

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 MARCH 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
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	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director (Virtual)
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

**Apologies**

Professor Kevin Davies	Non-Executive Director
Peter Curran	Non-Executive Director
Joga Singh	Non-Executive Director
Jonny Sammut	Director of Digital Services

## **19/24 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies.**

The Chair welcomed all to the meeting, and noted apologies were received from, Professor Kevin Davies, Joga Singh, Peter Curran, and Jonny Sammut.

### **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 Professor Kevin Davies, Joga Singh, Peter Curran, and Jonny Sammut were formally recorded.**

## **20/24 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 25 January 2024 were presented and confirmed as a correct subject to changing the titles of Bethan Evans and Estelle Hitchon to the correct ones, as they had been erroneously inverted.

### **Action Log:**

The Board received the action log:

Minute 07/24. Progress on Actions to Mitigate Avoidable Patient Harm. *A discussion to be held at a Board Development Day regarding the Consult and Close target and consider what was the appropriate target.* This has been programmed in for a Board Development Session in the Summer. Action closed.

Minute 12/24. Structured Assessment. *In terms of the Long-Term Strategic Framework and measuring progress. It was asked if there were any examples of Trusts and Health Boards performing well in this area.* Audit Wales advised that

Hywel Dda's long-term strategic objectives are built into their interactive Board Assurance Framework (BAF) and interactive Performance Assurance Report which ensures regular monitoring of progress. They have built into some long-term outcomes which are displayed in the BAF against each of their strategic objectives, however they recognise that these are also a work in progress. The Cardiff and Vale University Health Board are currently looking at their arrangements for monitoring and reporting progress to Board. Action closed.

**RESOLVED: That**

- (1) The Minutes of the meeting held on 25 January 2024 were confirmed as a correct record subject to correcting the titles of Bethan Evans and Estelle Hitchon; and**
- (2) The update on the action log was noted.**

**21/24 CHAIR'S REPORT AND UPDATE**

The Chair presented the report as read noting that the Board had welcomed two new Non- Executive Directors, Peter Curran - who has recently joined the Trust and Ian Mathieson, who was due to begin in April 2024. He also noted that this would be Paul Hollard's last Trust Board meeting.

**RESOLVED: The update was noted.**

**22/24 CHIEF EXECUTIVE'S UPDATE**

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

The Senedd's Equality and Social Justice Committee initiated an inquiry into the culture review findings of the South Wales Fire and Rescue Service. As part of this inquiry, the Committee requested written evidence from the Trust. Additionally, he provided verbal evidence with the Director of People and Culture, Angela Lewis, to the Committee on 18 March 2024.

Capital and Estates. The significant contributions and efforts made by the relatively small team headed by Chris Turley should be acknowledged. Despite the challenges and workload, the team has demonstrated exceptional dedication, professionalism, and effectiveness in managing a diverse range of ongoing activities as indicated below.

The South-East Fleet Workshop has been fully operational since October 2023. Blackweir was disposed of in December 2023, and a revenue investment was made in Blackwood. The vacated space at Blackwood is temporarily used to support the

Mobile Data Vehicle Solution (MDVS) project for the installation of new vehicle equipment.

Dolgellau Site Lease and Procurement: Discussions are ongoing with the landlord to finalise the lease for the new site. The occupancy is estimated to begin in late Summer 2024.

Ruthin Site Development: Full planning permission was granted in August 2023, but tender costs exceeded the budget. Collaboration with Fire and Rescue Service colleagues is being explored for partnership working.

Monmouth Station replacement: Collaboration with South Wales Fire and Rescue Service and Gwent Police continues, but estimated costs exceed achievable budgets. Central financial support may be required.

Fforestfach site negotiations: Negotiations for a lease agreement are progressing well, and indicative plans have been developed.

Decarbonisation/Environmental Financial Advisory Board (EFAB) Projects: Work is underway on completing all five EFAB project schemes, with planning for 2024/25 schemes already in progress.

Other projects such as Newport Ambulance Station, Llangunnor, and North Wales Clinical Contact Centre are also progressing with various stages of development.

Prioritisation of Capital Allocation and All Wales Capital Programme: Work has commenced on prioritising schemes for the remaining 2024/25 Discretionary Capital allocation. Efforts are being made to indicate the Trust's requirements against the All Wales Capital Programme for the next 10 years, including estates schemes and decarbonisation projects.

111 Clinical Assessment Software (CAS) Replacement. There had been an urgent need for the Trust to replace its existing system before the contract expires in May 2024. Despite the typical 12-18 month timeline for such a project, significant preparatory work has already been undertaken by various teams, including Information and Communication Technology (ICT), Operations, Procurement, and Finance, to facilitate the purchase. Currently, efforts are underway across multiple departments to install and prepare the new system for launch on 30 April 2024.

The programme is progressing smoothly, with training underway for over 300 staff and the development of new procedures. Additionally, 54 Call Priority Streaming System (CPSS) protocols are under review, and approximately 50 servers are being installed across various sites and fallback centres. Collaboration with Health Boards is ongoing to ensure their systems are ready to accept electronic patient

information. Initial feedback from trained 111 teams indicates enthusiasm for the new system, noting its modernity and user-friendliness. Overall, despite the time constraints, the implementation of the new system seems to be well-coordinated and on track.

A pilot scheme, The Mental Health Response Vehicle (MHRV) aimed to reduce Emergency Department (ED) conveyance for mental health patients was underway. Currently, mental health patients experience prolonged waits in Emergency Departments (ED), with an average of five hours and a significant portion spending over 12 hours there. The MHRV Service complements the efforts of the Clinical Support Desk (CSD), where Mental Health Practitioners (MHPs) provide a hear and treat function, resulting in a nearly quadrupled consult and close rate for historic mental health patient cases. The see and treat MHRV Service has achieved a 77% consult and close rate.

Currently, the Trust is collaborating with Aneurin Bevan University Health Board to implement a 10-week MHRV Pilot operating from Friday to Sunday, between 13:00 and 01:00, in the Gwent area. The pilot involves Trust personnel providing mobile mental health crisis assessments with the goal of directing individuals to appropriate mental health treatments and pathways. Presently, 75% of patients are treated at the scene, 11% are conveyed to mental health support services, and 14% are conveyed to the ED for physical treatment. This initiative aims to optimise resources, improve patient outcomes, and enhance the efficiency of mental health crisis response and care delivery.

The Clinical Directorate recently welcomed ambulance colleagues from the South-East Coast Ambulance Service (SECAMB) for a visit towards the end of last year. During the visit, the Trust had the opportunity to articulate its strategic direction and ambitions for expanding its community care services. The discussions focussed on the significant value that Advanced Paramedic Practitioners (APP) have already contributed and the anticipated additional benefits in the future. This exchange of ideas and experiences underscores the Trust's commitment to advancing community care and collaborating with other ambulance services to enhance patient outcomes and service delivery.

