

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 SEPTEMBER 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
Bethan Evans	Non-Executive Director
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 (Via Zoom)
Jonny Sammut	Director of Digital
Joga Singh	Non-Executive Director
Leanne Smith	Assistant Director of Digital Services: Data and Analytics
	Director of Paramedicine
Andy Swinburn	Trade Union Partner
Sharon Thorpe	Executive Director of Finance and Corporate Resources
Chris Turley	Non-Executive Director
Martin Turner	Executive Director of Quality and Nursing
Liam Williams	

**Attendees**

Melfyn Hughes	Welsh Language Officer (Via Zoom)
Bethan Jones	Midwife (Item 81/23 only)
Steve Magee	Interim Regional Clinical lead consultant Paramedic, Central and West. (Item 81/23 only)
Steve Owen	
Alex Payne	Corporate Governance Officer (Via Zoom)
	Corporate Governance Manager

**Apologies**

Professor Kevin Davies  
Damon Turner

Non-Executive Director and Vice Chair of the Board  
Trade Union Partner

## **76/23 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies**

The Chair welcomed all to the meeting, particularly Jonny Sammut the newly appointed Director of Digital Services, and noted there were apologies received from Professor Kevin Davies and Damon Turner.

### **Declarations of interest**

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

**RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Damon Turner were formally recorded.**

## **77/23 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 27 July 2023 were presented and confirmed as a correct record.

Action Log: The Board received the action log:

Action Number 61/23: To provide an update report on the use of analgesia by volunteers. The Board were referred to Item 4.1 on the agenda which contained a comprehensive update. Action Closed.

Action Number 63/23: A letter of thanks be sent to Theresa, whose experience was shared at the last meeting, to include the fact the Board were fully engaged and noted the clear benefits of Reminiscence Therapy Interactive Activities (RITA). Action Closed.

### **RESOLVED: That**

- (1) the Minutes of the meeting held on 27 July 2023 were confirmed as a correct record; and**

**(2) the update on the action log was noted.**

## **78/23 CHAIR'S REPORT AND UPDATE**

The Chair updated the Board on a recent meeting of Non-Executive Directors and the Executive Leadership Team as part of the Insights programme, and shared each other's knowledge and understanding of working collaboratively as a unitary Board.

**RESOLVED: The update was noted.**

## **79/23 CHIEF EXECUTIVE'S UPDATE**

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

He referred to a video he had recently released in which viewers were given the opportunity to look back at the last five years of progress in WAST and a look forward to the next five years, which outlined his perspective and the key challenges.

The recently 'Who Cares Wins' awards were held in London and the Trust was very pleased to see that the Wish ambulance team were awarded with the best team award. Further, the Board were advised of two other awards presented at the Navigator conference yesterday; Emergency Medical Despatcher of the year awarded to Kelly, and Tom from the Emergency Communications Nurse System (ECNS) for leading on the Implementation Team. Additionally, the Trust's Macmillan and End of Life Care Project Team, led by Clinical Lead, End of Life Care Ed O'Brian, and Project Manager, Andeep Chohan, have been shortlisted for the final of their category at the Health Service Journal Awards. Also, alongside Swansea Bay University Health Board, the team were finalists in the Provider Collaboration of the Year Award for the excellent and innovative work that has been done with the Rotational Palliative Care Paramedics model.

The Trust had completed its requirement and due diligence to the Academy for (ECNS) Accreditation and was anticipating accreditation by the end of September 2023.

RAPID2 was a randomised controlled trial involving four UK ambulance services and partner hospitals. The aim of the study was to test the safety, clinical and cost effectiveness of paramedics providing a fascia iliaca compartment block (FICB) as pain relief to patients with suspected hip fracture in the prehospital environment. To date the Trust has recruited 25 paramedics who have completed training Stages 1 & 2 with 16 booked onto Stage 3 (Theatre Placements).

As part of the commitment to enhance the experience of all staff, two National Volunteer Conferences were scheduled for September and October to recognise the

important contribution that volunteers made to the organisation. A key focus of this will be an offer of support to our existing volunteers to help with their health and wellbeing. Members of the People and Culture Team will attend both events to engage with attendees and to facilitate workshops and deliver sessions throughout the day.

