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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on FRIDAY 29 NOVEMBER 2024
MEETING HELD IN THE CARDIFF MAKE READY DEPOT AND VIA ZOOM**

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Wendy Herbert	Assistant Director of Quality and Nursing
Carl Kneeshaw	Director of People
Professor Hayley Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Leanne Smith	Assistant Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

ATTENDEES:

Mark Harris	Assistant Director of Operations (NEPTS) (Item 106)
Fflur Jones	Audit Wales (Item 110 only)
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

BSL INTERPRETERS:

Anthony Evans
Alison Gilchrist

APOLOGIES:

Angela Mutlow
Jonny Sammut
Liam Williams

Director of Operations, Llais (Voice) Wales
Director of Digital Services
Executive Director of Quality and Nursing

98/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:

The Chair welcomed all to the meeting and noted that it was Rhiannon Beaumont Wood, Professor Hayley Hutchings and Carl Kneeshaw's first Trust Board meeting. It was noted that Leanne Smith and Wendy Herber were deputising for Jonny Sammut and Liam Williams, respectively. Apologies from Angela Mutlow, Jonny Sammut and Liam Williams were recorded.

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 Trust's Register of Interests were formally recorded, and the apologies of Jonny Sammut and Liam Williams were noted.

99/24 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 26 September 2024 and the Annual General Meeting held on 27 September 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action 84/24: Actions to Mitigate Avoidable Patient Harm (Revised Reporting) - That in line with the updated position as stated in the associated paper that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that future updates (with the new dashboard/metrics) include a breakdown of where / how these actions will be monitored. Rachel Marsh provided a verbal update. The dashboard has now been revised and she explained at which Committee the metrics were monitored. It was agreed to close this action.

Action 90/24: Speaking Up Safely Update - September 2024: It was asked that guidance be provided to Board members regarding communication with colleagues / internal stakeholders, to aid any conversations regarding Speaking Up Safely. This will be prepared by the Trust's Speak Up Safely Lead Guardian and disseminated. Two Spotlight pieces completed; Non-Executive Director (NED)s one to be used as the basis for the meeting scheduled to take place on 5th December. It was agreed that this action was closed.

Action 90/24a: Speaking Up Safely Update - September 2024: The Trust's Speak Up Safely Lead Guardian will engage with the non-executive directors regarding additional support which may be required, e.g. a meeting to discuss speaking up safely and how to deliver the pledge committed at the Trust Board and signpost to training the relevant training videos on speaking up safely. A meeting with Non-Executive Directors is scheduled for 5 December (earlier date of 13th November postponed due to venue issues) and an associated video has been sent. It was agreed this action was closed.

RESOLVED: That

- (1) The Minutes of the Board meeting held on 26 September 2024 and the Annual General Meeting on 27 September 2024 were confirmed as a correct record.**
- (2) The update on the action log as described was noted.**

100/24 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair and Vice Chair was presented as read.

RESOLVED: The update was noted.

101/24 CHIEF EXECUTIVE'S UPDATE

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

1. In response to the Health and Social Care Committee recommendations the Cabinet Secretary for Health, Social Care and Early Years has required that a task and finish group be convened to deal with one of the recommendations with the Trust being included in the group. A subsequent conversation will be held in the private session of the Board today to consider how the Trust will support this going forward.
2. The Trust declared a Major Incident on 21 October 2024 for a train crash at Stay Little (Talerddig) Powys. The crash involved two passenger trains and initial reports indicated a high number of patients. The Trust declared a level 5 Major Incident and mobilised over 20 resources to the scene including the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Hazardous Area Response Team (HART).

3. The Project Board has now signed off plans for Monmouth Ambulance Station. The pre-planning application has been submitted to the Local Authority and the team awaits further advice on the full planning application. In the meantime, detailed specifications were in development in line with the allocated budget, and in anticipation of a tender process.
4. The first Mental Health Response Vehicle (MHRV) went live in early November, operating across the Southeast region. In its initial weeks, the MHRV has demonstrated positive outcomes, supported multiple incidents and showcased the potential of this innovative service to address mental health emergencies effectively.
5. The Trust has recently had success at the NHS Wales Awards. Firstly, the Trust won the NHS Wales Effective Care Award with the 'Effective Introduction of Pentrox Pain Relief'. Secondly, the Trust won the NHS Wales Safe Care Award for the 'Maternity and Neonatal Safety Support Programme' which involved work centred around improving a variety of aspects of neonatal thermoregulation.
6. The introduction of the New Clinical Navigator Role has been a significant achievement for the Trust, showcasing effective collaboration between the Clinical and Operations Directorates.