Peter Green, Clinical Development Lead, and Ryan Higgins, Advanced Paramedic Practitioner (APP), recently visited the London Ambulance Service (LAS) to gain insights into their Emergency Operations Centre (EOC) operations and the role of their APPs within the dispatch model. Contrasts between the two services were observed, including differences in the volume of 999 calls received, the allocation of resources to calls, and minimal to no hospital delays.

The Paramedic3 Trial is ongoing across Wales and has enrolled 161 patients so far; with 310 Paramedics trained for the trial. Originally planned to conclude

recruitment in April 2024, the trial has been extended until August 2024. Additionally, the RAPID2 project is underway in South Wales, with fifteen paramedics having completed Stage 3 theatre placements and being fully trained to begin patient recruitment.

It's exciting news to share with the Board that starting 01 April 2024, the Trust will transition into becoming a University NHS Trust, making it the second UK ambulance service in the UK to achieve this status. This milestone underscores the commitment to education, development, and research within the sector. The Cabinet Secretary for Health and Social Care has officially bestowed the university badge upon the Trust, symbolising the dedication to advancing knowledge and expertise.

Effective 1 April 2024, the name will change to the Welsh Ambulance Services University NHS Trust, and in the coming days, the Trust will begin to roll out new branding, complete with the new title and a bilingual Crown Badge. This bilingual approach pays homage to King Charles III and his ascension to the throne.

Comments:

The Board noted the progress made in safeguarding and dementia work. These are critical areas where dedicated efforts can significantly enhance the well-being and safety of individuals within our community. The strides made in safeguarding demonstrate a commitment to protecting vulnerable populations and ensuring their rights and dignity are upheld.

It is noteworthy that work is underway to assess the Trust's requirements within the All Wales Capital Programme for the next decade. This forward-looking approach reflects a proactive stance in ensuring that the Trust's infrastructure and resources align with future needs and demands. Members sought an update on the thoughts going forward where potentially there may be a different model.

Chris Turley explained that Welsh Government (WG) had requested input on how best to allocate resources over the next decade across all NHS organisations in Wales. This request aims to inform the prioritisation of spending within the All Wales Capital Programme, from a government perspective. Fortunately, the Trust is already well-positioned, having mapped out a significant portion of its capital plan.

This week, the Trust has submitted its requirements to the Welsh Government. While more granular detail will likely emerge in the early years, there are indications of a prioritised list of estates that need improvement or replacement over time, beginning in year three. Additionally, the fleet replacement programme is set to commence during this period.

Chris Turley continued, the Trust is committed to collaborating closely with WG colleagues over the next six months to ensure that its perspective and priorities are well-represented in the ongoing prioritisation exercise. This collaborative effort underscores the importance of ensuring that the Trust's voice is heard and considered in shaping the future direction of healthcare infrastructure and resource allocation in Wales.

Furthermore, he added the Trust recognises that plans beyond year four may evolve and change significantly. Therefore, it will remain vigilant and adaptable, ready to respond to any shifts or developments in healthcare priorities and needs. This forward-thinking and flexible approach will enable the Trust to effectively navigate future challenges and opportunities, ensuring that resources are allocated in a manner that best serves the needs of the community and aligns with strategic objectives.

The Board acknowledged the many positives highlighted in the report, particularly regarding the progress made in the CAS replacement project. They recognised and appreciated the dedication and hard work of the team involved in this significant endeavour.

It is praiseworthy to see the Trust's efforts in promoting the Welsh language, particularly in the context of 111 call answering and bilingual recruitment. These initiatives reflect a commitment to linguistic diversity and inclusivity, ensuring that Welsh-speaking individuals can access healthcare services effectively and that opportunities for employment are accessible to Welsh speakers.

Jason Killens provided an update to the Board regarding the new commissioning arrangements. Effective from 01 April 2024, the new NHS Wales Joint Commissioning Committee (JCC) will be established. Abigail Harris, who has served as the Director of Strategy at Cardiff and Vale University Health Board for several years, has been confirmed as the Interim Chief Commissioner.

Furthermore, Stephen Harry will continue in his role as the Chief Ambulance Services Commissioner for the next three to six months. He will also assume responsibility for 111 commissioning from 01 April 2024. These updates signal significant changes in commissioning leadership within the healthcare system, aimed at enhancing coordination and effectiveness in service delivery across Wales.

The CEO Roadshows are set to commence on 15 April in North Wales, starting in Wrexham, and will continue across various locations in Wales throughout the week. The purpose of these roadshows is to engage with stakeholders and staff members, providing updates on key initiatives, discussing organisational priorities, and fostering open communication. As the roadshows progress, efforts will be made to further develop the format to ensure maximum engagement and effectiveness. This

may involve incorporating interactive elements, soliciting feedback, and tailoring content to address specific interests and concerns of attendees.

The Chair brought attention to an issue raised during a recent WAST Live event regarding concerns about fumes from vehicles at Emergency Departments (EDs). In response, Jason Killens was asked to provide further information and clarification on this matter.

Jason Killens addressed concerns about diesel fumes at Emergency Departments (EDs) because of handover delays. Running vehicles in confined areas has led to fumes that are unpleasant for staff. To address this issue, the Trust is taking several measures:

1. Environmental monitoring will continue periodically to assess the situation.
2. Collaborating with Emergency Department colleagues to provide shorelines and electrical supplies that vehicles can plug into, reducing the need for running engines.
3. Issuing guidance to staff with practical steps they can take to minimise the risk and exposure to fumes.

Liam Williams advised that the Trust is actively collaborating with industry partners to minimise staff exposure to diesel fumes and other pollutants, thus prioritising their health and well-being. Additionally, the Trust is exploring other avenues and strategies to further mitigate risks related to vehicle emissions and environmental pollutants.

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

## **23/24 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public; no questions had been received.

**RESOLVED: There were no questions from members of the public**

## **24/24 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

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

The Trust remains dedicated to collaborating with Health Board colleagues to address and eliminate long waiting times associated with handover delays, particularly those of significant duration.

The goal of eradicating handover waits exceeding four hours remains a priority, with 2,091 such instances recorded in February 2024, compared to 1,586 in February 2023. While achieving complete eradication by the set deadline may be unrealistic given the prevailing circumstances, the progress made by Cardiff & Vale UHB serves as a beacon of success and underscores the potential for improvement.

The Trust's 2024-27 Integrated Medium Term Plan (IMTP) outlines a series of transformative actions aimed at addressing the impact of handover delays. Recognising the critical need for transformation, these actions are designed to improve operational efficiency, enhance patient care, and mitigate the effects of handover challenges on service delivery.

Comments:

In terms of the overall lost hours in December there had been a 40% reduction this year compared to last year the Board thought it would be helpful to have that wider perspective. Jason Killens noted a significant reduction in the overall number of very long waits and the total number of hours lost. However, he indicated that the Trust may not necessarily recognise this improvement from its perspective.

Lee Brooks highlighted that December 2023 experienced a significant improvement compared to December 2022, with 10,000 fewer lost hours. This reduction underscores the challenges faced during December 2022 and the progress made in addressing operational issues. However, despite this improvement, December 2023 still recorded 23,000 lost hours, which Lee Brooks deemed as still too high.

