

CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON FRIDAY 23 SEPTEMBER 2016 at THE RED HOUSE, OLD TOWN HALL, HIGH STREET, MERTHYR TYDFIL, CF47 8AE

BOARD MEMBERS

PRESENT:

Mick Giannasi	Chairman of the Board
Tracy Myhill	Chief Executive
Claire Bevan	Director of Quality, Safety and Patient Experience
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Hannah Evans	Director of Planning and Performance (Interim)
Pam Hall	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Richard Lee	Director of Operations
Dr Brendan Lloyd	Medical Director
James Mycroft	Non Executive Director
Patsy Roseblade	Director of Finance and ICT
David Scott	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development (OD)
Martin Woodford	Non Executive Director

TRUST BOARD

REPRESENTATIVES:

Keith Cox	Board Secretary
Leanne Hawker	Partners in Healthcare Lead
Lois Hough	Communications Specialist
Alison Kelly	Business and Quality Manager
Lee-Anne Leyshon	Head of Communications
Steve Owen	Corporate Governance Officer
Liam Randall	Communications Officer

OBSERVERS

Richard Bowen	AMB University Health Board
Dorothy Edwards	AMB University Health Board
Adam Layland	West Midlands Ambulance Service
Denise Toomey	Merthyr Constituency Office Manager
Matt Jakes	Deputy Chief Constable South Wales Police
John Beecher	Community Health Council Cwm Taf
David Morris	WAST
Anne Morris	WAST
Helen Higgs	Shared Services Partnership
Simon Morgan	WAST
Dave Bezzina	

Judith White WAST
Jason Roome WAST
Fflur Jones Wales Audit Office

APOLOGIES

Nathan Holman Staff Side Representative
Bleddyn Roberts Staff Side Representative

37/16 CHAIRMAN INTROUDUCTION AND UPDATE

The Chairman of the Board welcomed everyone, particularly Keith Cox the recently appointed Board Secretary, to the September meeting of the Welsh Ambulance Services NHS Trust Board. He explained that Board meetings had become more geographically developed during the last year taking into account the diverse communities in Wales each offering their own particular challenges in terms of healthcare. He added that it was particularly pleasing to be in Merthyr Tydfil, part of an area which had traditionally seen its own challenges in terms of the Trust being able to provide a quality service in the past; however, positive partnerships with Local Health Board colleagues and the enduring dedication of our staff had given rise to a significant improvement in performance.

He commented that the meeting was being audio recorded and that simultaneous Welsh translation was available should it be necessary. Apologies for absence from Bleddyn Roberts and Nathan Holman Staff Side representatives were recorded.

Following this meeting the Chairman informed those present that the Trust's Annual Public Meeting would take place, and this would be the opportunity for members of the public to ask questions and raise any issues they might have.

The Board were reminded of the circumstances the Trust was facing prior to the current Chief Executive's first Board meeting in November 2014. In reflecting back at that time, the Chairman referred to the deterioration of performance, the poor financial situation and the challenging staff side relations which were, amongst other areas, a list which the Trust was not proud of. The present position of the Trust was in complete contrast, staff morale had improved markedly and of particular note was the comment articulated recently by the Cabinet Secretary for Health: that the Trust had 'turned a corner.'

He commented on the update recently provided to Assembly Members. They were updated on the Trust's progress with regard to transformation and the renewed arrangements in the delivery of ambulance services in Wales.

There had been several milestones reached on the Trust's journey during the past two years, in particular, the approval of the three year Integrated Medium Term Plan (IMTP) which had been announced at the last Board meeting. Recently, the Trust had learned that its level of monitoring by Welsh Government (WG) had been reduced to 'routine', a substantial step going forward.

The Chairman referred to the winter plan advocating that its robustness would be up to the task, although the challenges faced during this time would inevitably test the service.

On behalf of the Board the continuing hard work and dedication of all staff in the Trust was acknowledged and that collectively through that commitment, the Trust found itself in a much better position going forward.

RESOLVED: That the update be noted.

38/16 CHIEF EXECUTIVE REPORT

The Board received the verbal report of the Chief Executive who acknowledged the sentiments expressed by the Chairman in terms of her tenure thus far with the Welsh Ambulance Service paying tribute to the members of the Executive Team who had provided her with valuable assistance and leadership going forward; and her thanks were extended to all staff in the Trust. The following areas were focused upon:

1. **De-escalation of status with WG.** There had been some residual concerns initially following this announcement, however, there will still some areas which required more attention albeit on a small scale.
2. **Clinical Response Model.** The Trust had been piloting a new response model since October 2015 and it had been approved for this to continue for the next six months in order to assist in the provision of consistent performance going forward.
3. **Integrated Medium Term Delivery.** The previous comments made by the Chairman were reiterated and the Board were advised that further detailed discussion was scheduled later in the Agenda.
4. **Assembly Member Briefing.** The recent briefing to a broad range of Assembly Members (AM) had resulted in receiving positive feedback from them; in particular one AM commented on the significant improvement with the Trust's overall administration of concerns. Moreover, the meeting with the Cabinet Secretary to apprise him of the winter plan had resulted in positive feedback of the plan.
5. **Primary Care.** The positive relationship and engagement the Trust had built up with primary care clusters was critical going forward; indeed the Trust was due to brief an all Wales event with developments on 13 October 2016.
6. **Finance.** It was encouraging to note that the Trust was delivering on what it had forecast.
7. **Visits to staff by Chief Executive.** It was of vital importance for these visits to continue as they had proven to be constructive by listening to the issues and different challenges operational staff faced.
8. **Community First Responders (CFR).** There had been considerable progress in the supply of hand held devices (400) to CFRs which was being implemented following a successful pilot scheme.
9. **Health and Wellbeing Advocates.** There had been considerable progress in identifying advocates to assist and help staff focus on their health and wellbeing.

RESOLVED: That the update be noted.

39/16 PROCEDURAL MATTERS

The Chairman addressed the meeting and explained the administrative process in terms of the level of scrutiny which had been applied to the reports prior to them being presented at the Board. He advised that there were differing degrees of focus on each particular item

adding that for this particular meeting there would be considerable emphasis on the winter plan.

The minutes of the open and closed sessions of the Trust Board held on 30 June 2016 and the closed minutes of 28 July 2016 were agreed as true records subject to the following minor amendments:

1. Apologies for the meeting on 30 June, Martin Woodford's apologies had been recorded, it was requested and agreed that the reason for apologies be recorded as follows: Meeting with the Cabinet Secretary.
2. The designations of Gordon Roberts and Sonia Thompson be amended for accuracy purposes.
3. Open Minutes 30 June, Minute number 25/16 paragraph two after the word year add Welsh Government.
4. Closed Minutes of 28 July 2016 Apologies were to be recorded for: Emrys Davies, Hannah Evans and Estelle Hitchon in addition their support for the Business Justification Case was to be noted.

The Chairman drew the Board's attention to the Action Log which was self-explanatory.

The Director of Finance and ICT Patsy Roseblade, referred to and briefly explained the use of the Trust seal, 0169.

In terms of the urgent business taken under Chairman's Action 01/2016, Patsy Roseblade provided further details of the reason for it to be sanctioned expeditiously. It was to be noted that the course of action taken had been deliberated thoroughly by those involved prior to reaching the decision.

RESOLVED: That

- (1) the standing declaration of Mr Emrys Davies as a retired member of UNITE was noted;**
- (2) the minutes of the meeting of the open and closed sessions of the Board held on 30 June 2016 and the closed session held on 28 July 2016 were confirmed true records subject to the amendments as described;**
- (3) the updates to the action log was discussed and noted;**
- (4) the use of the Trust seal, number 0169, on the renewal of Lease of unit 1, the Courtyard, D'Arcy Business Park, Llandarcy, Neath was noted; and**
- (5) the urgent business as described was noted.**

40/16 FEEDBACK FROM CLOSED SESSION

The Chairman explained the reasons why some matters required to be dealt with in the closed session of Trust Board meetings, for example there may have been reference to personal information. He gave a brief overview of the discussions that had taken place with regard to the two items. One being a high risk profile case with regard to the Trust's serious

investigations process which contained personal information, the other item considered progress in the configuration of clinical contact centres, which were still subject to consultation, and having an impact on staff within the Trust was therefore a sensitive issue.

RESOLVED: That the feedback be noted.

41/16 FINANCE REPORT – MONTH FIVE

Patsy Roseblade reported the position as at month five was an overspend of £0.133m which was an improvement from the previous month. Essentially, the Trust was containing its costs, meeting its forecasts and making a small surplus in month.

Patsy Roseblade provided a further explanation with the overspend which, in the main, related to the provision of the additional capacity that had occurred at the start of the financial year.

Discretionary Capital - Members were advised of progress and advised that additional schemes had been identified which required Board approval.

Martin Woodford, Non Executive Director and Chairman of the Finance and Resources Committee (FRC) briefed the Board on discussions at the recent FRC meeting which had included; impact of sickness in terms of cost, funding and the relationship with the Emergency Ambulance Services Committee (EASC).

The following comments were raised:

1. An explanation was sought on the impact of not receiving the baseline funding within a timely manner. Patsy Roseblade remarked that after month six, if no baseline funding (cash) was forthcoming it would be raised with WG as a potential risk going forward.
2. Interest receivable, was this dependent upon financial management or was it automatically implemented? Patsy Roseblade explained that any surplus cash available was actively invested.