A 'Moving on Interview' Process has been developed by the People and Culture Directorate, designed to replace the Exit Interview Policy and to provide in more granular detail why colleagues were leaving the Trust. It will also enable the Trust to respond to any themes emerging and articulate retention plans appropriately.

Comments:

In terms of the Trust's estate, Members sought an update on the decommissioning plans for Blackweir and the cost issues surrounding Monmouth. Chris Turley advised the Board the move from Blackweir had been slightly delayed and was expected to be returned to the landlord next week. In terms of Monmouth, the Trust continues to explore further options with South Wales Fire and Rescue Service and Gwent Police. Early indications were that costs would be more than if the Trust opted for an independent project.

In respect of the financial pressures cross NHS Wales, Members wished to understand the impact this was having on the Trust's partnership and collaboration with Health Boards. Jason Killens commented there was a risk that the current financial pressures will impact on the collaborative work; however, there was positive dialogue with some Health Boards in terms of how patients can be managed differently. There was also excellent engagement with some Health Boards on the provision of dedicated mental health response. Liam Williams added that further lessons would be learned at a national level with the completion and sharing of Quality Impact Assessments (QIA). Furthermore, he stressed the importance of effective value-based healthcare analysis and the sharing across health services in Wales.

With regards to the Bevan Commission currently consulting with the public on the future of health and social care services across Wales, Members queried whether the Trust had any opportunity to influence those discussions. Estelle Hitchon explained that the Trust had met with colleagues from the Bevan Commission and provided an input from the Trust's perspective; it should also be recognised the Trust's Patient Experience and Community Involvement (PECI) team will be monitoring updates on involvement from the public.

The Board sought an update on the 'Test of Change' days, Andy Swinburn gave an overview of those that had already taken place, one which was carried out on 22 August as a Plan-Do-Study-Act (PDSA) exercise, with Advanced Paramedic Practitioners (APP) supporting in the Clinical Support Desk, responding to filtered patient calls aligned to their skill set. The third Test of Change Day was being

planned for 5 October with evaluation and lessons learned from the previous cycles being incorporated. The Chair commented this was an excellent way to demonstrate this evidence which was supportive of a change of culture within the Trust.

Members received an update from Andy Swinburn on the improvements in the Return of Spontaneous Circulation (ROSC) rates. The Board discussed this further noting that the Trust was reaching a greater volume of patients more promptly.

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

## **80/23 QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Board were advised that at this time no questions had been received. Estelle Hitchon informed the Board that the Communications Team were actively monitoring for any live questions during the meeting.

## **81/23 STAFF STORY**

Liam Williams introduced the story which was an experience being shared by Bethan Jones, Midwife and Local Safety Champion in the Trust and Steve Magee, Interim Regional Clinical Lead, on their work carried out on pre-hospital maternity care. Liam Williams added that this work was part of a national programme of improvement. Bethan Jones gave a presentation to the Board and drew their attention to the following points:

The Maternity and Neonatal Safety Support Programme Wales has been set up to ensure there was a clear and consistent improved approach to maternity and neonatal safety in Wales.

Within a 12-month period, approximately eight women out of 100 make a call to the 999 service during their pregnancy; with approximately 20 women out of 100 making a call to the NHS 111 service. There were many workstreams and improvement projects ongoing in the Trust which were listed below;

1. Mandatory training on the maternity model to build on existing strengths of the committed and enthusiastic workforce within WAST. The Trust was the first ambulance service in the UK to introduce this into mandatory training.
2. Working closely with Practical Obstetric Multi Professional Training (PROMPT) Cymru. This focuses on effective management of emergency situations which may arise in pregnancy and childbirth.
3. National Transfer document for Wales. This will ensure a national standardised approach to patient transfers and also to avoid any unnecessary emergency transfers.
4. Maternity specific learning sessions for non-visual medicine.