Following a query in terms of Immediate Release Requests, Lee Brooks noted a correlation between areas with the highest number of lost hours and challenges in releasing ambulances for Immediate Release Requests (IRR). He highlighted that while this issue occurs across Wales, there are significant variations in different regions. Lee Brooks suggested that this information should be brought to the attention of the Quest Committee to facilitate a focused approach in addressing the challenges associated with lost hours.

The Board sought an update in terms of Same Day Emergency Care (SDEC). Andy Swinburn commented that workshops have and continue to take place and are actively engaged in various activities and initiatives, to improve the position with SDEC.

Liam Williams provided an update on the Fit to Sit plan, acknowledging variability in its application and implementation across Health Boards in Wales. He mentioned seeking feedback from Health Board colleagues to gain a better understanding of when a patient is considered fit to sit within a hospital environment, recognising that clinical risk in Emergency Departments (EDs) is a factor in some instances.

He also highlighted the College of Emergency Medicine's efforts to challenge risk within EDs and ensure that risk is distributed evenly across hospitals nationwide. The Trust is committed to keeping patients at the centre and reinforcing the escalation process that Trust staff can follow to address concerns regarding patient care and safety.

**RESOLVED: The Board**

- (1) NOTED the continued level of avoidable patient harm; and**
- (2) CONSIDERED whether there are any further actions available to the Trust to mitigate patient harm.**

**25/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Rachel Marsh drew the Board's attention to the following areas:

The 111 call answering performance has generally stabilised, but there was a notable increase in patient demand, with February 2024 experiencing a 17% higher demand compared to February 2023. Despite this increased demand, the service has managed to maintain resilience. However, with a commissioned 4% reduction in call handlers anticipated in 2024/25, there may be concerns about future performance if demand continues to remain at these elevated levels.

Ambulance Care (Patient Experience) performance for February 2024 demonstrates positive results in several areas:

1. Oncology performance achieved 71.28%, meeting the 70% target.
2. Renal performance remains above target at 73.69%.
3. Advanced discharge & transfer journey booked in advance performance increased to 85%, although still below the 95% target.
4. Overall demand for Non-Emergency Patient Transport Services (NEPTS) is increasing but remains below pre-pandemic levels.

In February 2024, EMS (Emergency Medical Services) abstraction levels increased to 30.26%, just above the benchmark figure of 30%. Additionally, EMS Response sickness abstractions stood at 8.13%, exceeding the benchmark of 5.99%.

In February 2024, the Professional Appraisal Development Record (PADR) rates did not achieve the 85% target but showed steady improvement, reaching 79.25%. Additionally, compliance for Statutory and Mandatory training increased slightly to 77.73%. While PADR rates did not reach the target, the upward trend indicates progress in addressing patient inquiries and complaints. Similarly, the slight increase in compliance for Statutory and Mandatory training suggests a positive trend in staff training and development efforts.

Comments:

In response to a query regarding the commissioning of fewer call handlers, Rachel Marsh advised that this matter will be reviewed as part of the new commissioning arrangements. There is further scope to engage in discussions with commissioners regarding funding, which could potentially address concerns related to staffing levels.

Additionally, Rachel Marsh highlighted that a demand and capacity review will be conducted to gain a better understanding of the level of resources needed to effectively manage call volumes. This review will provide valuable insights into staffing requirements and help ensure that the appropriate level of resources is allocated to meet demand.

Furthermore, Rachel Marsh mentioned that the implementation of the CAS will bring efficiencies into the system, which could help optimise resource utilisation and improve overall service.

Angela Lewis acknowledged that staff sickness levels have been above the target of 6%, but she noted that they have declined again. She attributed this trend to seasonal challenges and potential burnout and stress from additional work responsibilities. She stressed the importance of ongoing efforts and processes to address these issues but highlighted the need for the Trust to take a more holistic approach to sickness absence management going forward.

Rachel Marsh clarified how the Trust measures conveyance of patients to destinations other than Emergency Departments (EDs). This includes conveyance to Minor Injuries units, Acute Medicines units, and SDECs (Same-Day Emergency Care units). This metric represents a percentage of all verified incidents.

However, Rachel Marsh added that this metric is no longer part of the performance framework for Wales, as it does not provide a comprehensive view of the entire healthcare system. Moving forward, the Trust aims to adopt more meaningful metrics as part of the new response model. For example, there may be a focus on increasing the number of patients treated at home or in the community, which

aligns with the broader goal of enhancing community-based care and reducing unnecessary hospital admissions.

Lee Brooks expressed concerns that percentage measures could be misleading and difficult to convince staff of attainability. He emphasised the importance of moving beyond percentage measures and focusing on raw numbers and volumes instead. He suggested that ambitions should be focused around increasing activity safely, rather than solely focusing on achieving certain percentage targets.

Estelle Hitchon referred to the patient experience surveys, integrated into the Civica software, which provided valuable feedback from individuals who take the time to share their experiences. These surveys offer insights into the quality of care and services provided by the Trust, highlighting instances where patients have had positive experiences.

Liam Williams advised the Board of information governance (IG) issues regarding the future use of the Civica software for collecting patient experience data and the need to seek consent. There's a dedication to overcoming these challenges by leveraging learnings from English Trusts, where certain measures have facilitated progress in this area.

**RESOLVED: The Trust:**

**(1) Considered the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:**

- a) The report provides sufficient assurance.**
- b) Whether further information, scrutiny or assurance is required, or**
- c) Further remedial actions are to be undertaken through Executives.**

**26/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)**

Trish Mills presented the report and updated the Board as follows:

All the risks on the Corporate Risk Register have undergone a thorough review since the last Board meeting. They have also been individually reviewed by all the relevant committees. There has been excellent engagement on this, including within the Board Assurance Framework (BAF). In fact, the Executive Leadership Team (ELT) was able to reduce the score of two risks and close one during their meeting yesterday.

As reflected in the BAF, there is a noticeable presence of blue, which indicates new additions, actions, and controls to mitigate risks. This signifies positive progress and proactive measures taken to address and manage risks effectively. Overall, there

has been significant movement across all areas, demonstrating the commitment to risk management and continuous improvement within the Trust.

The highest-rated 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*), remained static in score at 25. It's important to emphasise that these risks receive significant attention and scrutiny at the Quality Patient Experience and Safety Committee (Quest).

Furthermore, these risks are also discussed at other key Committees, including the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC). This ensures that multiple perspectives are considered, and appropriate actions are taken to mitigate these risks. Additionally, discussions at the ELT further reinforce the importance of addressing these risks and ensuring patient safety remains a top priority for the Trust.

Risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*) is currently rated at 20. Angela Lewis has been actively engaged in work over the last quarter, particularly focusing on local development partnership programmes. As a result of these efforts, there is a belief that the risk score associated with this risk will decrease. However, it is important to recognise that this risk is inherently volatile and may fluctuate over time.

