

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 29 SEPTEMBER 2022
MEETING HELD IN CARDIFF AMBULANCE STATION, MERTON HOUSE,
CROESCADARN CLOSE, PONTPRENNAU, CARDIFF, CF23 8HF and VIA ZOOM**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Judith Bryce	Assistant Director of Operations
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Ian James	Trade Union Partner
Angie Lewis	Director of Workforce and OD
Dr Brendan Lloyd	Executive Director of Medical and Clinical Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director
Liam Williams	Executive Director of Quality and Nursing

Members of staff in
attendance and viewers on
Facebook: 16

Apologies

Lee Brooks	Executive Director of Operations
Hugh Parry	Trade Union Partner
Hannah Rowan	Non Executive Director

104/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all, particularly Liam Williams and Angie Lewis to their first Board meeting and noted that apologies had been received from Lee Brooks, Hugh Parry and Hannah Rowan.

Declarations of interest

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

RESOLVED: That the apologies as described above and declarations of interest on the register were formally recorded.

105/22 PROCEDURAL MATTERS

Minutes: The Minutes of the Board meetings held on 28 July 2022 were presented and confirmed as a correct record subject to a minor amendment on page 7, bullet point 3.

Action Log: The Board received the action log and noted the updated position.

Action Number: 73/22a – Fit2Sit update. To remain on log with a further update at the 24 November meeting.

Action Number: 73/22b – Update on actions to avoid patient harm. This item was being discussed later on in the agenda. Action to be closed.

Action Number: 75/22 – Deep dive on sickness to be monitored via the People and Culture Committee. Action closed.

RESOLVED: That

- (1) the Minutes of the meetings held on 28 July were confirmed as correct record subject to the minor amendment to the wording on page 7 bullet point 3; and**
- (2) the update on the action log was noted.**

106/22 CHAIR'S REPORT AND UPDATE

1. The Chair acknowledged this was his last meeting and he reflected upon the ongoing and extreme pressures the Trust was facing. He added that the Trust had, through these challenging times, managed to sustain levels of performance as best it could despite the severe handover delays.
2. He stressed that the Trust must continue to maintain its focus on the system wide pressures and to monitor those actions within our control. The Trust should also continue to strive and reach the achievements and ambitions it had set.

RESOLVED: That the update was noted.

107/22 CHIEF EXECUTIVE UPDATE

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

1. The Trust Board acknowledged and marked the sad death of HM Queen Elizabeth II on 8 September.
2. Along with the Chair he represented the Trust at the Service of Remembrance for Her Majesty the Queen at Llandaff Cathedral on 16 September and he also attended the Welsh national proclamation of HM King Charles III's accession on Sunday 11 September and the state funeral for HM Queen Elizabeth II on Monday 19 September.
3. Chris Turley and the finance team were congratulated in obtaining the Approved Employer Status from the Association of Chartered Certified Accountants.
4. The Electronic Patient Care Record (EPCR) programme was being developed further which will enhance its capability. The Welsh GP Records interface has been designed and the next stage was to gain endorsement from General Practitioners Committee Wales to proceed with linking to live data and establishing a pilot.
5. One of the initiatives within the Trust's control to improve performance and patient experience was the Emergency Medical Services (EMS) roster review. Over the past 12 months this had been developed and the first new Cymru High Acuity Response Unit (CHARU) roster would be going live in October. He expressed his thanks to all staff in their understanding while the new rosters were being implemented and rolled out.
6. Pride Cymru returned this year and the Trust, alongside colleagues from across NHS Wales was given the honour of leading the parade through Cardiff City Centre on Saturday 27 August.
7. The live Sexism & Sexual Safety at Work survey was underway and this sought to gain insight into the current culture. The Trust has not previously surveyed these questions and all staff were encouraged to give their views. It was noted that feedback from this survey will be shared at the upcoming Chief Executive Officer (CEO) Staff Roadshows.
8. In terms of recruitment, this continued at some pace with an additional 100 clinical full time equivalents in post by the end of January 2023. Furthermore a plan has been developed to support the 111 service by recruiting to an additional 50 vacancies. On behalf of the Board he thanked the recruitment and training teams for their work.