5. Supporting continual professional development for clinicians.
6. WAST representation on a national working group for the maternity early warning score chart. The Trust was already considering how this will be implemented into its own digital system.
7. Supporting with expert opinion on patient safety incidents – providing debriefs for staff on maternity and neonatal incidents. Feedback from staff has been very positive.
8. Monthly meetings with UK maternity leads in ambulance services to share themes and trends.
9. Improving pre-alerts to obstetric units with the installation of a red-phone.
10. Working closely with digital maternity Cymru.
11. Scoping for 24/7 labour and triage line.
12. GREATix. A system designed to capture positive events and sharing excellence and experiences to improve processes.
13. Out of Hospital NEWBORN Life Support accreditation. This course will be conducted in Bangor.

Steve Magee, Interim Regional Clinical lead consultant Paramedic, Central and West, provided the Board with further work the Trust was undertaking in more detail, particularly around thermoregulation for newborn and premature babies.

As well as purpose made heat loss suits which maintained the correct temperature environment, staff had access to detailed thermoregulation guidance. The comprehensive guidance included a checklist for staff which ensured all actions were undertaken when dealing with newborn babies.

Comments:

The Board thanked Bethan and Steve for sharing their story and acknowledged their work and the proactive approach which was having a positive impact on the quality of service delivery.

Members were keen to understand if there was anything further the Board could do help to drive forward this work. Bethan Jones thanked the Trust for the support that had already been given and was content that it was sufficient. It was agreed following a request from the Chair of the Quality, Patient Safety and Experience (Quest) Committee that an update on progress be given to Quest in the future.

Liam Williams asked the Board to recognise how this story had shown that the Trust was able to deliver excellence in a particular area of healthcare. It was important to note that this work has been driven through the Safer Care Collaborative and the Maternity and Neonatal programme which has ensured a consistent improvement practice across Wales. Furthermore, he added that this had been an excellent example of 'Population Health' and the Trust was involved in the first few minutes of a baby's life which will set out their life journey.

**RESOLVED: That the staff story was noted.**

## **82/23      PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

The Chair explained that this report was received by the Board for them to be updated on the progress the Trust was making in completing the actions to mitigate real-time avoidable patient harm. Jason Killens presented the report as read and drew the Board's attention to the following key points:

Of the 32 identified 14 were completed, six were on target to be completed, eight are off target, three were substantially off target and one has been stopped in terms of its progress. Of the three substantially off target actions, all were actions for the wider system (minutes per handover reduction, four hour back stop and Same Day Emergency Care).

In August 2023, over 19,000 hours were lost to hospital handover equivalent to 23% of the Trust's conveying capacity. This was a reduction from the 37% in December 2022, but was still extreme.

The Trust continued to identify ways to improve performance and all Health Boards were required to develop handover reduction action plans which were being monitored by Welsh Government.

Of note he referred to the Association of Ambulance Chief Executive's (AACE) paper published on 14 September 2023: "Taking Stock: assessing patient handover delays a decade after "zero tolerance". The paper had identified the "staggering" rise in handover delays over the last decade.

Comments:

From the Quest Committee perspective, the Chair, Bethan Evans, assured the Board that the impact of the handover delays on patients and staff was consistently discussed. The Committee acknowledged it was a system wide issue and recognised more commitment was required across the whole system to address the challenges.

Joga Singh, Chair of the Finance and Performance Committee (FPC) reiterated the points made above adding that there were areas of improvement being shown, particularly in the Cardiff and Vale University Health Board area where lessons were being learned. He added that the Committee were very conscious of the harm to patients as a result of the handover delays and were assured the Trust was doing everything possible within its gift to improve the situation.

The Board expressed their concern with handover delays noting that the current position was likely to deteriorate going forward and reiterated that pressure, through

collaboration, must be applied to Health Boards for them to manage the situation more effectively.

Rachel Marsh advised the Board that the next report would be a complete refresh and would include any additional initiatives the Trust would be doing to improve the situation moving into the winter period. It will also include modelling that has been undertaken on certain scenarios looking at the Trust's ability to respond.

In terms of Same Day Emergency Care (SDEC) the Board queried why referral levels were so low and expressed a level of concern that investment had been made into this initiative with minimal progress. Jason Killens advised that SDEC referrals accounted for less than 1% of the Trust's verified demand, adding that the Trust followed a nationally agreed protocol. Andy Swinburn added that going forward it was likely that improvements would be seen. Brendan Lloyd advised the Board that one of the reasons for the poor performance was capacity issues in Health Boards. Liam Williams added that Emergency Department were experiencing similar issues in transferring from Emergency Departments (ED) to SDEC. There were several factors involved included staffing levels, which affected the Trust's and the wider emergency care's ability to use SDEC. It was agreed that the next report would include further information on SDEC.