Risk 201 (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20.

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*). Despite efforts such as the agreement on a framework for the release of ambulances by Health Board Chief Operating Officers in the event of a major incident, the score for this risk remains static at 20.

The Risk Management Policy is before the Board for endorsement following approval at Audit Committee on 01 March 2024. This is the Trust's first Risk Management Policy and replaces the previous Risk Management Strategy. Risk Management guidelines which were available for staff. Related procedures will be finalised in line with publication to support the delivery of the Policy.

**RESOLVED:**

- (1) Members considered and discussed the contents of the report;**

- (2) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees;**
- (3) Noted the ratings and mitigating actions for each principal risk; and**
- (4) Approved the Risk Management Policy.**

## **27/24 NHS WALES STAFF SURVEY**

Angela Lewis drew the Board's attention to the following key areas:

Out of 1006 colleagues a response rate of 23.2% was recorded. It is important to note that this figure does not include volunteers and engagement scores, which are typically key factors looked at across the NHS in Wales. Despite efforts to encourage participation, the Trust's engagement scores have experienced a slight decline from 72% to 67%. Similarly, across the broader NHS, engagement scores have decreased from 75% to 73%.

While there has been a dip in engagement scores, it's noteworthy that the decline is not as significant as anticipated. This suggests that there may still be room for improvement in terms of fostering employee engagement and satisfaction.

There has been some very encouraging feedback from colleagues who participated in the engagement survey. They expressed strong sentiments about their work environment, highlighting factors such as trust among colleagues and a genuine passion for patient care. It is reassuring to see that colleagues feel supported and valued within the Trust, and their dedication to going the extra mile for patients is commendable. These positive indicators not only reflect the strength of the team culture but also underscore the commitment of staff members to delivering high-quality care and service excellence.

During discussions at the Executive Leadership Team (ELT) meeting, some of the challenges highlighted in the engagement survey were addressed. Concerns were raised regarding potential issues such as excessive workload, burnout, and safety concerns in the workplace. It is important to acknowledge these concerns and take proactive steps to address them. Additionally, there were concerns about how issues raised by staff may not be adequately addressed, which can contribute to feelings of frustration and dissatisfaction among employees.

Angela Lewis added it was encouraging to note that the feedback from the engagement survey aligns with insights and intelligence gathered through

previous channels such as roadshows and surveys. This consistency indicates that the Trust has been actively engaging with the workforce and staying attuned to their needs and concerns over the past few months.

On 08 April, the Trust will receive the next level of detail, providing much richer intelligence on each Directorate. This detailed insight will enable the Trust to focus its efforts more effectively, tailoring interventions and initiatives to address specific needs within different parts of the Trust. By homing in on areas where improvement is needed, the Trust can ensure that its actions are targeted and impactful; ultimately leading to a positive and supportive work environment for all colleagues.

Angela Lewis stressed the importance of the alignment between the work on the People and Culture Plan and the Integrated Medium-Term Plan (IMTP) for 2024/25. The feedback from colleagues, particularly regarding health and well-being, resonates strongly with the initiatives outlined in these plans.

Moving forward, the Trust will continue to integrate feedback from colleagues into planning processes, ensuring that initiatives are responsive to their needs and concerns. This holistic approach will contribute to fostering a positive organisational culture where staff feel valued, supported, and empowered to thrive.

Comments:

It is concerning to hear that 29% of colleagues, as highlighted by Paul Hollard, have experienced harassment, and bullying but did not report it. However, the measures in place should provide support for those affected. Despite this issue, the overall report seems to reflect a positive outlook.

The Board expressed concern with the data around Line Manager satisfaction, particularly with regards to the levels of disagreement or neutrality, it appears that a significant portion of colleagues are not having a positive experience with their Line Managers. While it is encouraging that around 60% of colleagues are having a positive experience, there is clearly room for improvement to ensure that all employees feel supported and valued by their line managers. Moving forward, it may be beneficial to assess the reasons behind the dissatisfaction or neutrality expressed by some colleagues.

Angela Lewis explained that the Trust was launching the 'WAST Way' initiative focusing on the basics of management as a positive step towards addressing the need for improved leadership and management skills within the Trust.

Jason Killens added it was important to recognise and acknowledge the great

work that many managers are already doing to lead and manage their teams effectively. Their efforts play a crucial role in supporting and developing their employees, and it's essential to celebrate their successes. At the same time, it is also important to consider the context in which survey responses are provided.

Members queried if there was a plan to address issues at both the organisational and Directorate levels. Angela Lewis explained there would be a focus on tailoring interventions based on the size and specific needs of each Directorate. For smaller directorates where it may not be feasible to conduct separate initiatives, a more holistic approach at the organisational level will be taken. However, for larger directorates with over 20 people, there will be more tailored interventions to address their specific challenges.

The Board expressed concern that 73% of colleagues are coming to work despite not feeling well enough to do so. This raises several important considerations, particularly in the context of efforts to reduce sickness absence within the organisation. Angela Lewis informed Members of the initiative to collaborate with Directorate leads to delve into the underlying reasons why colleagues might feel the need to come to work despite being unwell.

The Board felt it was concerning, that regarding whether the Trust acts fairly in terms of career progression and promotion, that only 37% of respondents feel that the Trust acts fairly in this regard. There must be an opportunity to delve deeper into the reasons behind this perception and take actionable steps to address any underlying issues.

Angela Lewis acknowledged that the recurring perception of favouritism in cultural reviews underscores the importance of addressing this issue head-on. The perception of favouritism can erode confidence and morale within the Trust, impacting employee engagement and overall organisational effectiveness. Collaborating with Trade Union colleagues to address concerns related to favouritism is also crucial. They can provide valuable insights and input into the development of policies and practices that promote fairness and equity, as well as serve as advocates for employees who feel their rights may have been infringed upon.

Jason Killens added that the nuanced nature of fairness is essential for addressing perceptions of unfairness within the Trust. Fairness is not always about treating everyone the same; it involves considering individual circumstances, the environment, and the specific situation at hand.

The Board recognised the potential challenges associated with transitioning to a more diverse recruitment base was crucial for ensuring the success of diversity initiatives within the Trust. Moving towards a diverse recruitment base requires a

proactive approach to address potential barriers and ensure that the Trust is "change ready" to embrace diversity effectively.

**RESOLVED: The Board:**

- (1) NOTED the contents of the report;**
- (2) COMMENTED on insights shared; and**
- (3) SUPPORTED delivery of our People and Culture ambitions, by actively amplifying the voices of our people and effectively role modelling our desired behaviours.**

**28/24 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026, Q4 DELIVERY & ASSURANCE**

Rachel Marsh presented the report as read noting the Finance and Performance Committee had received the report at its last meeting on 19 March 2024.