RESOLVED: That

(1) the financial position as reported for month five and the associated key risks and issues were noted; and

(2) the discretionary capital expenditure as ratified by FRC was agreed.

42/16 WINTER PLAN

The Director of Operations Richard Lee, prior to presenting the plan, acknowledged the contributions from all directorates within the Trust in compiling the plan.

Richard Lee explained that the fundamental idea of the plan was to protect patients during the winter months by providing a reliable emergency medical service whilst improving the staff experience.

In terms of development and implementation of the plan, Richard Lee gave a detailed description of how the Trust had conceived it by taking into consideration last year's plan and

the demands placed upon the Trust last winter. Additionally, and due to the new Clinical Response Model, the acuity of the patients could be scrutinised and this gave rise to the conclusion that patients were generally more ill in the winter period. Furthermore, the number of resources available and the key factors affecting resource productivity were examined i.e.; Christmas, the RBS six nations tournament and the outbreak of winter illnesses.

With regard to the actual plan, Richard Lee advised there were two parts to it:

Part one. The Trust wide plan

Part two. The seven Local Health Board area plans

In terms of part one, Richard advised that there were several planned actions which had been factored in using demand, acuity, the resource production and seasonal factors tempered with the five step ambulance care pathway. The five steps, as detailed in the plan, allowed the Trust to consider patient flow numbers and also ensured there was alignment with the Integrated Medium Term Plan.

One of the main influences in ensuring the plan was successful was to identify areas which could be utilised to strengthen resources. These included the use of clinically trained managers operationally and planned private ambulance support.

The second part of the plan revolved around the Hear and Treat service; the Board were reminded of the functions of the secondary triage service which consisted of 18 clinicians managing calls and this had allowed the Trust to manage around 6% of 999 calls received for the past month. There were two benefits to this service, better advice could be given to callers and also it freed up more ambulances to attend emergency calls. Going forward it was hoped that further funding would be forthcoming so that the Hear and Treat service could recruit extra staff. The Board were informed that this service had reduced the number of calls it received from the police by approximately 50%.

Richard directed the Board's attention to further aspects of the plan which included the Community Paramedic Scheme; this involved the ring fencing of paramedics into local communities to primarily provide emergency response. Additionally the plan included the management of demand and how the Trust dealt with hospital delays.

There were two noticeable differences to last year's plan; Local Health Boards had been tasked to provide Hospital Ambulance Liaison Officers (HALO) to manage delayed ambulances outside hospitals. In addition, the Trust was in the process of developing Additional Capacity Vehicles (ACV) which would provide a safe and dignified space for patients whilst waiting to be transferred into A and E.

The final part of the plan involved the Trust's escalation arrangements which had been reviewed recently. The Trust had adopted the UK national ambulance plan, the Resource Escalation Action Plan (REAP), which involved a more proactive approach with pre-planned actions at each level of escalation.

The Director of Planning and Performance (Interim) Hannah Evans, provided a further update on the status of the plan.

Deputy Chief Constable Matt Jakes of South Wales Polices addressed the Board and gave a comprehensive review from the police's perspective in terms of the anxieties and challenges they faced when dealing with incidents which required ambulance assistance.

Having considered the plan, Members raised the following comments.

1. What was the biggest threat to success of the plan? Richard Lee explained that there were two risks outside the Trust's control: the agreement of funding for the 12 extra clinicians in the secondary triage service and the handover delays at hospitals.
2. Paul Hollard, Non Executive Director stated that the HALOs not yet being in post or agreed, and upon which the plan was established, was a decision out of the Trust's gift and expressed his concerns. Richard Lee confirmed the Health Boards had been asked to provide names of staff who required training and was confident they would be in post by mid-October.
3. The Medical Director Brendan Lloyd briefed the Board with details of the recent steering group he had attended which included decisions on HALOs and ACV's and that the results of these actions would be forthcoming.
4. James Mycroft Non Executive Director raised the following question: Given the relatively strong performance on high acuity calls, was there a risk that even though there were still queues of ambulances outside A and E, that potentially the impression would be that the Trust was coping well overall. Richard Lee provided a description and explanation with regards to the three types of responses, red, amber and green and how they were monitored and responded to. He added that during periods of high numbers of calls, amber calls would potentially wait longer for an ambulance. The Director of Quality, Safety and Patient Experience Claire Bevan, reminded the Board of the specialist and quality work being undertaken which demonstrated and monitored the patient experience going forward.
5. David Scott Non Executive Director, expressed disappointment with the increase in the Handover to Clear hours. Richard Lee acknowledged the problem and assured the Board the issue was being addressed.
6. The Board raised several more comments which were in the main addressed by the Chief Executive:
 - ACV's – these should not become a permanent feature going forward
 - Welsh Government were reviewing and scrutinising winter plans from all the health boards and any concerns would be escalated
 - The plan was an improvement on last year's
 - Additions and improvements to the plan included the use of CFRs, Community Wardens, and co-responder schemes

RESOLVED: That the progress made in developing the WAST Winter Plan and the ongoing work to further refine the plan and monitor its implementation and impact was noted.