In terms of the Immediate Release Direction (IRD) for Amber one, it was questioned whether the escalation process was sufficient or whether the Trust do more. Jason Killens commented there was stable improvement in red Immediate Releases Direction but for Amber, reporting required improvement. Lee Brooks explained there was variation across Health Board in terms of Amber one releases. There was real time escalation through the Operation Delivery Unit, with 10% of the Amber ones were not agreed by the IRD were investigated.

With respect to the financial challenges and constraints currently being faced the Board sought to understand whether the situation could have a worsening impact on performance. Jason Killens advised there was an expectation that all NHS organisations deliver on the savings planned identified at the beginning of the year. Given the scale of the cost reduction for the next two quarters, this will impact on staff and capacity and would inevitably lead to a risk of disrupted flow in emergency care. Lee Brooks commented he was not expecting to see an improvement in handover delays for the foreseeable future, particularly given the uncertainty of the financial situation. He stressed that the enormity of the patient flow problem was extremely difficult to mitigate.

**RESOLVED: The Trust Board:**

- (1) NOTED the report and the progress the Trust was making on "WAST Actions"; and**



- (2) CONSIDERED whether there are any further actions available to the Trust to mitigate patient harm.**

## **83/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

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 Trust's 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) both continue to be rated at a score of 25. Both these risks were reviewed constantly.

In terms of the other higher rated risks both scoring 20, risk 160 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), there were several updated actions specifically around the Speaking Up Safely programme. Angela Lewis assured the Board that this area remained an area of challenge and stressed that managers were managing attendance effectively.

Risk 201 (Damage to Trust reputation following a loss of stakeholder confidence) A specific partnership and engagement report was being presented at the next People and Culture Committee (PCC) meeting which will review the risk in more detail. Estelle Hitchon explained this risk had remained static for some time and was a consequence of the environment the Trust was currently working in; it was anticipated that in 2024/25 the risk score could be deescalated.

Trish Mills referred the Board to the update on the Risk Management Transformation Programme contained in the report. The area of focus for this programme during 2023 is to deliver a risk management framework as key enabler of our long-term strategy and decision-making. This will include transitioning to a strategic Board Assurance Framework (BAF) that reflects the Trust's organisational strategy Delivering Excellence: Vision 2030.

**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 that there have been no material changes to the risks or scores during this period; and**

(4) **Noted the update on the Risk Management Transformation Programme.**

**84/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026 UPDATE ON Q1/Q2 2023/24**

Rachel Marsh presented the report as read which demonstrated that the Trust was making good progress which also highlighted the position on each of the major deliverables. It was noted the report had been discussed in detail at the last FPC meeting held in September.

**RESOLVED: That the Board noted the overall delivery of the IMTP for 2023-2026.**

**85/23 FINANCIAL PERFORMANCE MONTH 5**

Chris Turley presented the report noting it had been presented to the FPC earlier in the month. In terms of highlights, he drew the Board's attention to the following:

Funding for the c£5.7m 100 front line Whole Time Equivalents (WTE) appointed to in 2022/23 was now fully assumed. £2.485m reserve, representing funding that was received by the Trust from EASC in 2022/23 but only committed non recurrently, will now be required to be offset against the costs of the 100 WTEs; the additional £1m will be available non recurrently from EASC in 2023/24, and the remaining element was a further £2m which continued to be sought from the 6 Goals programme. It was anticipated this final element will be confirmed before the next Trust Board meeting.

In terms of the annual savings requirement, and that delivered to date, the Board noted the update. Chris Turley added that more detailed monitoring and updates of the full savings programme will be provided to Strategic Transformation Board (via the Financial Sustainability Programme (FSP) updates), Finance & Performance Committee and Board.

In terms of a capital programme update the Board were advised that ELT had approved the final business case for a new ambulance station in Dolgellau, noting that a suitable agreed site had been sourced. It was anticipated this would be completed by May/June 2024.