**RESOLVED: The Board Noted the overall delivery of the IMTP detailed in this paper as an interim Q4 position.**

**29/24 INTEGRATED MEDIUM-TERM PLAN 2024-2027**

Rachel Marsh explained the purpose of the report is to update the Board on the progress of developing the 2024-2027 Integrated Medium-Term plan (IMTP) in the context of the Welsh Government Planning Framework and the Emergency Ambulance Services Committee (EASC) and 111 Commissioning Intentions for 2024/25, and to seek approval of the plan to submit to Welsh Government on 28 March 2024. Rachel Marsh drew out the following for the Board's attention:

There had been acknowledgment during the ELT conversation last week that staff play a critical role in delivering patient care which underscores the importance of prioritising staff well-being, development, and support within the Trust.

Financial sustainability alongside other types of sustainability, such as environmental and societal impacts, is crucial for ensuring the Trust's long-term success and its ability to fulfil its responsibilities as an anchor organisation within the community.

In the plan, the Board will notice a shift towards a more comprehensive three-year approach, offering a longer-term perspective on the Trust's goals and objectives. This extended timeframe allows for a deeper exploration of what success will entail for various stakeholders, including patients, staff, and other

facets of the Trust.

The development of the Integrated Medium-Term Plan (IMTP) this year followed a structured approach involving several phases or workstreams:

1. **Engagement:** This phase involved actively engaging with various stakeholders, including staff, the public, patients, trade unions, commissioners, and key partners.
2. **Gathering Intelligence:** In this phase, data and information were collected from multiple sources, including performance data, NHS Wales data, and other relevant sources.
3. **Developing and Agreeing Priorities:** Based on the gathered intelligence and stakeholder input, priorities were identified, developed, and agreed upon.
4. **Integrated Technical Planning:** This phase involved conducting integrated technical planning, which considers the implications of the IMTP across various areas such as fleet management, estate management, digital infrastructure, workforce planning, and financial management.
5. **Writing the Plan:** Once priorities were identified, and technical planning was completed, the actual drafting of the IMTP took place.
6. **Governance, Assurance, and Approval:** The final phase involved governance, assurance, and approval processes to ensure that the IMTP meets quality standards, aligns with the Trust's goals and strategies, and receives necessary approvals from relevant stakeholders or governing bodies.

To enhance patient services, the Trust is accelerating efforts to transform the response to patients' needs when they contact us or use our services. This will involve several key steps:

1. **Introduction of Clinical Navigation Role:** A new clinical navigation role within the Emergency Medical Service will be introduced. Senior clinicians will review all incoming calls to ensure appropriate screening and dispatch of ambulances for emergency and life-threatening situations. This role aims to expedite ambulance dispatches while ensuring patient safety.

2. Expansion of Remote Integrated Clinical Service: The Trust will expand the capacity of its remote integrated clinical service to accommodate more patients remotely. This service allows the Trust to provide comprehensive care remotely, leveraging technology to meet patients' needs without requiring them to visit healthcare facilities in person.

Furthermore, the Trust is committed to expanding its mental health response services, including the rollout and expansion of Level 2 full-service provision. Connected Support Cymru will also play a crucial role in supporting remote clinicians, enabling them to provide comprehensive care remotely. Additionally, it will facilitate face-to-face responses when necessary. Through these initiatives, the Trust aims to adapt response capabilities to better meet the diverse needs of patients, ensuring they receive appropriate care and support.

Rachel Marsh added that from the perspective of patients, whether they contact via 111 or 999 it is crucial for the Trust to ensure that regardless of the access point consistent pathways and outcomes for patients are given. With the implementation of the new Clinical Assessment Software (CAS) system, the platforms available to remote clinicians will align, enabling a more unified approach to patient care delivery. This means that regardless of how patients reach the Trust, they can expect the same level of care and support tailored to their needs.

Rachel Marsh added that from a staff perspective, it is vital that the plan includes details for ensuring a positive workplace experience. The ongoing efforts, supported by the Executive Leadership Team (ELT), are directed towards driving improvements in areas highlighted by staff feedback. One critical area is addressing shift overruns, which was acknowledged should be within the Trust's control. While progress has been made this year, there is a clear imperative to do more to eradicate these overruns entirely. Additionally, enhancing flexible working arrangements remains a priority, and the Trust is actively engaged in positive developments in this regard, with ongoing initiatives extending into the next year. Furthermore, improving the digital experience for staff is essential for ensuring seamless access to and utilisation of digital platforms, thereby enhancing their day-to-day work life. There is an ongoing commitment to making these platforms more accessible and user-friendly, with the aim of simplifying tasks and processes for staff.

Moreover, the convergence of commissioning arrangements for 111 and EMS presents an opportunity to explore the creation of a unified remote integrated clinical care service that encompasses both 999 and 111 calls. This integrated approach has the potential to bring about positive benefits for patients, offering seamless access to comprehensive clinical care regardless of the initial

point of contact. By aligning commissioning structures, the Trust can better meet the evolving needs of patients and enhance the efficiency and effectiveness of healthcare services.

Achieving financial sustainability is a crucial pillar of the plan. The plan has been balanced with a £6.4 million savings target, which represents a 2.2% savings plan. While this is a significant challenge, it is noted that future years may present even greater difficulties. Therefore, the Financial Sustainability Programme will continue, with a heightened focus on income generation to supplement savings efforts.

Efficiency improvements are embedded throughout the IMTP, encompassing both clinical and administrative services. Robotic process automation is a key priority, as it streamlines processes and enhances operational efficiency across various functions within the Trust.

Rachel Marsh advised the Board that the IMTP has the support and endorsement of the Commissioner. His continued presence for the next three to six months will provide valuable continuity and assistance as the plan is implemented.

Rachel Marsh concluded by saying that the resources allocated this year enable the Trust to further advance its clinical transformation efforts. Over the years, the Trust has been diligently working on these initiatives, and now it has the opportunity to allocate resources strategically to accelerate progress in this area.

## **Financial Plan**

Chris Turley provided a comprehensive revenue financial plan, emphasising it related to the upcoming fiscal year of 2024/25. This plan was developed over several iterations, and its key components have been communicated to members in previous months. As such, there were no unexpected elements.

A recent Executive Leadership Team (ELT) discussion has solidified the remaining elements necessary to implement the plan, including the associated resourcing plan.

The recent Finance and Performance Committee (FPC) meeting in March saw a productive discussion with thorough scrutiny, and the questions raised were addressed satisfactorily.

Comments:

Bethan Evans shared feedback from the Finance and Performance Committee meeting, indicating that the Committee was content to endorse the plan. They recognised that it was supported by a balanced financial plan, despite the inherent risk associated with the £6.4 million savings target. The Committee also expressed confidence that the 3.67% revenue uplift would be passed through to the Trust.

She further mentioned they noted that the plan demonstrated ambition in delivering some of the longer-term aspirations. They also noted that the plan included very ambitious targets and discussed the resources and capabilities needed to achieve them. They also acknowledged the Trust's reliance on various external factors to execute the plan. The Committee commended the officers for presenting a clear, coherent, and ambitious plan and expressed their satisfaction in endorsing it.