The Board formally congratulated Jason Killens on his appointment as Chair of the Association of Ambulance Chief Executives and recognised the continuing impact of CEO Roadshows – the most recent of which were held in early November.

Hannah Rowan sought feedback on the recently launched Clinical Navigator Role. Andy Swinburn commented that the initial feedback from staff had been extremely positive. Lee Brooks added that the go live date throughout December will be supported by additional on duty oversight, with the intention of testing and assessing the implementation.

Angela Lewis gave an update on the 2024 NHS staff Survey and advised the Board that at present, 34.6% of our people have already completed the survey request, which was an increase from the 23% on the previous year.

RESOLVED: That the update was noted.

102/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there were three questions from the public:

1. Jenny Rathbone MS, Senedd Member for Cardiff Central - *I would like to know how the Trust was endeavouring to improve arrivals for 999 calls?* Jason Killens initially started the response by apologising to all those patients who have not received a timely response. Jason Killens explained the initiatives over the past few years the Trust had

undertaken to improve the timeliness of responses within its control. There has been an increase of around 500 clinicians, improvement with the consult and close rate, an increase the number of Cymru High Acuity Response Units (CHARU), re-rostered staff nationally improving efficiencies, improved the staff attendance rate, continue to work with Health Board colleagues on several initiatives, introduced the Clinical Navigator Role and reduced where possible the number of vehicles sent to an incident. Despite all these actions, the extreme service pressure continued to be challenging. Lee Brooks added there were many other initiatives the Trust was promoting including using remote clinicians and video consultations in 111.

2. Catherine Fookes, MP for Monmouthshire – *Several constituents have raised with us that they were told it would be so long until an ambulance could arrive that they simply had to arrange their own transport. What steps are being taken to reduce waiting times and to ensure that ambulances are available to all when needed, especially those without the means to travel independently and those in rural areas?* Jason Killens added in addition to the above response, the challenge in rural areas was that we are more reliant on Standby Points or Priority Locations where ambulances can respond rapidly in communities being covered to deliver good response performance and that with the widespread displacement of the emergency fleet as a result of emergency department handover delays these locations were more often than not left uncovered. To mitigate this, the Trust has arrangements in place with Health Boards to release vehicles from Emergency Departments (EDs) when high acuity calls are received and no emergency ambulance is immediately available to respond to the incident. Ultimately, the ambulance provision in rural areas was impeded by the current system pressures. Lee Brooks added that further initiatives have included providing patients with an estimated time of arrival of the ambulance. Furthermore, the use of the Clinical Navigator will be able to provide the best response for the patient and to better manage that patient through the system. Additionally, there has been an adjustment in the Urgent Care Service which has created more capacity.
3. Angela Contestabile – Stroke Association. *As you know, the Stroke Association is advocating for a regular FAST/CAM NESAs campaign across Wales, which would align with similar initiatives in other UK nations and complement local targeted stroke prevention campaigns, as recommended by Healthcare Inspectorate Wales in 2023. Despite the commitment from the Minister for Health and Social Services to re-run the FAST campaign and the Welsh Labour Government's acknowledgment of ongoing discussions, we still lack a bilingual coordinated campaign. Data from the NHS Executive indicates an increase in the number of people self-presenting to A&E. Anecdotally, health professionals report that individuals are arriving at A&E aware they are unwell but unaware they have experienced a stroke. From October 2022 to September 2024, the number of stroke patients self-presenting to A&E across Wales ranged from 135 to 235 per month, with the total number of stroke cases arriving by ambulance ranging from 353 to 480 per month. Given this data, can we publicly secure the support of the Welsh*

Ambulance Service University Trust for a regular FAST campaign in Wales? This campaign would aim to ensure that people recognise the signs and symptoms of stroke and dial 999 if they observe these signs, thereby reducing the number of self-presentations to A&E and increasing survival rates. Andy Swinburn was optimistic about the role of Clinical Navigators in improving response times, especially for patients with stroke-like symptoms. In terms of the FAST campaign, the Trust recognised the impact of a FAST assessment, which was one of the metrics used in clinical indicators. The Trust was supportive of the concept of FAST as being a good means of identifying strokes. He agreed to consult with Angela following the meeting in terms of how to identify the differentiation between the number of people presenting with strokes who were having a stroke, and those where symptoms mimicked a stroke.

RESOLVED: The Board received and responded to the questions presented.