Comments:

The Board recognised the challenges involved with the final decision being delayed on income for the 100 WT as this would leave the Trust with a c£2.5m overspend after five months into the current financial year,.

**RESOLVED: The Board;**

- (1) Noted and gained assurance in relation to the Month 5 revenue financial position and performance of the Trust as at 31<sup>st</sup> August 2023;**
- (2) Noted the capital programme update for 2023/24, and;**
- (3) Noted the Month 4 and Month 5 Welsh Government (WG) monitoring return submissions included within Appendices 1 – 4 (as required by WG).**

**86/23 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 in August (3.2%) and 65.9% of calls being answered within 60 seconds, although this still remains significantly off target (95%). Negotiations with commissioners have indicated that funding was available for 198 call handlers and recruitment has been underway to secure this number.

Good progress had been made through the year in increasing consult and close rates after 999 calls; and the Trust achieved 12.9% in August 2023, a drop from the 14% seen in July 2023 and below the Trust's 2023/24 IMTP ambition of 17%.

Comments:

Members were concerned that staff sickness levels appeared to be moving in the wrong direction and sought assurance that work was continuing to improve sickness rates. Angela Lewis assured the Board that ELT were focused on improving the sickness levels and continued to implement a wide range of measures, which included: managers taking early action when staff were becoming potentially unwell, quick referrals to Occupational Health and working with TU colleagues to manage sickness absence cases proactively.

Lee Brooks added there was a continuous focus on attendance through regular feedback from the Senior Leadership and Senior Operations Teams. Jason Killens explained that comparatively, against other UK ambulance services, the Trust was not an outlier in overall abstraction rates. Paul Hollard, Chair of the People and

Culture Committee (PCC) assured the Board that the PCC regularly monitored and scrutinised sickness levels. The Chair of the Trust Board commented on the challenges in managing a workforce during times of high stress.

Lee Brooks asked the Board to recognise the improvements in the 111 call answering delivery and to note that work was ongoing to improve the system when callers wished to converse in Welsh.

**RESOLVED: The considered the July/August 2023 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.**

## **87/23 AMENDMENTS TO STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**

Trish Mills presented the report advising that the Trust's Standing Orders require an annual review to ensure they remain accurate and current. The Standing Orders (SOs) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFIs).

All of the proposed changes to the Standing Orders are clearly marked and been reviewed and endorsed by the Audit Committee at their meeting on the 14 September 2023.

The changes broadly speaking were minor and include changes to reflect the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 including the introduction of the duty of quality and duty of candour, and the change from the Community Health Councils to the Citizens Voice Body (Llais).

The changes also now include the formal introduction of the Vice Chair position and the additional voting director, reflecting the Board membership as 'the Chair, Vice Chair, six non-executive directors and six executive directors'.

A helpful addition for the Trust is detailed in paragraph 7.4.3 which has been amended to provide that Board members shall be sent an agenda and a complete set of supporting papers at least seven calendar days before a formal Board meeting (this was previously ten days).

**RESOLVED: The Trust Board approved the amendments to the Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions.**

## **88/23 BOARD COMMITTEE REPORTS**

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

### **Quest Committee – August 2023**

Bethan Evans updated the Board on several points from the report as below:

#### **Policies**

Following the Trust's revised policy process being implemented in 2017, there was a significant improvement in the number of policies within their review date. In terms of the Staff story, the Committee heard from Beth Hews, Palliative Care Paramedic about her experience attending a patient with metastatic bowel cancer who had been referred to Specialist Palliative Care Team (SPCT) for pain management.

#### **Annual Reports**

The Infection Prevention and Control (IPC) Annual Report for 2022/23 was presented to the Committee and it was noted the incorrect report for the Board was attached to the AAA for the Committee. The correct IPC Annual Report document will be circulated separately for the Board's information presented to the Board at its next meeting for the formal record.

The Safeguarding Annual Report for 2022/23 was presented to the Committee and was attached for the Board's attention.

#### **Concerns Backlog**

The Committee raised an alert following their last meeting as to the effect of the backlog and volume of concerns on the teams dealing with them. The Executive Management Team were considering a proposed organisational change process to support these teams before the next Committee meeting and will update members thereafter.