The Board recognised that focusing attention on the areas where commitments have been made was a positive step forward from previous years is encouraging, especially with a clear visual indicator of progress and areas of focus.

Jason Killens was pleased to hear that the plan is generating excitement and that it feels like a year of action. He referred Members to the plan's appendix which illustrated swim lanes across the quarters which were a helpful visualisation to track progress and ensure alignment with objectives.

The Board sought to have a deeper understanding of the potential challenges and opportunities that may arise from the dependencies on system partners in delivering the plan.

Jason Killens explained that the Trust will continue to have emergency 999 response service commissioned through the new Joint Commissioning Committee (JCC). There is also a desire at local level for Health Boards as commissioners to commission the Trust as one of its providers as a national provider on a local level. This will help Health Boards respond to some of the local challenges they have. Furthermore, there is recognition the Trust is more than just a transport organisation, beyond transporting patients, the Trust plays a crucial role in providing emergency medical care, coordinating responses to crises, and supporting the broader healthcare system.

Following further discussion, the Board approved the plan for submission to Welsh Government, subject to any final editing. Members noted this decision signals alignment among them regarding the priorities, objectives, and initiatives detailed in the plan, and demonstrates their commitment to driving positive change and improvement within the Trust. The Board also approved

the 2024-2025 financial plan.

**RESOLVED: The Board approved the IMTP 2024-2027 and the 2024-25 financial plan. The IMTP 2024-27 will be submitted to WG on 28 March 2024, subject to any final editing.**

### **30/24 INITIAL REVENUE BUDGET 2024-25**

Chris Turley advised that further to the detail provided in the finance section of the IMTP this update provides additional analysis of how the proposed balanced financial plan for 2024/2025 is translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.

The current planned resource envelope (planned income) for the Trust for the financial year 2024/25, as per the financial plan within the IMTP, totals £289.8m of which £277.0m is via (former) EASC commissioned services (£237.0m is planned EMS, £29.3m is Ambulance Care and £10.7m for 111 related services), £7.0m from other NHS Welsh Organisations, £4.6m from Welsh Government (WG) and £1.2m from other sources, of which £0.6m is assumed to be delivered via WAST Savings programme.

Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners, delivery of a £6.4m savings target as a minimum and the control of increasing costs such as enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and continuing service and demand pressures, including that resulting from the ongoing challenges and levels of hospital handover delays.

The Board's acknowledgment of the report's presentation at the last FPC meeting on 19 March 2024, where it received endorsement for Board approval, reflects the thorough review and scrutiny it underwent before reaching the Board. This endorsement from the FPC further validates the comprehensive nature of the report and the strategic decisions outlined within it.

Comments:

The Board recognised the inherent risks associated with the plan, which were highlighted during the FPC meeting and approved the initial 2024/25 revenue budget.

**RESOLVED: Trust Board Approved the initial 2024/25 revenue budget, building on the WAST Financial Plan included in the IMTP, and as endorsed and recommend by the Finance & Performance Committee at its meeting on 19 March 2024.**

## **31/24 FINANCIAL PERFORMANCE MONTH 11**

Chris Turley presented the report noting that a presentation had been reviewed and discussed in detail at the last 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 11 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 is on track with plans to fully achieve in year.
4. In line with the financial plans that support the IMTP, gross savings of £6.079m have been achieved in month 11 against a target of £5.461m.
5. Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.3% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

In terms of the 2023-24 Capital Programme the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £22.598m. This includes £18.277m of All Wales Approved schemes and £4.321m for Discretionary schemes.

### **RESOLVED: The Board**

- (1) Noted and gained assurance in relation to the Month 11 revenue financial position and performance of the Trust as of 29 February 2024;**
- (2) Noted the capital programme update for 2023/24, and;**
- (3) Noted the Month 10 and 11 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).**

## **32/24 STRATEGIC EQUALITY PLAN (SEP) 2024-28**

Angela Lewis gave the Board a PowerPoint presentation which outlined the development of the Strategic Equality Plan (SEP).

There have been extensive consultation efforts undertaken by the Trust, involving community groups, Non-Executive Directors, staff networks, and Directorate leads. Public consultation has also been conducted which is also crucial for ensuring that the perspectives and needs of the community are considered in the planning process.

The Trust has implemented a rigorous governance process to ensure the realism and achievability of its plan. The SEP has incorporated direct feedback from Leaders in the Trust to enhance clarity around measures of success and emphasising leadership leading by example are key aspects for ensuring that the plan is well-rounded and effective. This approach helps to align the document with the Trust's goals and priorities while also fostering accountability.

The monitoring of progress was crucial for ensuring the successful implementation of the plan. The roles of the Non-Executive members of the People and Culture Committee in overseeing and providing assurance on progress are vital. Their ongoing involvement will help keep the initiative on track and ensure that any necessary adjustments can be made along the way to achieve the desired outcomes.

Angela Lewis added that the Trust continues to promote Equality, Diversity, and Inclusion (EDI) and ensuring its integration throughout the Trust is crucial for creating a supportive and inclusive workplace culture. This commitment is evident across various themes and particularly within the SEP.

She added it was essential for the Trust Board to play a role in shaping and influencing EDI initiatives, ensuring that they align with the needs of the communities served. By providing insight and actively listening to diverse voices, the Board can be assured that policies and practices are inclusive and responsive.

Hannah Rowan, as the EDI Champion, expressed gratitude on behalf of the Board, to the team for their efforts in developing the SEP. She highlighted that while the SEP provides an overarching strategic framework for the next few years, there will also be a detailed action plan accompanying it. This action plan will allow for specific tracking of improvements, identification of what is working well, and areas where additional attention or resources may be needed over time. This approach ensures that progress towards EDI goals is monitored effectively, and adjustments can be made as necessary to achieve desired outcomes.

Comments:

The Board were keen to understand how the Trust would be assessing performance of each directorate. Angela Lewis explained that assessing the performance of directorates and identifying areas for improvement typically involves a robust governance process. Feedback will be generated through the EDI steering group and monitored by the People and Culture Committee.

Members held a conversation which focused on supporting a diverse workforce and fostering an inclusive environment which involves actively promoting diversity and inclusion. The Trust's aim was to create a welcoming and supportive environment where all employees feel valued, respected, and empowered to contribute their best work.

**RESOLVED: The Trust Board approved the final draft Strategic Equality Plan 2024-28 prior to the required publication deadline of 31 March 2024.**

### **33/24 GENDER PAY GAP REPORT & WORKFORCE EQUALITY MONITORING REPORT 2022-2023**

#### **Gender Pay Gap**

Angela Lewis explained that as the Trust is a public sector body, it is required to publish workforce data and assess the diversity of the workforce in relation to the population it serves. To do this, the Trust is reliant upon staff voluntarily completing the equality monitoring questions on the Electron Staff Register (ESR) and sharing their personal data. There are still many staff who have not yet provided this data. Therefore, the data published is not a full picture of the workforce. Actions have been identified within the EDI Workplan to work with the ESR Lead to develop guidance on how to update equality monitoring data on ESR and will develop a communication plan to build trust and confidence amongst staff to share this data and address these gaps.