Comments:

1. Dr Brendan Lloyd updated the Board in terms of EPCR and that endorsement had been received from the GP Committee Wales to linking live data and establishing a pilot. Initially the pilot would involve using Advance Paramedic Practitioners (APP) from next month.
2. Members welcomed the developments within the Trust's control to improve patient safety and performance, particularly with the Cymru High Acuity Response Unit (CHARU) and paramedic student placements and the drive in recruitment.
3. Was the Trust being proactive in its readiness for seasonal flu? Andy Swinburn advised that the offering of flu vaccinations for staff had commenced this week. Dr Brendan Lloyd added that Public Health Wales was pushing for an increase in the number of vaccines. The public message was that it was quite safe to have both the flu and Covid vaccines close together.
4. The Board commented that it was encouraging to recognise that staff sickness levels were decreasing.

RESOLVED: That the update was noted, received and commented upon.

108/22 STAFF EXPERIENCE

1. The Board were joined virtually by Emergency Medical Technician (EMT), Ann-Marie Ridley, who gave an account of her time spent on the Isle of Man (IOM) assisting and supporting its ambulance service during the Tourist Trophy (TT) motorcycle races.
2. The ambulance HQ was based in the grounds of the only District General Hospital in Nobles hospital. There were only 70 staff which were mainly clinical and operational. When the TT was on the population increased by an extra 48-52 thousand visitors.
3. In total there were six staff from WAST, one Duty Operations Manager, three Paramedics, one Advanced Paramedic Practitioner and one EMT. Initially it was challenging as their ambulances do not have a Mobile Data terminal and rely heavily on Satellite Navigation.
4. During the first week on the Island, WAST staff acquainted themselves with the protocols, radios, equipment, and training. It was noted that the IOM use different defibrillators to WAST. They were using the Lifepak defibrillators and were slowly introducing Corpuls defibrillator as used by WAST. There was also other equipment they used which Trust staff were not familiar and had to be trained on. Furthermore, WAST Staff were trained in the use of pentrox, an analgesic used to relieve pain. Two weeks were then spent on the road with IOM crews.
5. Going forward it would be helpful if WAST could introduce pentrox which was a non-opioid, non-controlled drug and is an emergency analgesic, as it helps to reduce the severity of pain.

Comments:

1. The Board thanked Ann-Marie for sharing her positive story and welcomed any suggestions she had that WAST could improve on. She mentioned their raiser chair which seemed a lot easier to use than the Trust's Mangar elk lifting chair. In terms of the Scoop, the Trust used a Ferno and they use a Combi aid; again which seemed to easier to use. In terms of the Lucas device which Ann-Marie also mentioned was in use, Dr Lloyd explained the device had been assessed on an international paramedic study, the findings of which revealed it was no more effective than good chest compressions, and were not recommended for universal use. However they can be an effective tool for maintaining chest compressions during patient transfer. Andy Swinburn added that as part of the CHARU training, the Lucas device would be used where appropriate. Damon Turner reiterated Ann-Marie's positive comments on the raiser chair used by the IOM crews.
2. Were the ambulance crews on the Island welcoming? Ann-Marie commented that all the ambulance crews on the Island were very welcoming and amicable. Judith Bryce commented that WAST staff had been well looked after noting the benefits of mutual aid. Judith Bryce added that WAST staff had also helped out at the Grand Prix on the Island last August.
3. In respect of using penthrox, Dr Lloyd explained this was something the Trust was considering; it was however subject to further licensing laws in Wales which meant it cannot be used universally at this stage. The Trust routinely carried Entonox as a pain relief on its vehicles and there were also cost implications if this was replaced. Also there have been some issues whether penthrox was more effective, one of its benefits was the ease of use.
4. The Board suggested it would be helpful if Ann-Marie's story was shared more widely. Ann-Marie informed the Board hers and other colleagues' stories had been published on Siren the Trust's internal communications platform. Estelle Hitchon agreed to circulate her story to Board Members.
5. Jason Killens thanked Ann-Marie and her colleagues for their support at the TT races on the IOM; noting the positive impact this opportunity had given. He added that the Trust contributed and supported in other mutual aid requests, either pre-planned or spontaneous.

