

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 JANUARY 2024
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
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director and Interim Vice Chair of the Board
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Attendees

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Julie Doyle	British Sign Language (Virtual)
Anthony Evans	British Sign Language (Virtual)

Apologies

Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Martin Turner	Non-Executive Director

01/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting, and noted apologies were received from Hannah Rowan, Joga Singh, and Martin Turner.

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 Hannah Rowan, Joga Singh and Martin Turner were formally recorded.

02/24 PROCEDURAL MATTERS

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process. He added that all Committee meetings had been quorate and well attended.

Minutes:

The Minutes of the Board meeting held on 23 November 2023 were presented and confirmed as a correct record subject to amending the titles of Martin Turner and Damon Turner, which had been erroneously transposed.

Action Log:

The Board received the action log:

Minute 99/23: Winter Planning and Progress on Actions to Mitigate Avoidable Patient Harm. A discussion to be held at a Board Development Day (BDD) regarding the Consult and Close target and consider what was the appropriate target. This topic was already being discussed at BDDs. Action Closed.

Minute 103/23: MIQPR. Clarity was sought on the actions and progress being made to tackle the causes of late cancellations in respect of Ambulance Care journeys. A detailed update was appended to the action log. Action Closed.

RESOLVED: That

- (1) The Minutes of the meeting held on 23 November 2023 were confirmed as a correct record subject to a minor amendment with the titles of Damon Turner and Martin Turner which had been transposed; and;**
- (2) The update on the action log was noted.**

03/24 CHAIR'S REPORT AND UPDATE

The Chair presented the report as read noting that the outcome of the recruitment activity for two Non-Executive Directors (NEDS) has been successful and candidates Peter Curran (Finance NED) and Ian Mathieson (Academic NED) have been appointed to the Trust Board, effective 01 February, and 01 April respectively.

RESOLVED: The update was noted.

04/24 CHIEF EXECUTIVE'S UPDATE

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

Three Trust colleagues were recognised in the King's New Year Honours List. Wendy Herbert, the Trust's Assistant Director of Quality and Nursing was awarded the King's Ambulance Service Medal (KAM) for distinguished service. Community First Responder Gerry Adams was appointed a Member of the Most Excellent Order of the British Empire (MBE) for voluntary services to the community in Barry. Linda Williams, Volunteer Support Administrator, was awarded a British Empire Medal (BEM) for services to the Community First Responder scheme in north Wales.

The work on the Manchester Arena Inquiry (MAI) recommendations has been ongoing for 6 months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorized some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team (ELT). Twenty seven of the 68 recommendations are complete, with a few others nearing completion. Work is now focussed on the completion of the assessment of our capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations. A business case will be submitted as there is a need for investment to be able to satisfy the requirements of the recommendations from the inquiry and we've already signalled the commissioning team and that a

business case will be likely to be coming through and support will be needed as required.

The first HIVE survey has been conducted and over 12% of our people responded, sharing their perspectives on the speaking up culture within WAST, yielding valuable insights. The majority expressed confidence in raising concerns, feeling supported in speaking up, and being comfortable expressing diverse opinions, a crucial aspect for fostering a psychologically safe and innovative organisation. Angela Lewis added that the Trust was focussed on understanding its culture through regular feedback sessions, including qualitative data from moving on interviews and Trade Union feedback. The aim was to capture a broad spectrum of information and share this with colleagues.

Good progress has been made against the actions set out in Welsh Government's Anti-Racist Wales Action Plan (ARWAP). Highlights include:

- Positive feedback and up-take of the Active Bystander and Allyship training programmes
- Options being explored to introduce an EDI personal objective for every Board Member
- Assisted Diverse Cymru to undertake an audit of workforce policies through an anti-racist lens, the results of which will be shared with NHS Wales organisations in 2024.

In line with our ambition to create a safe, positive workplace for everyone, a successful session around 'Understanding Sexual Safety in the Workplace' was recently facilitated in conjunction with Legal and Risk colleagues, with over 140 professionals in NHS Wales attending.

The Estates team is making significant progress in various locations with notable developments in North Wales including the long-awaited Dolgellau station and the establishment of the north control room. The team is actively engaging with staff to support them through these changes anticipating the relocation from Bryntirion to the North Wales contact centre around the middle of this calendar year.

Comments:

The Board welcomed the report and were encouraged to see that the recruitment video had a positive impact and increased candidate demand.

Reference was made to paragraph 40 in the report which stated that a key area of focus in Quarter 4 will be the commissioning resource envelopes for 111, EMS and NEPTS respectively, with the 111 envelope being a particular area of concern.

Further clarity was sought on this area. Rachel Marsh explained that this related to the way the Trust was commissioned to deliver 111 now, which was a spend and recover model. The Trust has a desire to move to a resource allocation model of commissioning, which if accepted would mean that the £10.3m available would be received with a series of outcomes to deliver. It was hoped this could be achieved through the new Joint Commissioning Committee arrangements.

The Chair commented that his recent visit to the new facility in Merthyr had left a positive impression, highlighting the impressive quality of the facility and the enthusiastic staff.