The People and Culture Committee (PCC) has been proactive in reviewing past data and focusing on initiatives to drive progress forward. Reflecting on the progress made since the data from last year has provided valuable insights into the effectiveness of previous initiatives and areas for further improvement.

Angela Lewis added it is positive that the gender pay gap has not increased, but it is also important to acknowledge that it has not improved either. This highlights the need for continued efforts to address this issue. The work being done around flexible working, removing barriers to progression, and supporting opportunities for the female workforce is crucial. Additionally, implementing policies like carers' leave and aligning with legislation such as the Carers Act will contribute to making a difference in promoting gender equality and supporting diverse needs within the workforce.

Furthermore, it is encouraging to see that the work of the PCC is directly impacting the female workforce positively. Initiatives like leadership development programmes, support mechanisms, and reverse mentoring through networks like the Voices Network are making positive contributions. However, it must be acknowledged that there is still room for improvement.

## Workforce Equality Monitoring

Angela Lewis advised the Board that the Workforce Equality Monitoring Report does not include bank staff, therefore, the total headcount of staff for 2022-2023 is 4383. The data for this report is pulled from different data tabs on the ESR which lacks some capability to breakdown data in relation to the workforce.

When assessing whether the workforce is reflective of the population it serves, there are some shortfalls in the following areas:

1. Non-White population in Wales 6.2% (Census data 2021)
2. WAST Staff from Black, Asian, Minority Ethnic (BAME) background 1.83%
3. People with a disability in Wales 21.1% (Census data 2021)
4. WAST Staff with a disability 5.93%

Angela Lewis expressed her concerns about the representation of individuals from Black, Asian, and Minority Ethnic (BAME) backgrounds within the workforce, especially considering the slight improvement has not reached the desired levels. Active efforts are being made to engage with the student population, universities, and organisations like Health Education and Improvement Wales (HEIW) and the Equalities Commission. Creating pathways for diverse talent from educational institutions is crucial, and while the desired diversity may not be reflected in the student population currently, these efforts can lay the groundwork for future improvements.

The Trust will be hosting a recruitment conference which will promote it as an inclusive and welcoming organisation. It will provide an opportunity to showcase the values and culture that make the Trust an attractive place to work for individuals from diverse backgrounds.

### Comments

The Board noted there had been some limitations on the data being available and asked what steps the Trust was doing to improve this. Angela Lewis explained it was an issue with the Electronic Staff Register (ESR), that limitations in the current ESR pose challenges for accurately capturing gender identity data. There are also limitations in terms of reporting.

These concerns have been fed back in to the system and with the implementation of a new ESR, in 2024/25, things are expected to improve. While awaiting the implementation of a new ESR in 2024/25, the Trust can continue to explore alternative routes to accommodate colleagues who wish to identify in a way that suits them, but it is difficult because of those limitations

and that is across the NHS in Wales, so it is a significant challenge.

In terms of the disability data, it was queried if a working age could be used as data to ensure more accurate comparison for future reports. Angela Lewis agreed to take this forward as an action.

Furthermore, there were several errors in the Welsh translation of the supporting documents which Angela Lewis agreed to arrange for them to be rectified.

**RESOLVED: The Trust Board approved the Gender Pay Gap Report for 2022-2023 and the Workforce Equality Monitoring Report for 2022-2023 prior to publication deadline of 31 March 2024; subject to ensuring the accuracy of the supporting Welsh translated documents.**

### **34/24 GOVERNANCE REPORT**

Trish Mills presented the report for the Board to note drawing attention to:

#### **Use of the Trust Seal**

Three legal transactions were Sealed on the 25 January 2024 which follow the respective approvals sought at the Trust Board meeting on the same day. These were:

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 agreement were the Trust and the Dyfed Powys Police and Crime Commissioner (Carmarthen Headquarters, Llangunnor, Carmarthen, SA13 2PF).

The Board were updated on the decisions made in the private session of the Trust Board on 23 November 2023, 8 December 2023, and 25 January 2024; details of which were contained in the report.

**RESOLVED: The Board noted the update.**

## **35/24 BOARD COMMITTEE REPORTS**

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

### **Quality, Patient Experience and Safety (Quest) Committee Meeting – 8 February 2024**

The Chair of the Committee, Bethan Evans drew the Board's attention to the following areas that were discussed the Quest Committee meeting on 8 February 2024:

1. Lost hours due to handover delays were just under 27,000 hours in January and far more than what is acceptable. System pressures continue to present patient safety risks and extended waits in the community.
2. The Committee raised an alert following their April meeting as to the effect of the backlog and volume of concerns on the Putting Things Right and Operational Quality teams.
3. The Chair's Action taken between meetings to approve the Infection Prevention and Control Policy was ratified.
4. During this meeting, the Committee focused on the clinical indicator of Stroke. Further progress has been made with improving the Clinical Indicator dashboard which now includes the time-based metric for stroke; 'call to scene,' 'time on scene' and 'call to hospital door.'
5. The Patient story concerned Alison Cassidy who recounted the experience of her daughter Emma, who has a rare genetic disorder, severe learning disabilities and epilepsy. She needed urgent dental care requiring general anesthetic at Glan Clwyd Hospital and was advised by Health Care Professionals in the Health Board to access the Non-Emergency Patient Transport Service (NEPTS) to take Emma to her appointment (she was unable to be transported safely due to seizure risk being elevated by the dental pain).
6. The Committee reviewed progress on implementation of the Quality Strategy. The Board will recall that the strategy covers quality culture/duty of candour; quality management system; and integrating the citizen's voice. Whilst it was recognised that there were some areas

where progress has been slower, a tremendous amount of work was acknowledged, and the newly appointed Quality Leads are central to taking this forward.

7. The Healthcare Inspectorate Wales (HIW) Annual Report 2022-23 was reviewed. The Committee noted that the issues raised, including system pressures and safeguarding, are frequent areas of discussion and oversight.
8. The Data Protection Policy was approved. This policy aligns to the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulations. These cover the handling, security, and confidentiality of personal information.
9. This was the last meeting for Paul Hollard whose tenure as a Non-Executive Director ends on 31 March 2024. Paul was thanked by the Chair for his contribution to Quest where he consistently champions matters of patient safety, patient experience and quality.
10. The Committee reviewed the 2023 Medicines Management Assurance Report. This is the first report of its kind and content on future reports was discussed. Assurance was taken on this report, and it was good to see that the previous internal audit on medicines management was a good lever for change.
11. The Clinical Audit Plan update for Q3 was received with no escalations. The 2024/25 (Q1) Clinical Audit Plan was also agreed.
12. An update was received on a revised Audit tracker with 12% of Quest related management actions closed in the quarter and a number of historical actions revisited to open discussions on potential revisions of management actions due to the passage of time.
13. The Committee's annual effectiveness review was conducted and the draft annual report and changes to terms of reference agreed. Priorities for 2024/25 were also agreed. Final reports will be presented to the Board in May 2024.
14. There are two corporate risks assigned to the Committee which are rated as high risks with no changes to scores since the last review. Risk 223: (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224: (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service) are both rated at 25. Both

have been reviewed in accordance with their schedules and the scores remain static.