109/22 ACTIONS TO MITIGATE REALTIME AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE -PROGRESS UPDATE

1. Jason Killens reminded the Board of the discussion held at the last Board meeting whereby they were notified of the actions to mitigate real time avoidable patient harm. This report sought to update the Board on progress on some of the key actions within the plan.
2. **Immediate Release (action 1):** whilst the approach and reporting has been agreed and was in place, practice on the ground varied. In August 2022, 41 Red requests were not accepted and 399 Amber 1 requests were not accepted.

It should however be noted that overall compliance with Immediate Release Directions had improved.

3. **25% reduction in minutes per handover (action 21):** rather than seeing a reduction in minutes per handover, there had been an upward trend since June 2022 with an average of 98 minutes per arrival in August 2022 against a trajectory target of 72 minutes. The figures for last week indicated extreme handover delays at some hospitals, in fact 6,500 hours had been lost.
4. **Eradication of handover waits in excess of 4 hours:** there were more than 2,000 waits of over 4 hours in August 2022. As yet the expected improvement had not been seen.
5. There was some improvement in some of the actions, and those within the Trust's control had also seen an overall improvement.
6. Rachel Marsh outlined further details of the report updating the Board on progress of those actions the Trust could impact on. This included the positive recruitment drive, the roster review and the improvements with staff sickness.
7. Jason Killens added that despite the best efforts of the Trust to improve capacity and efficiency, the outlook as winter approached, would be particularly challenging and difficult for staff and patients.
8. Liam Williams reinforced the importance of the Covid-19 and flu vaccine programmes. He added that the care pathways across Wales must be consistent and readily accessible to all concerned. Additionally, he confirmed that the Trust learned vital lessons from the concerns it received and used them to find improvements to the service across all areas. Rachel Marsh added that the work with pathways was scrutinised and monitored through the Clinical Transformation Programme.
9. Members expressed concern it was unlikely the overall situation would improve in the near future and that the Trust should focus on those initiatives which were in the Trust's control; and also the need to continue working with partners to identify and effect system level solutions.
10. Was there any initial feedback from Action No; 25, the Implementation of Same Day Emergency Care (SDEC) services in each Health Board? Andy Swinburn confirmed this was starting to be rolled out across Wales, and had received positive feedback. Rachel Marsh commented that the indicator to measure SDEC in health boards was being refined.
11. Liam Williams added that in respect of patients being held in ambulances waiting outside hospitals; given the nature of our response and decision to convey, it was better for the patient as opposed to being at home where they could subsequently come to greater harm.
12. Following a query in respect of the effectiveness of cohorting, Jason Killens explained that following a recent evaluation, this had now ceased as it was not proving to be effective. The resource funding has since been re-deployed to provide third party additional ambulance capacity to support urgent care.

13. Could an update be provided on Fit2Sit? Liam Williams explained that the Trust was focusing on the challenges Fit2Sit presented and was liaising with health boards to ensure the correct safety procedures were adhered to.
14. In terms of public messaging, Estelle Hitchon reminded the Board of the flu campaign by Public Health Wales. Also the 111 national campaign to inform the public about 111 was going live in November. The Trust was also working with Welsh Government to progress their *helpers help you* campaign. She added there were other campaigns to relay the message of how to access healthcare which targeted specific age groups through various social media platforms.