In terms of the development of the Welsh language, the Board were pleased to see that the internal translation service was now operational; and equally it was also positive that training for 111 staff was now available.

RESOLVED: That the update was noted.

05/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public; one question had been received and it was from Riswana Nadeem:

"The question was in respect of evening dialysis transport and was as follows: I have been told by dialysis nurses that they have the capacity and staff to carry out evening sessions for kidney dialysis, but transport refused to provide travel to the Renal units in the evening. I have seen many renal patients who are getting younger and cannot go to the University Hospital of Wales due to daytime only renal dialysis. I have sacrificed my career and ended up working fewer hours and suffering great financial loss due to daytime renal dialysis. The rest of the UK offers evening sessions that is why I could not take my previous employer to a tribunal to save my job. Kidney care have carried out research and have seen the poverty in renal patients in Wales due to this daytime only transport, so I think the nub of the question is why are we not able to provide evening transport to evening renal dialysis sessions."

Lee Brooks commented that that the Trust is a Commissioned provider of the Non-Emergency Patient Transport Service (NEPTS) and for renal dialysis that includes the Welsh kidney network as well as Health Boards. The Trust continually works very closely with our commissioning team, the Welsh kidney network, and Health Boards to review the services that the Trust provides for renal service users. On occasion the Trust is advised that the way dialysis services are to be delivered could change and that could be either a change to location or a change

in the operating hours for those units and where those changes are supported by commissioners the Trust would adjust services to meet those operating needs.

The Trust does currently deliver some twilight dialysis services in Swansea and across the Betsi Cadwaladr University Health Board and if that was to be considered and supported by commissioners elsewhere in Wales the Trust would of course respond to those requests. So, the answer really is that the transport provision is a response to the operating provisions of dialysis units and the operating provisions of dialysis units is really owned by the Health Boards.

06/24 STAFF STORY – PETE BROWN: HEAD OF SERVICE 111

Pete Brown, Head of Service 111 highlighted to the Board details of his early career before joining the ambulance service. It was from these initial stages in his career that he developed a proactive approach, cultivating a desire to explore alternative perspectives and find innovative ways to achieve results.

Immediately prior to joining the Trust he spent two years at the NHS Leadership Academy where he gained experience on learning about how to integrate valuable behaviours into the ambulance service. He found that collaborating with diverse colleagues across sectors proved to be a valuable and incredible opportunity.

In coming to current role, he was enthusiastic about refreshing and reshaping the status quo, challenging conventional rules, and driving forward quick and impactful change. Some of the challenges he faced in his team was to improve compliance in PADR completion and staff absences.

He settled upon implementing two initiatives; the first of which was to have one hundred and eleven conversations with a specific team in 111, and the other was to have the same number of conversations with the rest of the staff in 111. At the start, the bespoke team had a 47% sickness rate, extremely high attrition rates, and were identified as having a poor experience at work. The conversations were direct and candid, and aimed to understand what the issues were.

Following these conversations, a shared plan was implemented with a list of actions going forward. Currently, and for a seventh week in a row that team is recording 0% sickness. There has been a significant increase in performance and attrition levels have dropped to record low levels.

Subsequently, the conversations were broadened out to the rest of the team in 111. Everyone with a leadership role was contacted and held a conversation with 111 colleagues. Over 160 conversations lasting an hour took place and

these gave rise to a fascinating range of perspectives. The fundamental things that people wanted were: To feel safe and comfortable at work, be allowed to work in a way that suited them, give them a voice, and make it count - making their feedback matter, give them the ability to help, and finally, to let them know when they are doing a great job and help them when they are not. As a result of these conversations there have been some positive initiatives and considerable progress but there was still further to do.

Comments:

Angela Lewis thanked Pete Brown for sharing this story and thought it was an excellent illustration of great teamwork. His personal narrative was insightful, and it was admirable how that was applied to achieve notable team benefits in such a brief time frame. This story demonstrates as a reminder epitomises what the Trust was trying to achieve for its staff.

It was queried if comparable results had been achieved for the remainder of the 111 staff whether this approach could be used across the rest of the Trust. Pete Brown explained that it had not been scaled further, adding that due to the configuration of the 111 personnel it was not transferable.

The Board were keen to understand if Pete Brown was intending to publish a report on the findings from his work. Pete explained he was more focused now on the challenge to control more of what he could and try to identify those things we cannot and be honest with his team where it is not possible to do so and effect change.

Lee Brooks commented that this has shown a positive shift of management and the improvements in 111 which can be attributed to Pete Brown and the efforts of his team. The Operations Directorate is challenging the perception that it only prioritises data over people. Pete Brown's approach, emphasising the importance of individuals, reflects a broader trend among operational and management teams to focus on employee well-being. Implementing such strategies requires real skill. The Trust has been training managers to manage difficult conversations effectively, enabling them to navigate situations where a straightforward yes might not be possible.