103/24 STAFF STORY - SIAN JONES

Carl Kneeshaw introduced the story which was a video by Sian Jones, the Trust's Education and Training Support Officer. The main points from the video included:

Sian was born in Caernarfon, North Wales, and is a mother of two daughters, aged 21 and 19. She was diagnosed with dyslexia at 11, and faced challenges but worked hard to pass her GCSEs. At 15, she fractured two bones in her lower back, which was a difficult time. At 17, she joined her father's funeral director business as an administrator, working there for four years.

In 2007, she joined the Locality Admin Team, where she developed valuable skills, especially in dealing with bereaved families. Over the years, she has worked with various Locality Managers, gaining new experiences and knowledge. Sian has built strong relationships within the Trust and with other Locality Managers and Service Managers. She has completed NVQ levels 2 and 3 in administration and plans to pursue level 4. During the pandemic, her workload increased which prevented her from finishing the course. She also became a station first aider and completed a three-day course.

Earlier this year, Sian took a secondment position in the Training and Education Team as a support officer and was now a Team Leader for the learning and development team. She strongly believes in showing appreciation to staff and recently nominated her team for a staff award. Looking ahead, she plans to continue her education and improve administrative processes within the Trust, championing the role of administrators. She concluded that it was never too late to change paths in life.

Angela Lewis expressed regret that Sian could not be present at the meeting, however, was glad Sian had shared her story. Angela explained that Sian came to her attention not only because she moved into her Directorate, but also because of the high praise she received

during a visit to Caernarfon Ambulance Station. The Chair added this was a fitting example that the Trust offered a wide range of careers.

RESOLVED: The Staff story was received.

104/24 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens drew the Board's attention to the following areas within the report:

1. It was estimated that 555 patients have come to severe harm outside Emergency Departments (ED) during October 2024 due to extended handover times.
2. There were 14 patient safety incidents which were referred to Health Boards under the Joint Investigation Framework.
3. There were 10,867 occasions where patients cancelled their call, or the Trust could not send a resource to them, with an estimated half of these patients turning up elsewhere in the unscheduled care system e.g. "walk ins".
4. In October 2024 2,723 Red (immediately life threatening) incidents were reached in 8 minutes, materially above the two-year average of 2,246 incidents.
5. It was recognised that 98% of EMS rosters (unit hours production) were delivered in October 2024, exceeding the 95% benchmark.
6. The Trust lost 25% of its conveying production to hospital handover lost hours.

Bethan Evans commented on the impact of the new dashboard, which provided valuable information not seen in other reports. For example, over 6,000 cases exceeded one hour, and almost 2,000 cases exceeded four hours.

Following a query on the use of the Same Day Emergency Care (SDEC), Jason Killens explained that when this was first introduced it was modelled that about 4% of the Trust's activity was going to be suitable for SDEC. This target remains a challenge; however, NHS Executive colleagues have acknowledged this and continue to seek improvements.

Damon Turner commented that in terms of the percentage of Emergency Medical Services (EMS) demand conveyance to the Emergency Department (ED) the trend was reducing, and it was assumed with the new clinical model it was expected that conveyance rates would be higher on the basis the Trust was sending the right vehicle to the right job. Andy Swinburn noted that EMS conveyance was expected to increase while overall demand would decrease.

The Chair discussed Immediate Release Direction (IRD) requests and commented that while hospitals generally responded positively to Red IRD requests, the situation with Amber requests was different. He highlighted that in October 2024 there were 438 instances where the Trust requested hospitals to release an ambulance for Amber calls, but all were refused. This issue highlights the ongoing challenges in managing ambulance availability and pressures within the system.

RESOLVED: The Board

- (1) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (2) NOTED the strategic imperative of delivering the Clinical Model Transformation programme.**

105/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:

1. The response times to 999 callers remained a key concern with red 8-minute performance at 50.40 % in October 2024 and Amber 1 median at 1 hour and 46.
2. 111 call answering performance has improved over recent weeks, and the call abandonment performance was at 5% in October, achieving the 5% target.
3. 111 Clinical response: clinical ring back times for patients with the highest priority remained above target at 100%.
4. Ambulance Care (Patient Experience): Oncology performance in October 2024 was 73.32%, therefore meeting the 70% target. Renal performance dropped below target at 68.73%. Overall demand for Non-Emergency Patient Transport Services (NEPTS) continues to increase and was now above pre-pandemic levels.
5. Clinical outcomes: The percentage of suspected stroke patients who were documented as receiving an appropriate stroke care bundle was 88.6% in October 2024, remaining below the 95% performance target. Work was ongoing to improve reporting and compliance through the electronic Patient Care record (ePCR) system and this improvement was being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 16.8% in October 2024 compared to 19.4% in September 2024.
6. Trust sickness absence: the Trust's overall sickness percentage was 7.43% in September 2024, a decrease on the 7.52% recorded in August 2024.