#### **Clinical Indicators**

A focus on clinical indicators was agreed at the last effectiveness review and the first report was presented at this meeting. One of the improvements highlighted was ROSC rates which were previously discussed during this Board meeting.

#### **Information Security and Information Governance**

The Committee reviewed the position, plans and proposed reporting for Information Security and Information Governance which was an area that was expanded in its remit in 2022 and agreed a set of reporting metrics going forward.

## Comments

Trish Mils apologised to the Board for the incorrect IPC Annual report being attached and confirmed the correct IPC Annual Report document will be circulated separately for the Board's information presented to the Board at its next meeting for the formal record.

Liam Williams asked the Board to acknowledge the work undertaken by Louise Colson and Nikki Harvey on the completion of the IPC annual report the annual safeguarding report respectively.

## **People and Culture Committee – August 2023**

Paul Hollard updated the Board on the points below:

### **Welsh Language Standards Annual Report 2022/23**

Melfyn Hughes introduced the Welsh Language Standards Annual Report 2022-23 bilingually for the Board's approval, drawing attention to several points within it which included;

The Operations Directorate were reviewing the calls answered in Welsh to the 111 and NEPTS services at their weekly performance meeting and this metric will be monitored in the Committee metrics in the MIQPR.

During the reporting period five complaints were received which related to dealing with external correspondence, NEPTS call messaging and information on the website relating to 111 call directory service.

The Committee and subsequently the Board commended Melfyn for the extensive amount of work to promote and advance Welsh Language at the Trust in response to the Welsh Government's More than Just Words Action Plan.

## **Policies**

The Committee noted there were a considerable number of policies past their review date and that this issue had been escalated to the Audit Committee and the Board.

## **Sexual Safety and Misogyny**

Following the recent BBC Wales story on sexual safety and misogyny, feedback as a whole has been relatively positive with our people welcoming the proactive and sensitive approach to this difficult issue.

### **Partnership Working**

There were some challenges with partnership working currently that management and Trade Union Representatives were working through as they get back into a rhythm following industrial action.

### **People and Culture Plan - Metrics**

The metrics proposed to measure the impact of the People and Culture Plan were presented and approved under the Plan's headings of Culture, Capacity and Capability.

### **Volunteers**

There was a welcomed focus on volunteers at this meeting including celebrating progress over the first two years of the Volunteer Strategy, and an understanding the ways the Trust supported volunteers.

### **Finance and Performance Committee – September 2023**

Joga Singh updated the Board on the following areas:

#### **Finance Update**

During the finance and the operational updates, the key assumption within the Trust financial and current financial reporting of funding of £5.7m for the additional 100 WTEs (whole time equivalents) it was now noted and pleasing that Commissioners had provided a route through to £3.7m of this funding however the remaining balance of £2m still needed confirmation from Commissioners.

#### **Reinforced Autoclaved Aerated Concrete (RAAC)**

The Committee was assured that, in line with other NHS Wales organisations, the Trust has conducted a detailed independent inspection of all sites within scope, which detailed a nil return in relation to the presence of RAAC in all buildings up to the year 2000.

#### **Committee Papers**

Members reflected that there had been a good focus on the impact of the financial challenges on our patients and our people; and the challenge of balancing volume of papers and presentation time is one that will have particular

focus at effectiveness reviews this year. Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages.

### **Annual Sustainability Report 2022/23**

The Annual Sustainability Report for 2022/23 had been endorsed at the Committee for the Board's approval. Chris Turley highlighted several areas from within it for the Board's attention. The Committee noted the extensive requirements for qualitative and quantitative reporting to Welsh Government and NWSSP and the pressure this caused the small WAST team. The introduction of 67 Electric Vehicle chargers over 54 sites was commended, as was the significant amount of work underway by the small team.

### **Academic Partnerships Committee – August 2023**

Hannah Rowan presented the report as read and drew the Board's attention to the following:

#### **Non-Executive Director (NED) Recruitment**

The Board is aware that the Trust's application for University Trust Status includes the requirement to have a Non-Executive Director (NED) from academia. This has been expanded in the recruitment pack to read 'from a strong academic, commercial or innovation background. It was anticipated the application would go live in October 2023.

