.

RESOLVED: The Board: considered and discussed the contents of the report and:

- (1) Received assurance on the review and attention to the principal risks, their review at Executive Leadership Team and at relevant Committees,**

- (2) **Noted the ratings and mitigating actions for each principal risk.**
- (3) **Noted the de-escalation of risk 199,**
- (4) **Noted that there have been no material changes to the risks or scores during this period.**

101/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026 - CONFIRMED END OF Q1/Q2 DELIVERY & ASSURANCE POSITION & Q3 INTERIM UPDATE

Rachel Marsh presented the report adding that the purpose was to provide the Board with confirmation of the end of Q2 position and an interim update on Q3 by exception in delivery of the IMTP 2023/26. This was an interim position by exception due to the change in timing of reporting into Strategic Transformation Board (STB).

Following Trust Board approval on 30 March 2023, the Trust submitted its last IMTP (2023-26) to Welsh Government on 31 March 2023. Welsh Government recently approved the Trusts IMTP on 12 September 2023. Following approval, the Director General issued Accountability Conditions on which approval was based as follows:

1. Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
2. Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
3. Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
4. Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

Comments.

Members sought to understand the impact of more calls being taken through 111 in relation to dental services and how this will impact on the Trust's ability to meet its objectives. Rachel Marsh explained that the idea eventually was that this will all come across to 111, however there will need to be more resource, and this was a programme of work being undertaken with Commissioners.

Lee Brooks added that work continued in terms of dental provision and how 111 was involved. The Board further discussed the issue of people accessing routine dental care, whilst recognising this was not directly the Trust's responsibility.

RESOLVED: The Board noted the overall delivery of the IMTP detailed in this paper and the SBAR relating to our accountability conditions (notably the Ministerial priorities).

102/23 FINANCIAL PERFORMANCE MONTH 7

Chris Turley presented the report noting that a presentation had been reviewed and discussed in detail at the last Finance and Performance Committee meeting it. In terms of highlights, he drew the Board's attention to the following:

1. The Trust was reporting a small revenue surplus (£0.108m) for month 7 2023/24;
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust was currently forecasting to breakeven for the 2023/24 financial year;
3. In line with the financial plans that support the IMTP, gross savings of £4.272m have been achieved in month 7 against a target of £3.650m;
4. Following receipt of further clarity over some areas of outstanding funding issues, the level of financial risk within the current and forecast reported financial position has reduced;
5. Capital expenditure plans were being finalised with plans to fully achieve in year;
6. Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.1% for the number, and 98.7% of the value of non NHS invoices paid within 30 days.

More clarity has been received from Welsh Government in terms of its position around funding issues and the impact on the Trust and this has allowed the Trust to further consolidate its in-year funding assumptions as follows:

1. Greater confidence, as part of the overall funding being confirmed for the NHS in Wales, that the costs of the 2023/24 pay deal will be separately funded by WG in full;
2. Confirmation received from WG that the Trust will not see any reduction in its funding in year, as any contribution to the overall NHS Wales deficit reduction plans;
3. The previously assumed funding outstanding of £2m for the agreed employment of 100 front line WTEs has now been removed, and this income is now not continuing to be assumed by the Trust in year.

He advised the Board there would be a more detailed update on the Trust's capital position at the next Finance and Performance Committee meeting.

Comments:

The Board noted that the £2m non recurrent funding, whilst it was being managed for this year, queried if there were concerns for managing it for next and subsequent years. concern for subsequent years. Chris Turley explained this potential issue would be part of the underlying financial planning for next year's budget.

The Chair of the Finance and Performance Committee (FPC), Joga Singh assured the Board that detailed discussions had focused on prudent planning, cost savings and a achieving a balanced position for this year. At the next FPC meeting the Committee would receive a set plan for next year with details on how the Trust would be addressing any ongoing savings strategies.

RESOLVED: The Board;

- (1) Noted and gained assurance in relation to the Month 7 revenue financial position and performance of the Trust as at 31 October 2023;**
- (2) Noted the capital programme update for 2023/24, and;**
- (3) Noted the Month 7 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by WG).**

103/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

Rachel Marsh presented the report as read and in terms of highlights from the report, the following was brought to the Board's attention:

111 call answering was improving, with the call abandonment target of 5% being achieved again in October 2023 (2.9%), which was the lowest figure recorded and 67.6% of calls being answered within 60 seconds, although this still remained significantly below target (95%).

For the first time, the Trust was now able to report on call to door times for Stroke and STEMI (a type of heart attack) patients. These show in October, call to hospital door times of 2 hours 20 minutes for stroke patients and 2 hours 30 minutes for STEMI patients. Clearly these times are too long and were representative of the longer response times for all calls because of the system pressures and issues.