7. Staff training and Personal Appraisal Development review (PADR): PADR rates did not achieve the 85% target in October 2024 but have been remaining consistent at 77.22%. Compliance for Statutory and Mandatory training decreased slightly to 83.35%, close to the 85% target.

Rhiannon Beaumont-Wood sought further details on benchmarking against other ambulance services in terms of performance. Jason Killens advised that benchmarking was conducted across the ambulance sector in the UK as part of the Demand and Capacity Review. He added that the Trust was in the process of benchmarking against a new set of data in England.

The Chair was pleased to hear that the 111 Call Centre was almost fully staffed and commended their relentless commitment to both the 111 and 999 services.

RESOLVED: The Trust Board received the Monthly Integrated Quality and Performance Report and were content it provided sufficient assurance.

106/24 NON – EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) IMPROVEMENTS

The Board were given a presentation by Mark Harris regarding the improvement activities that have been undertaken within the Non-Emergency Patient Transport Service (NEPTS) over the last few years. Mark advised that the service has been very busy, meeting significant targets despite the complexity of operations. The 2015 Ministerial Business Case aimed to provide the Trust as the sole provider for NEPTS across Wales. It was also a platform for many improvements in the service and was completed early this year.

In the last 12 months NEPTS has answered over 200k calls and facilitated over 110k online Health Care Professional bookings.

In terms of Service Delivery Improvements, these have been as follows:

1. The hours of service have been extended to meet the service needs, which from December will be 24 hours.
2. All eligible bookings were now taken, and no eligible journeys were cancelled at the booking stage.
3. Innovations in delivery have included, End of Life rapid transport, oncology volunteer scheme and the use of dementia friendly vehicles.
4. There have been improvements in the timeliness for patients, in particular with dialysis and oncology patients.

5. In terms of quality, there have been a range of Quality Assurance processes developed and a refocus on the service on conveyance for those eligible for transport. A range of methods to capture and improve the patient experience through various tools has been developed.

Going forward, the service will amongst other initiatives, continue to increase the volunteer driver base, implement an online patient access to journey booking and conduct a full review of all NEPTS rosters/production.

Members acknowledged the achievement in reducing the overall cost of the service of the service by £600k whilst noting there were still improvements to the service.

Following a query regarding future financial challenges, Mark Harris commented there were significant financial challenges ahead to meet the increasing demand for services. The biggest concern in October was a 10% increase in planned care pressure. He added that efforts were ongoing with Health Boards and Commissioners to secure funding to keep pace with the rising demand.

Lee Brooks emphasised the significant focus on delivering services within budget, especially as activity levels have increased post-pandemic. He added that the market for third-party providers was now very competitive, unlike a few years ago. Providers were now competing for activity, which was a positive development for the Trust. Furthermore, Health Boards now largely see the Trust as the commissioning for transport provision, which was a great development.

Rhiannon Beaumont-Wood highlighted safeguarding in the volunteer car drivers sector, noting the vulnerabilities of the patients being transported. She sought assurance that robust arrangements were in place to prevent safeguarding issues in this area. Mark Harris assured the Board that robust arrangements were in place to ensure the safeguarding of all patients.

Angela Lewis provided reassurance regarding safeguarding measures. She noted that regular criminal and Disclosure Barring Service (DBS) checks were conducted for volunteers. Additionally, the Volunteer team was actively involved in safety, raising concerns, and addressing any broader issues.

Hannah Rowan acknowledged past struggles with high cancellation rates and noted that various factors contributed to this issue. She queried if there had been any changes or improvements in cancellation rates. Mark Harris responded by saying that many patient journeys were cancelled due to various reasons, such as patients being too ill to travel or forgetting their appointments. Efforts were being made to reduce cancellation rates by improving communication, such as sending text messages that allow easy cancellation. Work was ongoing to integrate systems so that cancellations made in one system were automatically reflected in another, improving efficiency.

Professor Hayley Hutchings raised a key point about digital access for patients who were less digitally active. Mark Harris explained that the Trust was looking to improve digital access for those less accomplished in this field.