RESOLVED: The Board

- (1) **NOTED the report and the progress the Trust was making on WAST Actions;**
- (2) **NOTED that handover lost hours remained extreme and could be further exacerbated as the health and social care system moved into the winter period; and**
- (3) **CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.**

110/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

1. Trish Mills presented the report informing the Board there were currently 18 principal risks that were aligned to the delivery of the strategic objectives in the Integrated Medium Term Plan.
2. Risks were allocated to the appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there were formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks.
3. In terms of the higher rated risks, rated at 20 and above, these were considered in detail at the relevant Board Committee. These risks were: Risk 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), both rated at 25, and Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) and risk 201 (*damage to the Trust's reputation following a loss of stakeholder confidence*) both rated at 20.
4. Further reference was made to the four high rated risks which had been explicitly represented throughout the meeting at various points and were drawn out in more detail in the Executive Summary as requested by the Chair of Audit Committee, Martin Turner at a previous Board meeting.

5. Members attention was drawn to the following risk; Risk 303 – *(Delayed administration of chest compressions to patients as part of resuscitation)*. This risk was due for closure.
6. There were also two risks which had decreased in score, those being risk 199 *(Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation)*, reduced to 15 from 20 and Risk 311 *(Inability of the Estate to cope with the increase in FTEs, if the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review was not adequately managed)*, reduced to 12 from 16,
7. There were also two new risks Risk 543 – *(Major disruptive incident resulting in a loss of critical IT systems* and Risk 558 - *Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences)*.

Comments:

1. It was queried whether the risk of a strike by TU partners should be added as a risk. Jason Killens added that the report was a retrospective one and was aware of the action that could emerge subject to a future ballot in the next few months. Trish Mills added this would be noted for the register.
2. Estelle Hitchon gave an overview of the potential issues concerning the Trust's reputational risk which could be exacerbated, particularly as winter approached.
3. The Board recognised the ongoing work, the process for managing and monitoring of all risks. Martin Turner added that the whole risk process was now much better defined.

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

- (1) Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224;**
- (2) Noted the closure of Risk 303 from the Corporate Risk Register;**
- (3) Noted the decrease in score of Risk 199 from 20 to 15;**
- (4) Noted the decrease in score of Risk 311 from 16 to 12;**
- (5) Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15;**
- (6) Noted the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15; and**

(7) Reviewed the Board Assurance Framework.

111/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

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

1. 111 call answering performance remained below par, and recent negotiations with commissioners has suggested that the Trust has broadly the commissioned and funded number of call handlers in post, however, further work was required to reduce capacity lost through sickness absence, align capacity with demand and improve efficiency of use of resource.
2. In terms of 111 clinical response, the Trust continued to see achievement of the clinical call back times for the highest priority 111 calls, whilst noting that the waits for a clinical ring back for most patients were too long. The recruitment and retention of clinicians remained a priority, and an urgent set of actions within a focused plan were now in place to increase clinician numbers.
3. Reference was made to other performance indicators detailed in the report, noting that sickness levels and Personal Annual Development Reviews completion were improving.

Comments:

1. The Board recognised the relatively high turnover of staff, particularly in the Clinical Contact Centre, and noted it would be subject to a deep dive at the next People and Culture Committee meeting. Members discussed in further detail the possible reasons for the attrition rate and suggested various ways to mitigate them.
2. It was noted that this report had been discussed in detail at the last Finance and Performance Committee meeting.

RESOLVED: That the Board considered and noted the actions taken.

112/22 FINANCIAL PERFORMANCE AS AT MONTH 5 2022/23

Chris Turley in providing an update drew the Board's attention to the following highlights:

1. The cumulative revenue financial position reported was a small overspend against budget of £0.002m, after assuming additional funding from Welsh Government for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remained a balanced position.
2. It was recently confirmed by Welsh Government that an additional £3m of funding would be available in year for emergency ambulance capacity. This was the funding of an additional 100 Whole Time Equivalent front line staff due to be operational by mid-January 2023.

3. In terms of other cost pressures, for example the additional bank holiday, conversations were ongoing on a national basis whether any funding would emerge.
4. With regards to the Capital Programme, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 was £25.256m. This included £20.818m of All Wales Approved schemes and £4.438m for Discretionary schemes.