In October 2023 complaint response times dropped to 21% and remained significantly below the 75% target, with cases remaining complex. Reviews of lower graded concerns were being undertaken to ensure proportionate investigations were undertaken. The Trust has put more capacity into the Putting Things Right (PTR) Team, which has had a positive impact for the Legal Team. The Trust was concerned for the welfare of the team, given the nature and volume of the PTR work across all

functions and several supportive actions were progressing/planned for both the corporate team and EMS Coordination & Resourcing.

Comments:

Jason Killens drew the Board's attention to the detail contained in slide 25 of the MIQPR report which illustrated the number of formal staff disciplinary cases recorded as at the end of October 2023. A recent benchmarking exercise against other trusts in England has revealed that the Trust compares favourably dispelling any myths of widespread disciplinary issue with the workforce. Angela Lewis added that the Trust actively addresses its cultural metrics to ensure this theme around disciplinary cases was discussed at a range of forums. Whilst acknowledging there could potentially be some under reporting of cases it was reassuring to note the relatively low number of cases for an organisation of this size. Angela Lewis added that the key challenge was in the compassionate and timely response to the cases.

In terms of the percentage of applicants shortlisted from underrepresented groups, it was questioned if there was further detailed analysis on the fluctuation in shortlisting percentages among these groups and if so, had it revealed an insight into any potential barriers between application and shortlisting. Furthermore, the Board were keen to understand if there had been any tailored support and training for candidates to foster inclusivity and improve recruitment outcomes. Angela Lewis assured the Board that the Trust has taken a comprehensive approach through its People and Culture Committee to understand more in terms of why people were not applying for roles in the first place. The Committee will also look to identify any hurdles for these groups as part of the Trust's long-term commitment to improve representation.

Members noted that the Ambulance care indicators, demonstrated that the proportion of journeys cancelled on the day the primary reason for which was that the patient was not located. Further clarity was sought on what was being done, to tackle the causes of cancellations. Lee Brooks agreed to provide further detail outlining the reasons for cancellations at the next Board meeting.

RESOLVED: The Board considered the September/October 2023 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.

104/23 AMENDMENT TO STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION

Trish Mills presented the report indicating that on 27 July 2023 the Board noted the decision the previous day of the Remuneration Committee, which considered changes to

the senior leadership in the clinical services directorate because of the retirement of Dr Brendan Lloyd on 31 December 2023.

The Remuneration Committee approved the recommendation that the Director of Paramedicine would become an Executive Director with full voting rights on the Board on 1 January 2024. As a result of this change, the Scheme of Reservation and Delegation (Schedule 1 to the Trust's Standing Orders) has been amended.

There is a raft of changes annotated in table A in the annex to this report for approval with effect from 1 January 2024.

Additionally, there has been a further minor update to the Main Document of the Standing Orders stating that the publication of papers must be at least *seven* calendar days before formal Board meetings as opposed to ten, the change for which was effective immediately.

RESOLVED: The Trust Board

- (1) Approved the amendments to the Scheme of Reservation and Delegation of Powers to take effect from 1 January 2024; and**
- (2) Approved the changes to the Main Document of the Standing Orders as detailed above should take effect immediately.**

105/23 BOARD COMMITTEE REPORTS

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

Academic Partnership Committee – 24 October 2023

Hannah Rowan updated the Board on several points from the report as below:

The Committee received a presentation from Jo Kelso about interprofessional simulation-based education and training. This training involved the bringing together of colleagues across the NHS to improve learning and best practice.

A focus for the Committee now was the oversight of the recruitment of a new Non-Executive Director (NED), and interviews are scheduled for December. Appointment of an academic NED will support the application for University Trust Status, and it is expected that there will be further progress by the next Committee in January.

The Committee were pleased to welcome Jonny Sammut as the new Director of Digital Services as a member of the Committee, and thanked Leanne Smith who

heled the interim role until Jonny's arrival.

Quest Committee – 31 October 2023

Professor Kevin Davies Chaired this meeting of the Committee on behalf of Bethan Evans.

There were two alerts from the report for the Board's attention:

Lost hours due to handover delays and the associated patient safety incidents continue to be a concern. The extended wait times, like the patient who waited nearly 40 hours has highlighted the critical issues that need immediate attention. A total of 19,610 hours were lost due to handover delays in September. 1,588 patients experienced wait times in excess of 12 hours. The impact on patients and their families was acutely felt by Members when hearing the patient story from Steven Parsons and learning of a further three Regulation 28 notices issues from the North Wales Coroner.

Handover delays, coupled with many patients waiting more than four hours outside Emergency Departments, continue to present patient safety risks and extended waits in the community. The ways in which the Trust is continually working with partners to influence system change ran through the agenda and the Trust Board will receive an update to the paper on the system actions to mitigate avoidable harm at its November meeting.

The following two reports were presented at the Committee and were for the Board's information:

The Mental Health and Dementia Annual Report and the Infection Prevention Control Annual Report.

The Committee were pleased to see the positive trends in the Return of Spontaneous Circulation (ROSC) rates.

The enhancements to the PTR Team will have a positive impact on the responses to concerns and foster improved relationships with the Community.