Investing in strong management was vital to support and build upon the accomplishments of teams like Pete Brown's, ensuring continued success and organisational growth. He added that there were many opportunities within the Trust to apply the techniques as applied in Pete Brown's team adding a cautionary note that the Trust should be mindful of the ongoing challenges.

Liam Williams added it was helpful to see the positive impact on both staff and patient care when the focus was on organisational improvements. Pete Brown's remarkable work and dedication to the digital modernisation programme is commendable considering the challenges involved.

Rachel Marsh welcomed the work by Pete Brown and his team adding that she had been exploring ideas to manifest this work into next year's Integrated Medium-Term Plan. Estelle Hitchon highlighted the importance of supporting managers with their time, recognising the value they bring to the Trust.

Damon Turner commented that the feedback from the TU had been overwhelmingly positive. Whatever had been done in Pete Brown's work had shown that TU interaction had been effective and encouraged this to be cascaded throughout the Trust. Pete Brown reflected on the performance in December which had shown that 26% more calls had been answered.

The Chair reflected on his positive encounters at the 111 call centres, acknowledging the enthusiasm of staff. He added that balancing the rewards of good facilities with the challenges of running a call centre, especially in a competitive job market, was a complex task. The team's enthusiasm and effective management play a significant role, but it is essential to recognise both the positive aspects and the pressures associated with the job. The Board thanked Pete Brown for sharing his experience which had been remarkably interesting and valuable.

RESOLVED: That the staff story was noted.

07/24 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens presented the report as read and highlighted the following for the Board's attention:

Red performance in December 2023 was 10 percentage points ahead of December 2022 and there were 58% less 12 hour or more waits/responses than in the previous December.

In support of the Winter Ambulance Improvement Plan, the Trust had identified five key priorities to make the Trust more resilient heading into winter:

- Capacity: targeted production of ambulance resources, with actual production in December 2023 being 11% higher than December 2022, along with a range of more specialist resource e.g. mobile foot teams, alcohol treatment centres etc., deployed as part of winter planning.

Capacity is also a product of reduced abstractions and sickness absence with sickness absence at 8.79% in November 2023.

- Demand Management: including improvements to the 111 digital platform (in hand, but not yet delivered due to timings of monies being made available); increasing the Consult & Close rate to the IMTP ambition of 17% (14.1% in December 2023) with a correction action plan in place and the new telephony system considered key to improvement.
- Efficient Use of Resources: reducing the multiple response ratio for Red incidents (most recent data under review by the Executive Director of Operations), reducing the use of the clinical advice line (CAL) by 111 call handlers (16% reduction comparing December 2023 with December 2022).
- Pathways: the Trust is supporting the NHS Executive with information on ambulance activity into Same Day Emergency Care (SDEC), including improved data accuracy using ePCR.
- Staff Well-Being: for example, the establishment of pods at various key hospital sites to enable crews to finish on time/take their meal break on time, with initial staff survey feedback being very positive.

Additionally, in support of the need to transform services to deliver better care and outcomes, the Chief Executive has written to all Health Board CEOs and a series of meetings have been arranged to enable the Trust to listen to Health Board views on how they can be supported in this system wide transformation in partnership.

Lee Brooks added the Trust continues to engage in a series of weekly meetings with Welsh Government, the Commissioner, Health Boards and Chief Operating Officers. These meeting have given rise to additional opportunities and initiatives for the Trust to consider and review going forward.

A Board member shared their experience they had recently with the stroke association, highlighting the success of Telestroke, a telemedicine platform which connected Trust staff to hospital consultants. Through this platform patients receive timely treatment, potentially preventing catastrophic outcomes or the need for permanent nursing care. This underscores the importance of implementing such innovations across Wales as they have the potential to save lives.

It was recognised that in some areas of Wales same day emergency care (SDEC) was working well, but it was queried whether the winter ambulance improvement plan aimed to improve those areas where SDEC was not working so well.

Rachel Marsh emphasised that SDEC remained a top priority for the Six Goals project team which has provided planning guidance to all Health Boards.

However, from the Trust's perspective, there are no SDEC services that are performing well in terms of patient volume, although they may benefit other hospital areas such as A&E.

Lee Brooks agreed with the comments made by Rachel Marsh about the need for additional work to make SDEC more effective from the Trust's perspective. He remained optimistic following high-level discussions with other Health Boards, particularly around direct referrals from remote clinicians, which would inevitably save NHS resources.

The Board acknowledged that in terms of the red, amber, green (RAG) rating from the action list, all red ratings related to external sources outside of the Trust. There was concern about whether there was confidence in the external partner's ability to engage and address these issues promptly. Jason Killens explained that the five points referred to earlier in terms of the winter plan were areas within the Trust's control, adding there was progress being made in some Health Board areas.

The Board, whilst recognising there had been improvements in performance from the same period last year, noted that there was still a significant distance to cover to prevent patients from experiencing avoidable harm. The Trust must not be complacent as the figures were still staggering; for example, patient handover hours against the target of 12,000 were at 23,000 in December.