Bethan Evans was interested in understanding how staff have progressed on the improvement journey, anticipating a positive morale boost among them. Mark Harris explained there was a strong emphasis on taking time to reflect on the positive achievements and the demanding work of the team. Despite the challenges, there was a sense of pride and commitment among the staff to deliver the best service possible.

Mark Harris highlighted the WISH service, which evolved from the end-of-life transport service. Initially, this service focused on taking patients to their preferred place of death, such as home or a hospice. However, a request led to the creation of the WISH service, which fulfils meaningful last journey experiences for patients. The service is entirely run by volunteers who coordinate and deliver the wishes with the Trust providing the vehicles. Referrals for this service come from Palliative Care teams and Healthcare Professionals which are designed to help patients have a meaningful final journey.

The Board thanked Mark Harris for the presentation and recorded a note of thanks for him and his team in providing this extremely valuable service.

RESOLVED: The presentation on the NEPTS Improvement was received.

107/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report which illustrated the latest version of the Trust's principal risks and noted that the Audit, Risk and Assurance Committee (ARAC) had reviewed these at its last meeting on 21 November 2024.

The principal risks have been reviewed this quarter, with changes highlighted in blue on the Board Assurance Framework (BAF). The high-rated risks, 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) and 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) were the highest rated and are reviewed monthly, with updates provided through the quarterly governance process. These principal risks drive the agendas of the Committees of the Board and are actively considered during agenda setting to ensure comprehensive coverage. In terms of further updates, Trish Mills outlined the following for the Board's attention:

1. 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*) This risk has reduced in score from 20 (4x5) to 15 (3x5) reflecting mitigations and actions

that have been implemented. This included the revised agreement of the Immediate Release Protocol and assurance from Chief Operating Officers that the agreement will be honoured to release ambulances in the event of a major incident.

2. Risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*) The score has reduced from 16 (4x4) to 12 (3x4) in this review period which reflects good relationships with Trade Union partners and that engagement and partnership working is operating well.

Peter Curran referred to the Board Development sessions which had focused on risk appetite and emphasised the importance of this to the Trust.

Rhiannon Beaumont-Wood questioned the appropriateness of a score of 15 for the cyber threat risk. Leanne Smith explained that the time this particular risk was reviewed, the decision was made not to change the score. The risk was reviewed regularly, and the Digital Directorate has recommended reviewing the risk score, which will be updated in the next cycle. The risk score for cyber threats was likely to increase due to the global and political landscape.

Trish Mills noted that the Information Governance Steering Group regularly reviews cyber risks and escalates issues as needed. Additionally, the Finance Performance Committee also reviews cyber risks in private sessions, providing added focus and oversight.

RESOLVED: Members considered and discussed the contents of the report and:

- (1) **Noted the ongoing repositioning of Risks 223 and 224.**
- (2) **Noted the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.**
- (3) **Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (4) **Noted the ratings and mitigating actions for each principal risk.**

108/24 FINANCIAL POSITION FOR MONTH 7, 2024/25

Chris Turley provided key highlights from the report which included:

1. The Trust was reporting a small revenue surplus (£42k) for month 7 2024/25.
2. In line with the financial plans that support the IMTP, gross savings of £4.575m have been achieved in month 7 against a target of £4.124m.

3. Forecast year end position was an overachievement of £0.380m, this was comprised of planned underachievement of non recurrent savings of £0.201m and a planned overachievement in year on recurrent savings of £0.581m.
4. Discussions continue with commissioners over the support required for the impact of the EMT3 / Band 5 implementation costs, including the now more significant recurring impact of future years funding required.
5. At Month 7, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 was £20.449m. This included £14.994m of All Wales Approved schemes and £5.455m for Discretionary schemes.

Jayne Beeslee added the Finance and Performance Committee (FPC) had discussed the capital spend, and noted there had been thorough contingency planning from the start of the financial year. Early alerts about potential spending slippage had given FPC confidence in the Trust utilising the capital effectively.

Peter Curran stressed the significant effort required to achieve a balanced budget and highlighted two key points for future years: Costs were expected to increase, potentially due to incremental drift and successfully managing costs this year did not guarantee the capacity to absorb them in future years.

The Chair added it was impressive to see how the team has managed to maintain a balanced budget despite the increasing challenges and unexpected costs, such as those related to the EMT Band 5.

RESOLVED: The Board:

- (1) Noted and gains assurance in relation to the Month 7 revenue financial position and performance of the Trust as of 31st October 2024.**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- (3) Noted the capital programme update for 2024/25, and**
- (4) Noted the Month 7 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

109/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE PROGRESS UPDATE

Rachel Marsh presented the report which provided an update on the current planning cycle to produce the next iteration of the IMTP for 2025-2028.