### **People and Culture Committee (PCC) meeting – 20 February 2024**

The Chair of the PCC, Paul Hollard drew the Board's attention to the following areas:

1. A staff story was received which concerned Darren Anthony. Darren is a newly qualified Emergency Medical Technician 2 (EMT) who joined the Trust in September 2020 after working in various private and public sector jobs, including the leisure industry. Darren had applied to the Trust 13 years ago but had to decline the offer due to family reasons. Darren completed the Level 4 diploma for Associate Ambulance Practitioners, which is an accredited education programme for EMT 2 roles. He was determined to excel on the course and achieved the highest marks. He also won the Skills for Health Apprentice of the Year Award for his achievement. He is also applying for the paramedic qualification, which he did not expect to have a chance to do.
2. The draft Health and Well-being Plan 2025-2029 was received for comment. The draft plan set out the principles for the approach to improving the health and well-being of our people and to provide strategic leadership to the Trust's health and well-being activities.
3. The Committee held its annual effectiveness review for 2023/24 and agreed changes to its terms of reference and focus for 2023/24. The annual report and proposed changes will be reviewed by the Audit Committee in April and the Board in May.
4. The Committee approved two policies, those being the All Wales Flexible Working Policy and the Homeworking Policy.
5. The people and culture elements of the IMTP 2024-27 were reviewed with members requesting a focus on evaluating impact of initiatives and the markers of success.
6. The Welsh Ambulance Services Partnership Team highlight report was received following their meeting on 15 December 2023, with members noting discussions.
7. In private session the Committee reviewed progress on four suspensions over four months (an increase from the previous quarter) and two cases lodged with the Employment Tribunal (a decrease from the previous quarter). Members were assured on actions in place to manage these

cases and an action was raised to ensure a consistent approach on payment during suspension.

8. The Audit Tracker was reviewed, and the Committee noted good progress in closing off items.
9. The reasonable assurance Retention of Staff Internal Audit report was received, with key matters arising including finalisation and ratification of the 'Moving on Interview' process, with a clear timetable for its roll out; and evaluation of the effectiveness of the initiatives that have recently been introduced to improve staff retention.
10. The Committee's cycle of business is on track with no escalations required.
11. Risks Discussed: The four risks within the remit of this Committee were reviewed as below:
  - 1) 160 – (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) remains at a rating of 20 (5x4).
  - 2) 201 – (Damage to the Trust's reputation following a loss of stakeholder confidence) remains at 20 (4x5).
  - 3) 163 – (Maintaining effective and strong Trade Union partnerships) remains at a score of 16 (4x4).
  - 4) Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged and scores 15 (3x5).

The Committee also discussed risks 223 and 224 and noted the dynamic and consistent review of these risks across the Trust ensuring constructive collaboration between both.

### **Audit Committee meeting – 1 March 2024**

Ceri Jackson, on behalf of the Chair of the Committee Peter Curran updated the Board as follows:

1. The reasonable assurance rated Vehicle Replacement Programme Internal Audit raised an issue of compliance with the Standing Orders, that being the approval of individual contracts by the Board in accordance with the Scheme of Reservation and Delegation (SoRD). Trish Mills explained that a governance practice note has therefore been developed and shared with auditors to provide clarity on the practical application of the SoRD with respect to awards of contracts by the Board and logistics that flow from that.

2. The 2024/25 Internal Audit Plan was approved.
3. The Board will recall previous AAA reports from this and other Committees noting that the number of Policies within their review date fell below reasonable levels during the Covid-19 pandemic as the policy work plan was largely paused and efforts directed to support the response. Work continued to ensure this was on track.
4. The Audit Wales Update was received as was the WAST 2023 Structured Assessment. The Board will be aware that Fflur Jones, Audit Wales, presented the Structured Assessment to the Trust Board meeting in January given the timing of the release of the report. Members noted the positive report and the improvements year on year, and thanked all teams involved.

### **Finance and Performance Committee Meeting – 19 March 2024**

Bethan Evans, on behalf of the Chair of the Committee Joga Singh drew the Board's attention to the following areas:

1. A verbal update was received on progress with the Strategic Demand and Capacity Review. The timeframe for this to be presented at the Emergency Ambulance Services Committee (EASC) had changed given their transition to new Joint Commissioning Committee and a full update will be provided to this Committee later in the year.
2. An update was provided on the Financial Sustainability Programme (FSP) with significant progress made. In line with the savings plan that supports the IMTP, gross savings of £6.08m have been achieved against a year-to-date target of £5.462m.
3. The Digital KPIs relating to data and analytics, ICT systems, service provision and the IMTP for the period 1 January to 31 March 2024 were reviewed by exception.
4. The Value Based Healthcare Report was received and detailed the activities of the Value Based Healthcare Working Group (VBHC) and the key workstreams within its portfolio.
5. Upcoming changes to waste legislation in Wales requires the Trust to robustly recycle waste into additional segregated waste streams. New contractual arrangements and internal communications to staff are in place to meet these requirements.
6. The Committee held its annual effectiveness review and approved its

annual report for review by the Audit Committee in April and the Board in May. It also approved revisions to its Terms of Reference

7. The following internal audits were received: Decarbonisation, Vehicle Replacement Programme, Strategy Development, and ICT Contract Management.

### **Remuneration Committee Meeting – 8 March 2024**

The Chair of the Committee, Colin Dennis presented the report as read.

**RESOLVED: The Board 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.**

### **36/24 MINUTES OF COMMITTEES**

The minutes of the following Board Committees were received.

1. Quality, Patient Experience and Safety Committee - 31 October 2023
2. People and Culture Committee -16 November 2023
3. Audit Committee - 30 November 2023
4. Finance and Performance Committee - 15 January 2024

The following NHS Wales Joint Committee update reports were received:

1. NHS Wales SSP Committee -18 January 2024
2. Welsh Health Specialised Services Committee Meeting Briefing - 30 January 2024
3. Emergency Ambulance Services Committee (EASC) dated 30 January 2024
4. Welsh Health Specialised Services Committee (WHSSC) Meeting 27 February 2024

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

### **37/24 ANY OTHER BUSINESS**

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

Jason Killens acknowledged Paul's remarkable 50-year career in the NHS and expressed gratitude for Paul's courage and openness in sharing his personal journey with cancer. Paul's bravery in sharing his story not only inspires others but also fosters a culture of openness and support within the Trust. It is heartening to know that Paul's journey has led to positive outcomes, and his resilience serves as an example to all.

Paul Hollard thanked Colin and Jason for their kind words and wished the Trust ongoing success for the future.

**38/24 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 28 March 2024.**

**Date of next Open meeting: 30 May 2024**

**Meeting closed at 12.27.**