Members inquired about the timeline for the completion of Audit Wales's investigation into urgent and emergency care and when they could expect to review the report. Jason Killens informed the Board that drafts, or certain aspects of the report were currently with stakeholders undergoing factual checking. Trish Mills advised that Fflur Jones from Audit Wales, who would be attending the meeting later, may be able to give a more accurate timeline for completion.

The Board requested an update on the Consult and Close rate for 999 calls and whether this target could be beyond 15% to the Trust's ambition of 17%. Lee Brooks advised the Board that the current rate was at 14.6%; acknowledging there had been challenges in achieving this particularly within existing resource constraints. The Trust has conducted work to identify if there are any areas to increase productivity which has revealed some variation of performance amongst clinicians. Liam Williams updated the Board on the ongoing work around the increased alignment of the remote clinical workforce; and the shared learning from 999 calls and 111 calls. There was also significant work being undertaken around the enhanced advance and consultant practice, and what that means in the clinical consultant space. Moving forward, the Trust should consider the needs of the patient, their family, and the broader healthcare system. While achieving the target may be possible from the Trust's perspective, it may not necessarily be beneficial for these groups, it might be appropriate to set a lower percentage target.

Andy Swinburn, following a request to provide an update in respect of the Cymru High Acuity Response Unit (CHARU), advised the Board with the following: There have been several discussions regarding recruitment in some of the areas where the Trust was struggling to recruit to get those final numbers. The Trust was on track to get to the 153 FTE to that plan which includes the contribution from the senior paramedics which is equivalent to circa 12 FTE. The challenge was to effectively deploy CHARU, balancing capacity and reaching as many patients as possible without over-deploying. This involves more than just deploying Rapid Response Vehicles (RRV), which potentially it will be compared to, and will require thorough analysis to establish the best deployment methodology.

RESOLVED: The Trust Board:

- (1) Noted the report and the progress the Trust was making on actions within its control;**
- (2) Considered whether there were any further actions available to the Trust to mitigate patient harm;**
- (3) Agreed that the target rate for Consult and Close would be a topic of discussion at a Board Development day.**

08/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report indicating there were 14 principal risks on the risk register. All of the risks were assigned to a Director and all have had the relevant Committee oversight. The scrutiny of those highest risks rated 20 and 25 are drawn out as they are in each of these reports, with more particularity in the Executive Summary. 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) have already been discussed in depth in the previous item.

There is a robust system in place for managing these two risks, the risks are reviewed and discussed at Board meetings, Executive Leadership Team (ELT) meetings and the Quality, Patient Experience and Safety (Quest) Committee who have oversight. The Committee focusses specifically on avoidable harm and compliance issues which drives the agenda accordingly.

Risks 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) and 201 (damage to the

Trust's reputation following a loss of stakeholder confidence) were noted; the details of which are included in the Executive Summary. Extensive discussion in recent meetings of the People and Culture Committee and ELT have prompted a review leading to a refocus on stakeholder confidence in long-term strategy delivery, which will shape future actions and controls.

There has also been some movement since the last meeting regarding Risk 163 (Maintaining Effective and Strong Trade Union Partnerships) has increased slightly from a score of 16 to 20. The commentary box in the report provides the context for this change which is attributed to the escalating challenging issues. However, there are also numerous actions underway, and these are expected to be completed in the coming months, indicating progress in addressing the risk.

It was noted that Risk 594 (The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) had also increased in score from 15 to 20. It stems from a lack of confidence in releasing vehicles from hospitals. This issue was also discussed at the last Finance and Performance Committee meeting.

With respect to Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) it was noted that despite reaching its target score the risk will remain in the Corporate Risk Register due to the fluctuating nature of the financial situation. Typically, risks are deescalated once they reach the target score; but this one will be retained for the time being.

The title of Risk 424 has been amended to include a reference to revenue, capital, and staff capacity, and now reads Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP).

Trish Mills concluded that the Trust's Structured Assessment, the next item on the agenda, highlights that the Board has a focus on risks, but there was room for improvement in aligning the Board Assurance Framework (BAF) with strategic objectives. Work continues to refine the BAF and for it to develop into a strategic BAF, which will continue in the coming fiscal year.

Comments:

Jason Killens referred to Risk 163 (Maintaining Effective and Strong Trade Union Partnerships) and noted that whilst the trend for this risk was upward, it did not necessarily indicate deterioration in relationships. The increase in the risk score was likely due to a lot of ongoing activities which can naturally lead to tensions emerging. Having said that, at senior level, relationships and dialogue remained strong and progressive despite the challenges.

Paul Hollard, the Chair of the People and Culture Committee concurred with the comments made by Jason Killens and added that a lot of feedback had been received on good partnership working. Although the score has increased slightly, it was not as concerning as it may appear upon initial examination.

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 ELT and at relevant Committees;**
- (2) Noted the reduction in risk score of Risk 139 to the target score of eight;**
- (3) Noted the increase in risk score of Risk 594 from 15 to 20;**
- (4) Noted the increase in risk score of Risk 163 from 16 to 20;**
- (5) Noted the amendment to the title of Risk 424; and**
- (6) Noted the ratings and mitigating actions for each principal risk.**

09/24 STRUCTURED ASSESSMENT – 2023

Fflur Jones presented the annual structured assessment and drew the following highlights for the Board's attention.