The Committee were updated on the trajectory in meeting the requirements of the Duty of Candour legislation.

Liam Williams added that the integration of Quality Impact Assessments at the Committee was a positive step in ensuring that the Duty of Quality informs decision making at all levels.

Finance and Performance Committee – 13 November 2023

Joga Singh updated the Board on the following areas:

The Business Continuity Annual Report was presented for the Board's information.

The main issue was the funding for the 100 WTE with the position for this year already known, plans were in train to identify how this can be funded for future years.

In terms of winter forecasting the Committee discussed this area in detail and were mindful the Trust was doing everything it could, appreciating the difficulties and challenges going forward.

Generally, with regards to finance, the Committee were assured that the Trust continued to make savings where it could.

People and Culture Committee – 16 November 2023

Paul Hollard provided a verbal update from the last meeting noting it had been a hybrid meeting:

The following two reports were presented:

Health and Safety Policy. For Ratification

Speaking Up Safely Framework. For Ratification

The following points were discussed at the meeting:

1. Issues around the NHS staff survey
2. Acknowledged the passing of Michelle Perry
3. Volunteer conferences and the success of these
4. Innovation work on 111 and the feedback provided.
5. Feedback from CEO roadshows, this had resulted in colleagues sharing their poor cultural conditions and workload,
6. A Pulse survey was being conducted, and this would look at any cultural issues.
7. The IMTP for next year was discussed with the Committee recognising the ambition.
8. The Speaking up safely framework was discussed and adopted.
9. The Cultural review tool was considered; this tool was an aid for managers to consider culture within their team.
10. The Engagement Framework was discussed recognising things had

- changed and needed further review.
11. Assurance on registration revaluation was provided which ensured processes were in place for the professional revaluation for members of the Health Care Profession and the Nursing and Midwifery Council.
 12. An Audit report on the approach to workforce planning will be presented to the Committee at its next meeting.
 13. Metrics on People and Culture, which have now been integrated into the MIQPR, were reviewed.
 14. The Committee recognised that TU relations continued to improve which was borne out in the earlier metrics.
 15. Pleased to see that the Corporate Partnership forum has now commenced; this will provide further insight into partnership working across the Trust.
 16. The work around Health and safety was recognised.
 17. The Audit Tracker was reviewed noting that many recommendations had been closed during the quarter with no 21/22 recommendations now outstanding.
 18. Risks were discussed, particularly 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation), and all the factors and improvements that have been made in terms of the Health and Safety policy. No new risks had been identified.

Comments

In response to a query regarding the feedback from CEO roadshows particularly around cultural issues, Angela Lewis explained that the insights gained from the roadshows had been valuable particularly around workload, handover delays and cultural challenges. The Trust will continue to monitor feedback which will also be drawn out from a pulse survey, the results for which will be available at the next PCC meeting. It was anticipated this would contain more information regarding the cultural issues fed back from the CEO roadshows. Members were updated on an innovation, the Cultural Early Warning Score tool which was designed for organisations to assess culture through identifying any risks. If proved to be successful it could contribute to broader research in understanding workplace satisfaction and well-being.

RESOLVED: The Board;

- (1) Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise: and**
- (2) Ratified The Health and Safety Policy and the Speaking up Safely**

Framework.

106/23 MINUTES OF COMMITTEES

The minutes of the following Board Committees were received.

1. Quest Committee: 10 August 2023
2. Academic Partnerships Committee: 15 August 2023
3. People and Culture Committee: 17 August 2023
4. Finance and Performance Committee: 18 September 2023

The following NHS Wales Joint Committee update reports were received:

1. WHSSC Joint Committee Meeting dated 19 September 2023;
2. NHS Wales Shared Services Partnership Committee Assurance report dated 21 September 2023

RESOLVED: That the above minutes and update reports were received.

107/23 ANY OTHER BUSINESS

The Chair thanked Professor Kevin Davies for his valuable contribution over several years as Vice Chair of the Board, noting it was his last meeting in that role, however he would continue as a Non-Executive Director on the Board. He welcomed Ceri Jackson who would be the Interim Vice Chair from 1 December 2023.

This was the last public Board meeting that Dr Brendan Lloyd would be in attendance due to his imminent retirement. The Chair and Jason Killens thanked Dr Brendan Lloyd and expressed their gratitude and respect acknowledging his significant contribution to the NHS over the past four decades. His contribution to the Trust over the past 10 years has been exceptional, with many notable achievements, particularly the implementation of the revised clinical model for the Trust.

Dr Brendan Lloyd responded by saying he has had a very fulfilling career, particularly enjoying his time with the Trust. He has seen some positive changes including developing clinical leadership and advancing professionalism in Paramedics. He has every confidence in the current Team and added that the Trust was well positioned for any future challenges going forward.

108/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 23 November 2023

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 23 November 2023.

Date of next Open meeting: 25 January 2024

Meeting closed at 12:35