Comments:

Bethan Evans who chaired the last Finance and Performance Committee meeting commented that whilst the Trust was still reporting a balanced position and also for year-end; the ongoing challenges to achieve this should not be underestimated as set out in the Committee's highlight report.

RESOLVED: The Board received assurance on the financial position and 2022/23 outlook and forecast of the Trust and the risks of continuing to deliver this.

113/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25, INTERIM QUARTER 2 PROGRESS REPORT

1. Rachel Marsh reminded the Board that the IMTP for 2022-25 had been approved by Welsh Government (WG) on 13 July 2022.
2. The Board noted that WG had set out several conditions for the Trust to meet and these were based around:
 - a) Six Goals for Urgent and Emergency Care – requirement to articulate how the actions relating to the six goals programme will translate into improved outcomes and performance;
 - b) Value Based HealthCare – strengthen our approach to Value Based HealthCare;
 - c) Minimum Data Set (MDS) – further expansion of the data provided through the MDS quarterly refreshes;
 - d) Improvement of sickness and absence rates;
 - e) Delivery of workforce efficiencies, notably the delivery of the EMS roster review project.
3. Rachel Marsh updated the Board on the position with Health Board Service changes which will impact on EMS and Ambulance Care. It was noted that the Board would receive a more detailed report on this at its next closed session.
4. The planning team was currently finalising internal IMTP planning guidance and timelines for 2023-26, pending the receipt of the NHS Planning Framework and EASC Commissioning Intentions. It was expected that the deadline for submission will be end of January 2023, which was a challenging timeframe, not least because financial allocations were not normally known before the end

of December.

Comments:

1. Bethan Evans confirmed that assurance was given at the last Finance and Performance Committee meeting which outlined how the Trust was managing the actions.
2. In terms of the Advanced Paramedic Practitioners patient outcome measures, was there any further clarity as to what WG required? Rachel Marsh explained they acknowledged the challenges and difficulties in measuring the outcomes of patients across the whole of their journey through the system. Andy Swinburn added that the Trust was working to provide evidence of these outcomes.

RESOLVED: The Board:

- (1) Noted the update against WAST's IMTP Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in the report; and**
- (3) Agreed to an item on Health Board service changes at the closed session of the next Trust Board meeting on 24 November.**

114/22 CHANGES TO WAST DISPATCH CROSS REFERENCE TABLE

1. Jason Killens presented an outline of the report of which the purpose was to update on key issues affecting the Clinical Response Model (CRM), and specifically, to seek approval to make the clinically approved changes to the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table. This was the process by which the Trust assigned a response category to a determinant/code which emerges from the 999 triage process.
2. The Trust had reviewed these codes using the latest evidence from the English system on 31 August 2021. It became apparent that the Trust required to change several response priorities from those currently being used. Some of these were downgraded and some were upgraded; the upgraded codes were relying on clinical evidence for improved patient outcomes, for example patients that were continually fitting. It should be noted that indications show that the Amber 1 Median (minutes) would increase by ten minutes.
3. The Board was requested to approve the implementation of the changes noting the due diligence and governance process. The report had been presented to the Chief Ambulance Services Commissioner and was subsequently endorsed at the Emergency Ambulance Services Committee which in turn had notified Welsh Government. Dr Brendan Lloyd added that from a clinical perspective these changes had been approved by the Clinical Prioritisation Assessment Software Group and the Clinical Quality Governance Group. He was content to support the recommendations recognising there was an impact on performance in terms of Amber 1 as described above.

Comments:

1. How will everyone involved be notified of the rationale behind the changes particularly in terms of cross border situations. Jason Killens explained how the process would be undertaken with the cross border activity, in particular with the West Midlands and the South West, generally only for Red calls. Once the control centre passed the call across, all the details, including the MPDS determinant would be provided.
2. In terms of the codes being downgraded would these be monitored to confirm it had been the correct decision? Dr Brendan Lloyd explained that as part of the licensing requirement to use MPDS, a clinically led group would monitor and review these changes going forward to ensure they were appropriate.