The report indicates improvement in the Trust's overall governance, and the running of Committee and Board meetings, ensuring there was effective oversight for key risk areas.

As previously mentioned, the Trust has made strides in improving its governance. There are areas which require strengthening such as reviewing outdated policies and optimising the Board Assurance Framework (BAF). However, there are reasonable plans in place to address this in a timely manner.

The Trust maintains robust planning procedures to secure the approval of its Integrated Medium-Term Plan (IMTP). It was felt that the Trust could benefit in ensuring it had a stronger focus on ensuring actions are specific measurable, achievable, realistic and time bound, also, reporting on the delivery of the intended outcomes could also be helpful.

The report also showed that the Trust maintains a strong financial

performance annually and over a three-year span with robust financial planning acknowledging unique risks, such as system pressures and funding constraints. There were opportunities to enhance financial reporting and oversight, particularly in distinguishing recurrent from non-recurrent funding.

Fflur Jones thanked everyone who had been engaged with Audit Wales during this review and noted there had been some really useful conversations, particularly when discussing management responses. Furthermore, it was positive to see that some of the actions had already been completed, including some during the meeting today for example the implementation of a written report by the Chair.

Comments:

Trish Mills thanked Fflur Jones for her assistance and support in developing the Structured Assessment. The backlog of policies was acknowledged, and she noted that good progress had been made. If necessary, policy approvals are sought via Chair's Action, a mechanism used where decisions are sought before a meeting of a Committee or a Board, to expedite the process.

The Trust also acknowledges Audit Wales support for its approach to risk and the principal risks while it moves into a transitional BAF and anticipated continued collaboration going forward.

Trish Mills added that an observation made in the report was that members are now providing more support and scrutiny during meetings, which indicates the positive changes implemented since last year. It was encouraging to see these improvements taking effect.

In response to the observation regarding the presentation of financial reports, Chris Turley commented that financial updates and reports are typically presented to the Finance and Performance Committee (FPC) via PowerPoint and then to the Board via a written report. This practice is likely to continue with the potential consideration to share the presentation with the committee a day before the meeting for extra scrutiny, time permitting.

In terms of the Long-Term Strategy framework and measuring progress, the Board queried if there were examples where Trusts, or Health Boards were doing this well. Fflur Jones agreed to ascertain areas of good practice and feedback to the Board at the right time.

In response to an earlier query regarding the timelines for completion of the unscheduled care report, Fflur Jones explained that the first part of the report which focussed on patient flow at hospitals, was currently undergoing factual

checks. It was expected to reach the Board within the coming weeks, with regular updates on progress given to the Audit Committee. Following this, Audit Wales will provide a national summary. Parts two and three covering patient access to unscheduled care and national structures respectively will commence fieldwork in the coming weeks.

RESOLVED: The Trust Board noted and received the 2023 Structured Assessment.

10/24 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026, Q3/Q4 DELIVERY & ASSURANCE AND THE INTEGRATED MEDIUM-TERM PLAN 2024-2027 IMTP PROGRESS UPDATE

Integrated Medium Term Plan (IMTP) 2023 – 2026, Q3/Q4 Delivery & Assurance.

Rachel Marsh presented the report adding that the purpose was to provide the Board with an update on the progress and delivery of actions in the IMTP 2023-26.

Overall, good progress has been made in many areas. Several actions have been paused deliberately as part of ongoing prioritisation of actions or where external factors have inhibited progress. It was noted at the Finance and Performance Committee (FPC) that a review will need to be undertaken of reporting against the IMTP in the next financial year, with the Structured Assessment recommending that a closer link is made between actions and outcomes.

Comments:

The Board recognised that the report had been extensively reviewed at the recent FPC meeting.

Integrated Medium-Term Plan 2024-2027 IMTP Progress Update

Rachel Marsh outlined Welsh Government's priorities in their planning guidance, emphasising a stronger focus on value and sustainability. The Ministerial Priorities remained consistent with last year. Progress on draft commissioning intentions has been positive with meetings and workshops underway. Going forward, the focus will shift towards finance and its role in enabling these priorities. The next Board development session will involve presenting comprehensive proposals and priorities.

Financial allocation

Chris Turley highlighted that the Trust was in the process of determining the final quanta to shape future plans in the next week or so. This would be heavily influenced by recent directives issued to Health Boards. He also pointed out that whilst the Trust itself does not receive direct funding through the Health Board process, its Commissioners do. There were also ongoing challenges regarding clarifying funding levels to ensure all necessary expenses are accounted for.

in terms of the next steps, he added that the Executive Finance Group will convene a meeting to outline two or three scenarios for the plan based on various elements. Following this there will be a finance touchpoint meeting with WG finance colleagues. The Trust was expected to submit an Accountable Officer letter by 16 February if it anticipated being unable to balance for 2024/25. Additionally, the final plan and detailed budget, ensuring financial balance will be presented to the FPC in March, followed by presentation to the Board for approval thereafter.