It was noted that the Trust's IMTP for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government the same day. Welsh Government approved the IMTP subject to various Accountability Conditions on 9 August 2024. The Accountability Conditions set out the following:

- Continue with the development of the clinical model, liaising with wider services including health boards, to provide the evidence base and impact expected.
- Continue to derisk the financial assumptions in the plan to secure the organisation's position; and
- Ensure delivery was maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

An NHS Wales Joint Executive Team Meeting was held with Welsh Government (WG) yesterday in which they considered the Trust's 6-month progress against delivery of the 2024-27 IMTP and the associated Accountability Conditions, and it was confirmed that WG were content with the current position.

The Board noted that the next iteration of the IMTP 2025-28 planning was underway, and a further update will be given to the Board in January. The Planning Team will be working with the Board at Development sessions in November and December to determine Board priorities for the plan going into 2025, as well as bringing through priorities from directorate level plans and the CMT programme. A draft of the IMTP will be circulated to the Board ahead of governance and approval through February and March.

RESOLVED: The Board Noted:

- (1) The Clinical Model Transformation programme progress update.**
- (2) The confirmed Directorate-led IMTP end of Q2 position.**
- (3) The update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**
- (4) The update on the IMTP 2025-2028 planning progress.**

110/24 STRUCTURED ASSESSMENT 2024

Prior to the update from Fflur Jones, Trish Mills explained to the Board that significant progress had been made against the 2023 Structured Assessment recommendations, with regards to the enhancements in organisational planning arrangements and matters in relation to Board effectiveness. It was noted that the key focus of the assessment was on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively and economically, with a specific focus on the corporate approach to planning; corporate systems of assurance; board transparency, cohesion and effectiveness, and the corporate approach to financial management.

Fflur Jones stated that, as cited in the Report, the Trust's corporate arrangements generally support good governance and the efficient, effective and economical use of resources. The Trust has an excellent longstanding record of developing the Integrated Medium-Term Plan (IMTP) which meets Welsh Government (WG) approval. The Trust consistently meets its financial duties and there are robust arrangements for developing other corporate plans. Also, at the time of writing, there was significant activity focused on evolving clinical model and the associated Clinical Transformation Programme. Other points of note from the report included:

1. The Board and Committee meetings operate with high levels of transparency and constructive challenge and that the Trust continues to strengthen its corporate systems of assurance. It is taking positive steps to enhance its Board Assurance Framework; however, there remain opportunities to strengthen the Trust's framework for managing organisational performance and overseeing quality and safety of services.
2. That the Trust continues to have reasonable performance management arrangements in place, with appropriate action taken to address areas of underperformance. However, the Framework for managing Trust performance requires an update.
3. That the Trust continues to have a reasonably sound corporate approach to overseeing and scrutinising the quality and safety of services, but that opportunities remain to strengthen these arrangements. Additionally, the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent savings schemes.
4. There were areas identified for strengthening arrangements with regards to tracking recommendations. The Trust continues to strengthen its corporate approach to tracking progress to address audit and review recommendations.
5. That recent changes to the Board membership have been managed well and that the Board has continued to conduct its business effectively. The Board and Committee meetings continue to be conducted appropriately and effectively with good coverage of key issues and risks. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement and to hearing stories from patients, staff and other stakeholders. However, there are opportunities to enhance these arrangements further.
6. That the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of the ambitious Clinical Model Transformation Programme. However, there remain opportunities to strengthen Board oversight of the development and delivery of the Trust's

IMTP.

Fflur Jones expressed gratitude to those who contributed to the assessment and informed the Board that next year's Structured Assessment will include an evaluation of the Trust's process for setting its well-being objectives, as required by the Well-being of Future Generations (Wales) Act 2015

Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC) advised the Board that the Report had been received by the ARAC meeting on 21 November 2024. He acknowledged how positive the report opinion was and noted that there were only three formal recommendations. This highlighted the excellent work in the Trust, which spoke volumes about the colleagues' efforts and the quality of the work produced.

The Board acknowledged the significant assurance provided by this positive Structured Assessment. It highlights the effectiveness of the Trust's corporate governance, risk management, and financial and strategic planning/delivery arrangements. This positive feedback was a testament to the robust systems and diligent efforts in place.

RESOLVED: The Board received the 2024 Structured Assessment from Audit Wales.