RESOLVED: The Board Approved the following changes to the WAST DCR Table, namely:

- a) **12D02 (continuous/multiple fitting) and 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.**
- b) **21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.**
- c) **23D02 (overdose/poisoning & unconscious) to change from RED to AMBER-1 priority.**
- d) **10C03 (chest pain, breathing normally), to move from AMBER-1 to AMBER-2.**

NOTED the operational implications of the proposed changes to the DCR Table – forecasted to go-live by 5 October 2022; and

115/22 WELSH GOVERNMENT CONSULTATION ON EXTENDING WELL-BEING DUTY WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015 TO ADDITIONAL PUBLIC BODIES: PROPOSED RESPONSE WELSH AMBULANCE SERVICES NHS TRUST

1. Estelle Hitchon reminded the Board that Welsh Government was consulting on a proposal to extend the Well-being of Future Generations (Wales) Act 2015 to a number of additional public bodies, including the Welsh Ambulance Services NHS Trust.
2. The Well-being of Future Generations Act places a duty on each public body to carry out sustainable development.
3. Public bodies subject to the duty must, when they are carrying out sustainable development, set and publish their well-being objectives. The well-being objectives must be designed to maximise the contribution of the public body to achieving each of the well-being goals. The Trust would be required to identify its well-being objectives and associated plan in its IMTP from 2024 onwards
4. Public bodies are required to take all reasonable steps (in the exercise of their functions) to meet the well-being objectives they set. However, the consideration of these factors needs to be reviewed through the five ways of working provided by the sustainable development principle, balanced with the contribution made by the well-being objectives. The closing date of the consultation process was

20 October 2022; the Board was requested to support the response detailed in the attachment to the report.

5. Estelle Hitchon advised the Board that she has and will continue to attend the Vale of Glamorgan Public Service Board.

Comments:

1. Would it be worthwhile to highlight the challenges in measuring the Trust's contribution and the impact to public health in the response? Estelle Hitchon agreed to include this detail as part of the response. Liam Williams added that EPCR would be a useful tool in measuring the impact on patient health and also the impact on resourcing.
2. The Trust should be comfortable with the added legal and moral obligations once it had committed itself; Estelle Hitchon informed the Board that Welsh Government appreciated the challenges and acknowledged that some support would be provided by them.
3. Following a discussion the Board were content to approve and support the submission of the consultation questionnaire.

RESOLVED: The Board supported the submission of the consultation questionnaire to Welsh Government.

116/22 QUEST COMMITTEE HIGHLIGHT REPORT

Bethan Evans alerted the Board's attention to the following highlights from the update report in particular the following :

1. A continued increase in the number of concerns being received and correspondingly a reduction in compliance with both the 2-day acknowledgment and 30-day formal response target across the quarter. Timeliness to respond to calls remaining the main theme.
2. A continued increase in the number of incidents being reviewed at the Serious Case Incident Forum (SCIF).
3. An increase in the number of Appendix B incidents passed to Health Boards. Health Board Chief Executives and Health Care Inspectorate Wales (HIW) also receive details of the Appendix B incidents directly.
4. An increase in the number of Nationally Reportable Incidents (NRIs) identified.
5. An increase in Coroner's requests for information.
6. The Trust has received 2 Regulation 28 (Prevention of Future Deaths) Reports from Coroners during this period relating to timelines.
7. Whilst, during the quarter, 47.3% of immediate release directives were declined, there has been an improving position in for red releases in July. A process is in place to investigate those declined.
8. The Patient Experience and Community Involvement Team continue to receive

concerns on response times across geographies and demographics.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

RESOLVED: The Board received the report.