RESOLVED: The Board noted the overall delivery of the Integrated Medium Term Plan (IMTP) 2023 – 2026, Q3/Q4 Delivery & Assurance, the Integrated Medium-Term Plan 2024-2027 IMTP Progress Update and the SBAR relating to the Trust’s accountability conditions (notably the Ministerial priorities).

11/24 FINANCIAL PERFORMANCE MONTH 9

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

1. The Trust is reporting a small revenue year to date surplus (£0.108m) for month 9 2023/24;
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, and in year financial performance to date, the Trust continues to forecast a breakeven position for the 2023/24 financial year;
3. Capital expenditure plans for Q4 continue to be finalised with plans to fully achieve in year;
4. In line with the financial plans that support the IMTP, gross savings of £5.181m have been achieved in month 9 against a target of £4.574m;
5. Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days.

Additionally, the Board were updated on the following:

Given the ongoing discussions with all the NHS in Wales organisations, the repeated assurances previously provided, and the previous agreement with Welsh Government (WG) to treat this in this way, the Trust continues to not consider any impact of the required funding to cover 2023/24 pay deal costs as a risk. This has yet to be fully recovered from WG due to delays in confirming how all organisations in NHS Wales will do so; however, this is now expected to be confirmed by WG in the next few weeks.

Updated estimates have needed to be submitted this month for some technical items – impairments and depreciation - and are also included in the Welsh Government submission for month 9 (including in part the financial impact of IIS contract cessation). As in all previous years, it is again not expected that this will provide any financial risk in accessing the required funding that will be needed for the costs incurred; in relation to large elements of this, this is due to continuing discussions with WG and Audit Wales colleagues on how best some of the technical items need to be treated.

In addition, it was also assumed the Airwave contract extension will be fully funded by Welsh Government in year and will be a capital requirement, albeit the funding sources from a WG perspective, linked to IFRS16 implementation, may be slightly different.

An update on the Capital programme was given:

At month nine, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £21.139m. This includes £16.818m of All Wales Approved schemes and £4.321m for Discretionary schemes.

It should be noted that whilst the majority of projects are on plan, as is typical with a capital programme of this nature, there are a small number of exceptions to this in regard to in year cost variation across the capital programme, with work continuing to ensure delivery of the overall budget.

Comments:

The Board recognised the significant effort from everyone involved to achieve financial stability, despite the challenges faced by other Heath Boards. Recognition of the hard work was very important, and the Board congratulated the Team, and everyone involved for their dedication and commitment in keeping financial balance.

RESOLVED: The Board;

- (1) Noted and gained assurance in relation to the Month 9 revenue financial position and performance of the Trust as at 31 December 2023;**
- (2) Noted the capital programme update for 2023/24, and;**
- (3) Noted the Month 9 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by Welsh Government).**

**12/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)
NOVEMBER/DECEMBER**

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

The Trust has identified, with senior stakeholders the need to achieve its IMTP ambition of 17% consult and close. Performance had dipped earlier in the year, but has now started to improve again, rising to 14.1% in December, with a corrective action plan in place. Cymru High Acuity Response Unit (CHARU) utilisation is just below 30% and was an area of focus.

111 call answering decreased, as expected over the holiday period, with the call abandonment target of <5% not being achieved in December 2023 for the first time in seven months (13.1%). This was mainly as a consequence of a sharp rise in the number of calls being received during the month.

Staff training and PADR: PADR rates did not achieve the 85% target in December 2023 (78.16%). Compliance for Statutory and Mandatory training decreased very slightly to 76.55%.

Comments:

In terms of the length of overruns, Jason Killens highlighted there had been some progress coming through which is clearly positive and was a measure of success of some of the actions the Operations Team had been working on to improve the workplace experience in EMS. There was still a long way to go, but it should be borne in mind this had been an intractable and difficult problem to overcome. The Board observed a notable improvement in complaint response times from November to December.

Members expressed concern about the high number of amber one category immediate releases being declined. It was asked whether the Trust could

implement anything further to prevent patient harm when vehicles are not released, despite the ongoing conversations at Health Boards.

Jason Killens reminded the Board that the Trust shares its compliance data with immediate release directives as a group and by category. Whilst there has been improvement overall in the Red category with minimal refusal, the sheer volume of Ambers remains a challenge. The focus now was very much on collaboration to enhance patient flow and activity management, prioritising and addressing the root causes of delays rather than focusing solely on Amber compliance.

Following a query in relation to the CHARU and the 30% utilisation, it was asked whether this provided value for money and contributed effectively to the Red performance. Lee Brooks was unable to provide a figure stating that as CHARU numbers grew, it would contribute to the Red performance. However, it was acknowledged that as the CHARUs numbers grew, it was expected to aid in improving Red performance alongside its primary clinical practice role. Daily reports have shown that there are days when CHARU contributed more to Red performance than emergency ambulances. While acknowledging the need to review longer-term data for a comprehensive assessment, there is satisfaction in CHARU's contribution to Red performance. The transition from Rapid Response Vehicles (RRV) to CHARU was based on a clinical benefit model and efforts are ongoing to maximise CHARU's effectiveness. Part of the work involved assessing whether the Trust was deploying CHARU appropriately and if that was the case what would the utilisation output look like.