111/24 GOVERNANCE REPORT

Trish Mills presented the report and drew the Board's attention the following:

1. A decision was sought via Chair's Action to permit the Trust to progress estate works at the Clinical Contact Centre in Ty Elwy. The Board was asked to ratify the decision made by Chair's Action on the 18 November 2024. Following consideration, the Board ratified this decision made by Chair's Action.
2. At the closed Trust Board on the 26 September 2024 the Board received a request to approve capital spending for the Specialist Operations Response Team (SORT). Confirmation of this funding had been received from Welsh Government following submission of the Business Case to enhance the SORT capability. At this meeting the Board: Approved the revenue spending in line with the Commissioned requirements to the value provided by Welsh Government and noted that using the delegated authority available to the Chief Executive, capital spending in line with the Commissioned requirements to the value provided by Welsh Government, in a manner that satisfied procurement rules, has been secured.
3. At the closed Trust Board on the 26 September 2024 the Board received a request to approve the Vehicle Procurement Award of Contract Conversion Contract, to award the contract to the preferred contractor for vehicle conversions of both Single Responder Vehicles (SRV) and Hazardous Area Response Vehicles (HART). At

this meeting the Board: APPROVED the Contract Award Recommendation Report to award the contract to the preferred contractor for vehicle conversions of both the SRV and HART vehicles, following the competitive tender exercise.

4. Following the appointment of Non-Executive Directors Jayne Beeslee on 19 August 2024 and Professor Hayley Hutchings and Rhiannon Beaumont-Wood on 11 November 2024, the Committee membership and Non-Executive Director champion roles were adjusted. These changes also reflect the appointment of Carl Kneeshaw as Director of People and a change in portfolio within the People and Culture Directorate, with Angela Lewis now in the role of Director of Culture Change. Following consideration, the Board approved the changes presented to the membership of the Board Committees and the Board Champions.

RESOLVED: The Board:

- (1) Ratified the decision made by Chair's Action on the 18 November 2024.**
- (2) Noted the public disclosure of decisions made in closed session.**
- (3) Approved the revised membership for Committees of the Trust Board and the revised champion roles, effective quarter 4 of 2024/25**

112/24 BOARD COMMITTEE REPORTS

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

05 November 2024: Quality Patient Experience and Safety Committee (QuEST)

Bethan Evans Chair of QuEST, drew the Board's attention to the following:

1. Lost hours due to handover delays remained significant in September (20,693). Handover delays continue to present patient safety risks and extended waits in the community with a deteriorating red performance.
2. The Trust continued to work across the system with partners to influence system change. The Trust's focus is to implement a change in how it responds to patient demand through the Clinical Transformation Programme. Assurance was provided to the Committee on the progress and governance for that programme.
3. The Committee listened to the staff story which featured Sian Davies-Kumar, Palliative Care Paramedic who shared her experience as a palliative care paramedic.
4. An update was given on the initiatives in the Trust's maternity and neonatal care and

the Airway Policy was approved.

5. The Committee noted the introduction of the new Clinical Indicator role, and a Clinical Advisory Group had been established to provide crucial clinical oversight and strategic support to the Clinical Model Transformation (CMT) Programme.
6. The biannual Patient Experience and Community Involvement (PECI) Report for April to September 2024 was received.
7. The Learning From Deaths (Mortality Reviews) Report was received. There were 238 referrals received by the Trust from the Medical Examiner Service in the first two quarters of 2024/25 with 44 cases requiring further review under the Putting Things Right guidance.
8. The Mental Health and Dementia Annual Report 2023/24 was presented.
9. Members received assurance on the work undertaken relating to Infection Prevention Control Preparedness and Emerging Health Risks with MPOX and the Trust's preparedness for an outbreak of a highly contagious infectious disease (HCID) as set out by NHS Wales Executive.
10. The Trust's two highest scoring risks were discussed, risk 223 risk 224 and remain unchanged at a score of 25.

14 November 2024: People and Culture Committee

Ceri Jackson, Chair of the People and Culture Committee drew the Board's attention to the following:

1. The Health and Wellbeing Plan 2025-2029 was endorsed and was recommended to the Board for approval at today's meeting. The Board considered and approved the Health and Well-Being Plan 2025-2029.
2. There was a significant amount of change taking place across the Trust and that was a primary focus for the meeting.
3. A change management session was delivered on the progress made in the Trust in building the change community, following the adoption of the Awareness, Desire, Knowledge, Ability, Reinforcement approach to change management.
4. Staff survey results at a 27.2% response rate was an improvement on last year and it was anticipated the target of 30% will be met.