117/22 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT

Paul Hollard alerted the Board's attention to the following highlights from the update report in particular the following:

1. This Committee heard during the meeting of the continued significant impact on staff and patients as a result of system pressures, and particularly as a consequence of delays in handover at Emergency Departments. The staff story illustrated how the delays are manifesting in frustration from patients and their families. KPIs are being developed for staff wellbeing. Financial advice and support opportunities also being explored. Further detail on staff well-being and the themes and trends for high staff turnover will be reviewed at the next meeting.
2. The Trust's final uptake of staff receiving the flu vaccination for 2021-22 was 38.46% which is a decrease of 11.4% from last year's campaign. For the second year the Covid-19 pandemic has continued to influence the success of the campaign. This, compounded with a variety of other influencing factors, impacted the delivery and uptake of the vaccination. Following a review of the campaign, recommendations have been devised that are based upon some of the key areas of learning and improvement for 2022-23. A new flu lead and communications support are in place for the 2022-23 campaign which starts the week commencing 19 September.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

RESOLVED: That the report was received.

118/22 AUDIT COMMITTEE HIGHLIGHT REPORT

Martin Turner alerted the Board's attention to the following highlights from the update report in particular the following:

1. The Audit Wales Quality Governance Report was received. The report is an extension to the Trust's structured assessment and considers the structures, information and assurance flows that support quality governance. In overall terms Audit Wales found that whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas. The Trust also needs to play its part in the improvements that are required to serious incident reporting across organisational boundaries (Appendix B reporting). The Committee noted that the Quality, Patient Experience and Safety Committee (QUEST) will review the report at their November meeting, and that issues raised in the report such as mortality

reviews, clinical audit and the implementation of the Quality Strategy have been the subject of recent and ongoing focused discussions at QUEST.

2. Noting the recent focus of QUEST on these issues this is not an escalation to the Board for action, but to note that the Audit Committee has requested an update from QUEST, and where appropriate the People and Culture Committee, in six months on progress.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

RESOLVED: The Board received the report.

120/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT

Bethan Evans alerted the Board's attention to the following highlights from the update report in particular the following:

1. The Committee received a detailed paper on the financial position for Month 5 2022/23. The Board has the financial position before it for the September meeting and will note the forecast for 2022/23 is currently one of breakeven despite a very small overspend as at month 5.
2. The Committee reviewed risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and whilst neither risk currently exceed a rating of 16, the number and total value of financial risks is clearly greater than in recent financial years, which in itself raises the overall risk comfort level. Mitigations to reduce the risk and anticipate what may be ahead of us in 2022/23 and into 2023/24 were discussed and the Committee received a detailed report on the savings plan and progress with initiatives as a result of this.
3. The Monthly Integrated Quality and Performance Report was reviewed for August 2022 with some of the revised indicators agreed at Board in July being developed for the following meeting. Similar concerns were raised as those set out in the Quality, Patient Experience and Safety Committee and the People and Culture Committee highlight reports so are not repeated here. The indicators show a continued poor picture in terms of the quality and safety in many areas.
4. Patient demand across the 111 and EMS services decreased in August 2022, however other factors including continuation of Covid-19, high levels of sickness (including Covid-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, EMS. For 111 and Ambulance Care (NEPTS) the Trust can and is looking to take a range of actions to optimise the balance between patient demand and capacity. An analysis by Optima of Red performance is underway. This will look at the range of complex factors that feed into performance including response time of day, day of the week, geographical location, job cycle times etc.

5. EASC, Welsh Government and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. Anxiety over system preparedness for winter was raised and the fact that reports of flu are coming through already together with a combination of Covid-19 still circulating in the community.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

121/22 GOVERNANCE REPORT

The Board noted that the Trust seal was applied to the following document on 1 August 2022, reference number: 0236 which related to the affixing of the Trust Seal to a lease agreement between the Trust and Zurich Assurance Limited for the lease of Unit 34, Bennet Street, Bridgend Industrial Estate, Bridgend.

RESOLVED: The Board noted the use of the Trust Seal as described.