Andy Swinburn highlighted the complexities of deploying CHARU and RRV. Previously, RRVs were despatched broadly without focussing on the clinical outcomes, whereas CHARU's deployment is more specific, targeting incidents where it can provide significant clinical benefit. However, there is a challenge in balancing utilisation metrics with ensuring appropriate tasking for optimal clinical outcomes. He emphasised the need for a working group to continuously address this complexity and find the right balance. Jason Killens explained that the Trust was transitioning from the blunt arbitrary time measure, to a more targeted approach focused on improving the patient experience and outcomes aiming for a more sophisticated assessment method.

The Board considered and discussed the variation in response times in respect of rural versus urban and the challenges in recruiting for CHARU in rural areas. Lee Brooks accepted there was a CHARU recruitment challenge in some of the rural areas. The Trust was considering a rotational model to determine what it would look like. There are several issues involved included the number of

hours for staff as CHARU was not necessarily required on a 24-hour basis in some of the rural locations. He added it was intended to run a pilot scheme in one of the rural ascertain the type of variations.

Liam Williams added that the Trust had measures in place, on the back of the new legislation that came into force last year to refresh the Quality Management Strategy.

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

13/24 GOVERNANCE REPORT

Request to Approve Affixing of the Seal

Trish Mills presented the report which set out details of the affixing of the Trust Seal, as detailed below, and decisions made in private session. The Board was asked to approve the affixing of the Trust Seal for three separate legal transactions:

1. The renewal Lease of Unit 1A Spring Meadow Business Park, Rumney, Cardiff, CF3 2ES. The parties to this Lease renewal are the Welsh Ambulance Services NHS Trust and Sunflower UK Logistics Propco (2002) Ltd;
2. The disposal of land and buildings lying to the East of Y Gruffydd Road, Swansea (SA2 0GP) to Swansea Bay University Health Board and the need to execute as a deed the engrossment Transfer Deed;
3. The execution of the WAST Control Centre Lease (for additional space) with the Dyfed Powys Police and Crime Commissioner. The parties to the Lease are the Trust and the Dyfed Powys Police and Crime Commissioner (Carmarthen Headquarters, Llangunnor, Carmarthen, SA13 2PF).

Decisions in Private Session

At the closed meeting of the Board on 23 November 2023 the Board approved the Business Justification Case for the 2024-25 Vehicle Replacement programme, for progression to the Welsh Government for funding consideration. At this meeting, the Board noted that the implementation of the business case was subject to funding approval, the value of which was subject to confirmation by Welsh Government.

Also, at the meeting of closed Trust Board on 23 November 2023 the Board approved an authority to settle a clinical negligence case. A further approval to settle was given in a different clinical negligence case on the 08 December 2023. The details of both cases are confidential.

RESOLVED: The Board approved the affixing of the Trust seal as described and of the decisions made in private session at the 23 November 2023 Board meeting.

14/24 TRUST BOARD & COMMITTEES – 2024/25 SCHEDULE OF MEETINGS

Trish Mills presented the report which outlined the proposed calendar of Board and Committee meetings for the 2024-25 financial year based on consultation with the Chair of the Trust Board, Non-Executive Directors, and Executive Leadership Team.

There may be some movement around the AGM and annual report pending final details from the manual for accounts. Invitations for these meeting might already be inboxes for these meeting. There were no comments, and the Board approved the 2024/25 schedule of meeting.

RESOLVED: The Trust Board approved the schedule of dates for the 2024-25 financial year Board and Committee meetings and noted the adaptations to the cadence of meetings.

15/24 BOARD COMMITTEE REPORTS

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

Audit Committee – 30 November 2023

Paul Hollard, on behalf of the Chair Martin Turner informed the Board of the following points:

Members reflected that the that papers were well prepared, and presenters were clear. It was Martin Turner's last meeting and Chris Turley thanked him for the support and expertise during his tenure as Chair of the Audit Committee, as did Paul Hollard, Non-Executive Director.

Paul Hollard, Chair of People and Culture Committee, had provided an update on the speaking up safely work underway as discussed at that Committee's meeting in November.

In terms of policies, an oversight of the policy plan for the policy renewal was given, noting the progress being made.

An update was received on the revised Audit Tracker with c.30% of all management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time. An updated version of the Audit Process Handbook was approved following additions by Audit Wales.

Progress against the 2023/24 Internal Audit Plan was received, and the following four Internal Audits reviews were completed during the quarter and presented to the Committee: Senior Paramedic Role, Records Management, Technical Resilience and Estates Assurance: Estate Condition with the latter being given a limited assurance whilst the rest were reasonable. The Committee noted that the Estates Condition review is being conducted across all seven Health Boards, the Trust and Velindre and that all have been given a limited assurance rated, therefore the Trust is not an outlier.