#### **Welsh Government and Health and Care Research Wales national NHS Research & Development Framework**

The Committee welcomed the Welsh Government and Health and Care Research Wales national NHS Research & Development Framework. This sets out in a clear and concise way what excellence looks like. A self-assessment will now be conducted by the research and development team against this framework ahead of the Health and Care Research Wales annual review meeting in October. This Committee will monitor progress against the new framework.

#### **The Research and Innovation (R&I) Annual Report 2022/23**

The Research and Innovation (R&I) Annual Report 2022/23 was received by the Committee and was attached for the Board's review. The report included a range of policy developments, projects, and activities conducted and reported through the R&I department.



The Board discussed the challenges in finding the necessary capacity and funding to carry out research going forward.

### **Audit Committee – September 2023**

Martin Turner presented the report as read and drew the Board's attention to the following:

#### **Audit Committee Prescribed Attendees**

A change of prescribed Audit Committee attendees was made with Judith Bryce, Assistant Director of Operations, National Operations and Support, attending in the place of the Executive Director of Operations, Lee Brooks. The Board is requested to approve the change.

#### **Committee Papers**

Members reflected that the papers for the meeting were clear and concise making it easier for members to understand the key issues and recommended actions. The Chair thanks those who wrote papers and presented items and those who attended the meeting as observers.

#### **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, Assure framework of reporting:**
- (2) Approved the submission of the Welsh Language Standards Annual Report 2022/23;**
- (3) Approved the Annual Sustainability Report for 2022/23; and**
- (4) Approved the change of the Audit Committee Terms of Reference to reflect an amendment to the prescribed Audit Committee attendees list, Judith Bryce, Assistant Director of Operations, National Operations and Support, attending in the place of the Executive Director of Operations, Lee Brooks.**

### **89/23 GOVERNANCE REPORT**

The report was presented for noting:

The Trust Seal has not been used since the last meeting of the Trust Board on the 27 July 2023, however at the meeting of the Trust Board on the 27 July 2023 the Board approved the affixing of the Seal as cited below and noted the use of the Trust Seal as cited below:

Licence for alterations for Unit 3, Phoenix Park, Telford Street, Newport, NP19 0LW. The licence was between the South Wales Chamber of Commerce, Enterprise and Industry Limited (landlord) and the Trust, to enable minor works to be completed. The Board noted that it was not requested to approve the licence, just the affixing of the Trust Seal in accordance with Standing Orders.

On the 26 January 2023 the Board was notified of the use of the Trust Seal (reference 0239) for fence installation at Cardiff Make Ready Depot. The transaction was not finalised, and amendments were required to the Engrossment licence for Works and the Engrossment Deed of Covenant. These documents were re-executed as deeds with the Trust Seal (reference 0246) on the 27 July 2023.

### **Decisions in Private Session**

27 July 2023

The private meeting of the Trust Board approved the transfer of additional non-Trust non-emergency patient transport services from the Powys Teaching University Health Board to the Welsh Ambulance Services NHS Trust. It was intended that this transfer would complete by the 01 August 2023.

10 August 2023

The Trust Board held a meeting in private session and received and approved the financial savings submission to the Welsh Government. The Board approved the recommended options up to the 10%, 20% and 30% savings proposed for submission to the Welsh Government.

**RESOLVED: The Board noted the use of the Trust Seal as described and the decisions made in private session.**

## **90/23 MINUTES OF COMMITTEES**

The minutes of the following Board Committees were received.

1. Academic Partnership Committee – 25 April 2023
2. People and Culture Committee – 9 May 2023
3. Quest Committee – 11 May 2023
4. Finance and Performance Committee – 17 July 2023
5. Audit Committee – 25 July 2023

The following NHS Wales Joint Committee update reports were received:

1. Chair's EASC Summary - 18 July 2023
2. Welsh Health Specialised Services Committee Briefing - 18 July 2023
3. Shared Services Partnership Committee - 20 July 2023
4. Welsh Health Specialised Services Committee Extraordinary Briefing - 1 August 2023

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

## **91/23 ANY OTHER BUSINESS**

None

## **92/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 July 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 28 September 2023.**

**Date of next Open meeting: 23 November 2023**

**Meeting closed at 12:55**