122/22 WELSH LANGUAGE STANDARDS ANNUAL REPORT 2021-22

1. Trish Mills presented the annual report and reiterated that on 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011.
2. The Trust was required to demonstrate how it fulfilled its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice.
3. The 111 service had seen a sharp increase in Welsh language demand due mainly to the last two Health Boards integrating into 111 Wales. Despite answering more calls in Welsh as a result of this, the percentage of calls dropped by 24.3% compared to 2020/21. Notwithstanding this, there were a number of excellent initiatives in 111 regarding Welsh language.

RESOLVED: The Board approved the report and recorded a note of thanks to Melfyn Hughes, Welsh Language Officer.

123/22 MINUTES OF COMMITTEES

The following Minutes were received:

1. Quest Minutes dated 12 May 2022
2. People and Culture Minutes dated 10 May 2022
3. Audit Committee Minutes dated 7 June 2022
4. Finance and Performance Committee Minutes dated 18 July 2022
5. NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 21 July 2022
6. Welsh Health Specialised Services Committee (WHSSC) meeting of 6 September 2022

RESOLVED: The Board received the above Minutes/Notes.

124/22 QUESTIONS FROM THE PUBLIC

1. The first question was: *In the context of being told, after having a stroke there would be a three hour wait the patient made their own way to hospital; surely, by whatever means possible there should be enough ambulances made available as opposed to sending staff to a motor cycle event.* Jason Killens apologised and indeed apologised to all patients who had waited longer than normal. He gave an overview of the schemes the Trust was employing within its own control in order to improve overall efficiencies. Furthermore the current situation with unprecedented hospital handover delays were a significant contributing factor to the Trust's inability to respond to patients in the community in a timely manner. As an example, last month the Trust lost 30% of its fleet capacity to hospital handover delays. The solution to this problem was not immediately within the Trust's gift and required collaboration with Health Board partners across Wales for the situation to improve. In terms of the pre-planned mutual aid events, he added that the majority of them were carried out during staff rest days, with no or limited impact on the Trust's capacity. Ceri Jackson added that Board Members visited ambulance stations and hospitals on a regular basis and fully understood the ongoing challenges.
2. The second question was: *Will the ambulance crest need to be changed to the new cypher reflecting King Charles III.* Jason Killens explained that livery bearing the Queen's crest will not be removed on a wholesale basis, but as replacements occur, these will show the King's details.
3. The third question was: *With the ever increasing patient waiting time for attendance by a clinician at scene, was now a good time to be depleting cover by replacing existing RRV with lesser numbers of CHARU. As an example the Gelli area in Rhondda at present has a day and afternoon RRV; this rota was being abolished.* Jason Killens commented that the requestor should be advised to contact their local management regarding the specifics of this particular area. From a national perspective, the roster review emerged as a recommendation following the 2019 demand and capacity review which was conducted collaboratively with the Trust, Trade Union partners and Commissioners. Essentially there were three recommendations endorsed by the Emergency Ambulance Services Committee in 2020 to improve efficiencies. These were to implement the roster review changes, to increase the hear and treat rate to 10.2% and to tackle workforce practises such as, sickness rates and attendance rates which were improving. The Trust was on target to deliver in all three of the high level recommendations. Health Boards were required to reduce emergency department handover delays and provide access to the Trust's clinicians for pathways other than the Emergency Department. Recently the Trust employed the use of a consultancy firm (independent to the original consultants) to consider whether the roster review was still the correct way to operate. The result of this was that it was still the right way as it gave a marginal improvement in Red performance and in the Amber response tail. The Trust was satisfied that the implementation of the roster was the appropriate initiative going forward. It should be borne in mind that the changes will see in excess of an additional 30 ambulances across Wales. Judith Bryce added that CHARU

was not a like for like replacement for RRV's (rapid response vehicles), it was a different model.

125/22 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 29 SEPTEMBER 2022

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). It was also noted that the Board would resolve to meet in private on 29 September 2022.

RESOLVED: The Board would meet in private on 29 September 2022.

Date of next Open meeting: 24 November 2022