5. Multiple awards and recognitions have been received over the past few months, highlighting the external acknowledgment of the Trust's work.
6. A sustained improvement in sick absence rates across the Trust was noted, attributing this to the efforts of managers, people services, Trade Union partners, and early intervention support from occupational health.
7. The Committee received the Health and Safety Report for Q1 and Q2.
8. The four risks within the remit of this Committee were reviewed acknowledging they had been discussed throughout the agenda.

18 November 2024: Academic Partnership Committee

Hannah Rowan, Chair of the Academic Partnership Committee highlighted the following:

1. The Trust's new Academic Non-Executive Director, Professor Hayley Hutchings and Carl Kneeshaw as the Trust's new Director of People, were welcomed to the meeting.
2. Members received an update on the University Trust Status (UTS) Benefits Realisation and endorsed the consolidated ideas and proposed priorities for inclusion in the 2025-28 Integrated Medium-Term Plan (IMTP).
3. An update was received on the Research Governance Framework implementation and development throughout 2024/25.
4. The Committee were updated on the work of the Health & Care Research Wales (HCRW) The HCRW will work with the Trust to conduct self-assessments against the NHS Framework. The Committee will receive updates on growing a data science capability in the future.

19 November 2024: Finance and Performance Committee

Jayne Beeslee, Chair of the Finance and Performance Committee, drew the Board's attention to the following points:

1. The Board was alerted in September that certain Key Performance Indicators were not populated in the Monthly Integrated Quality and Performance Report (MIQPR) for that meeting. Additionally, the Data Quality Internal Audit report reviewed by members sets out the actions being taken to address data quality issues.
2. Issues of recruitment to key positions, particularly for the Trust's digital and commercialisation ambitions were discussed. Whilst job evaluation process improvements were now in place, the Committee will continue to monitor recruitment at the next meeting.

21 November 2024: Audit, Risk and Assurance Committee

Peter Curran, Chair of the Audit, Risk and Assurance Committee highlighted the following areas for the Board's attention:

1. The Chair was conducting quarterly continual effectiveness discussions in line with the National Audit Office toolkit which will inform the annual Committee effectiveness review, as opposed to waiting until quarter four.
2. The Audit Wales Review of Cost Savings Arrangements report was received. This programme of work looked at the approaches to identifying, delivering, and monitoring sustainable cost savings opportunities at the Trust.
3. Progress against the 2024/25 Internal Audit Plan was received and it was noted that the plan remained on track. Several Internal Audit (IA) reviews had been completed during the quarter and were presented to the Committee. These were the Resourcing Policy, the Integrated Quality and Performance Management Framework, the Overtime Controls and the Data Quality.
4. Assurances were received by way of a report from the Chair of the Quality, Patient Experience and Safety (QuEST) Committee on the near miss arrangements and they will continue to monitor this maturing area through the Putting Things Right Report.
5. An update was received on the revised Audit Tracker from Q3 2024/25 reporting period. The Committee noted that 37% of internal audit actions were closed in quarter.
6. The Committee received assurance on the progress of the Risk Management Transformation Programme and noted that an external partner has been commissioned to assist with the development of a suite of Risk Appetite Statements.

Damon Turner asked for a note of thanks to be recorded for Lee Brooks in terms of providing the ability for Trade Union (TU) Partners to be more involved in the Internal Audit planning process.

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.**
- (2) The Board approved the Health and Wellbeing Plan 2025-2029.**

113/24 MINUTES OF BOARD COMMITTEES

The minutes of the following Board Committees were received.

Academic Partnership Committee - 19 July 2024

QuEST Committee - 13 August 2024

People and Culture Committee - 30 August 2024

Audit, Risk and Assurance Committee - 12 September 2024

Financial Performance Committee - 17 September 2024

RESOLVED: That the minutes of the Academic Partnership Committee dated 19 July 2024, the QuEST Committee dated 13 August 2024, People and Culture Committee dated 30 August 2024, Audit, Risk and Assurance Committee dated 12 September 2024 and the Financial Performance Committee dated 17 September 2024 were received.

REFLECTIONS

114/24

Hannah Rowan welcomed the move to a more focused approach on the mitigations for avoidable harm report.

Trish Mills acknowledged the work of the Committee Chairs in summarising the highlights reports.

115/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 29 NOVEMBER 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 29 November 2024.

Meeting closed at 12:35.

Date of next Open meeting: 30 January 2025.