The Audit Wales Update was received as was the WAST Review of Workforce Planning Arrangements and the national NHS Workforce Data Briefing from the Auditor General for Wales. The Audit Wales Structured Assessment work for 2023 was considered. Planned work for 2024 includes a national deep dive into financial efficiencies and a follow up of the Review of Quality Governance Arrangements will begin in late 2023/24.

The losses and special payments report during the period 1st April to 31st October 2023 which amounted to £229.4K net payments was received.

The 2023/24 Committee Priority (review of Board member induction programme and annex) was reviewed and is on track.

The Committee reviewed progress against the risk management transformation programme. Areas of focus for the risk management improvement programme plan during 2023 are to deliver a risk management framework as a key enabler of the Trust's long-term strategy and decision making.

Finance and Performance Committee – 15 January 2024

On behalf of the Chair, Joga Singh, Bethan Evans verbally updated the Board on the following points:

The IMTP both in terms of progress on the current plan and planning for the IMTP 2024-27.

A presentation was received on the financial position as at month nine.

A report was received on the Financial Sustainability Programme which demonstrated the great performance already recognised noting the Trust was on target to achieve £6m of savings.

The MIQPR was received which has previously been reviewed at this meeting today.

A report on the digital Key Performance Indicators (KPI) was received noting there was still progress to be made especially around automation. Members also noted that the digital plan was well underway.

A report around environment, decarbonisation and sustainability was received and the Committee were pleased to note the action plan moving in a positive direction.

An update was received on the risks pertaining to the Committee noting that the programme board risks have been reviewed.

The Committee received a report on fire safety compliance noting the good progress being made in this area.

Members discussed the Internal Audit review on the Estates Condition in more detail particularly around the fact that the rating was based on having a lack of funded strategy to deal with the various issues.

An update on the audit tracker was received noting that 17% of the management actions had been closed during the quarter.

Risks under the purview of the Committee were considered in particular, Risk 139 (Failure to Deliver our Statutory Financial Duties) which had reduced in score from 16 to eight. Risk 594 (The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) has increased in score from 15 to 20 which reflects Health Board's declining to include the testing of plans to release ambulances in a recent mass casualty exercise.

Committee priorities were discussed noting they were all on track.

Academic Partnership Committee – 16 January 2024

On behalf of the Chair of the Committee, Hanah Rowan, Professor Kevin Davies updated the Board on the following areas:

The Trust's application for University Trust Status (UTS) has now gone to the

Minister for consideration.

The appointment of Ian Mathieson to the Board and this Committee from 1 April 2024 as Academic NED was welcomed.

Nigel Rees was congratulated on his recent visiting professorship at Warwick University.

Craig Brown Specialist Clinical Lead for 111 (North) shared his personal and professional journey of pursuing a PhD in public health and leadership, with the support of Bangor University and WAST (particularly Mike Brady, Consultant Clinician and Nigel Rees, Assistant Director of Research, and Innovation). Craig highlighted the benefits of this pathway for his own development, the 111 service, and the wider research community within WAST. He also acknowledged the challenges of navigating the academic and contractual processes.

This was the last meeting for Paul Hollard and Martin Turner, both of whom were thanked by the Chair for their support and advice throughout their tenures as members and wished them the best for the future.

The Committee held its effectiveness review, approved its annual report, and endorsed changes to its terms of reference, both of which will come to the Board in May.

The Committee's priorities for 2023/24 were considered which were to scope out the next 12 months of UTS, and to focus on the research governance framework. Both are on track with no escalations reported.

In private session the Committee received feedback from the Health and Care Research Wales Annual Review (as it contained confidential information) and the Trust's response thereto. This was the first-year reporting against the new research and development framework.

Paul Hollard advised that the Committee had suggested that colleagues from the Health and Care Research Wales and the Research and Development division in Welsh Government, meet with the Committee to understand each other's perspectives on research within the Trust.

RESOLVED: The Board;

- (1) Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, and Assure process.**

16/24 MINUTES OF COMMITTEES

The minutes of the following Board Committees were received.

1. Audit Committee: 14 September 2023.
2. Academic Partnership Committee: 24 October 2023.
3. Finance and Performance Committee: 13 November 2023.

The following NHS Wales Joint Committee update reports were received:

1. Welsh Health Specialised Services Committee Joint Committee Briefing: 21 November 2023.
2. NHS Wales Shared Services Partnership Committee Assurance report: 23 November 2023.
3. Emergency Ambulance Services Committee Summary: 21 December 2023.

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

17/24 ANY OTHER BUSINESS

The Chair noted this was to be Martin Turner's last meeting and thanked him for his contribution over the past several years.

There were two new Non-Executive Directors appointed, Peter Curran and Ian Mathieson, who take up their posts on 1 February and 1 April 2024 respectively.

18/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 JANUARY 2024

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

RESOLVED: The Board would meet in private on 25 January 2024.

Date of next Open meeting: 28 March 2024

Meeting closed at 12.27.