Short break following the conclusion of the above item – Meeting resumed.....

43/16 111 UPDATE – AUGUST 2016

Hannah Evans explained the background and provided a brief overview in terms of what the project entailed. In essence 111 would be replacing the NHS Direct and the GP out of hours services phone number. The project had reached a critical stage and was currently subject

to last minute testing prior to launch.

Richard Bowen Project Director gave a more detailed update advising that a robust model was in place which was both clinically driven and led.

The Board gave further consideration to the report, expressed their support and raised several comments which included the importance of building upon the collaborative relationships with all organisations involved, corporate governance procedures and Patsy Roseblade assured the Board that the technology involved had been tried and tested.

RESOLVED: That

- (1) the proposed implementation arrangements for the launch of the 111 project Pathfinder was noted;**
- (2) the proposed collaboration agreement between WAST and ABMU Health Board was approved; and**
- (3) a note of thanks was recorded for Dorothy Edwards and Richard Bowen for their contribution to the project.**

44/16 QUARTER ONE INTEGRATED MEDIUM TERM PLAN DELIVERY

The Director of Planning and Performance (Interim) Hannah Evans, introduced the report and drew the Board's attention to the Ambulance Quality Indicators (AQI) contained within it. In terms of going forward, Hannah referred to the detailed actions currently being undertaken as a result of the Trust's ongoing learning process.

In terms of achievements and milestones, Hannah assured the Board that the Trust was proceeding in the manner expected and referred to the detailed action log within the report.

The Board discussed the report further and raised a number of remarks in terms of seeking clarity and general observations:

1. Compliance issues with regard to infection prevention control (IPC) at ambulance stations. The Director of Quality, Safety and Patient Experience Claire Bevan, addressed the issue surrounding IPC advising that work was being undertaken to progress this going forward
2. Timescales of reporting. Hannah explained the reporting process and advised she would consider this further and aimed to provide high level summary reports reflecting the status quo
3. Less and more succinct detail be presented, allowing the capacity for the actual detail to be viewed separately for example by hyperlink
4. How was the Board provided with up to date and relevant information on significant financial developments for example in ICT going forward? Patsy Roseblade acknowledged that any significant funding was included within the Local Delivery Plan; Hannah explained that some items whilst not explicitly detailed in the plan were still unfunded until such time opportunities arose to implement them.

RESOLVED: That the Monthly Integrated Quality and Performance Report was noted.

45/16 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The report was presented as read.

RESOLVED: That the report was received and supported.

46/16 PAY AWARD FOR STAFF ON LOCAL (NON AGENDA FOR CHANGE) TERMS AND CONDITIONS

The Director of Workforce and Organisational Development (OD) Claire Vaughan gave a detailed explanation into the background to this issue.

Following a decision by the Board in March 2015 for those staff on local contracts of employment not to receive the 1% uplift in pay, this was challenged and a formal grievance by a staff member was subsequently put in motion. Following a formal grievance panel hearing it was recommended that the matter be referred back to the Board for further consideration.

The matter was then delegated to the Remuneration Committee on the basis that their detailed deliberations and final recommendation would be considered at the Board. The recommendation of the Remuneration Committee was to overturn the decision made by the Board in March 2015, award the pay retrospectively and any future increases in pay awarded to staff on Agenda for Change terms automatically be awarded to those staff on local contracts, unless circumstances required a review of the decision.

The Chairman explained the reasoning behind the Remuneration Committee's decision, which along with staff side consultation, had been the most appropriate finding. The Committee had considered in detail the practicalities of the situation. The cost of awarding the uplift against the cost of a potentially expensive ongoing grievance procedure tempered with differentiating between individuals on local contracts and Agenda for Change terms had influenced the Committee's decision in favour of rescinding the original decision.

RESOLVED: That

- (1) the original Board decision not to pay the 2015/16 1% pay uplift for staff on non Agenda for Change local terms and conditions should be rescinded and retrospective payment made was approved; and**
- (2) further pay awards for the period 2016/17 onwards should be made to staff on non Agenda for Change terms and conditions, in line with those on Agenda for Change contracts, on a recurrent basis until or unless circumstances require a review of the decision was approved.**

47/16 ANNUAL QUALITY STATEMENT

The Chairman commented that the report had been previously circulated and presented at several committees prior to Board approval.

RESOLVED: That

- (1) the Annual Quality Statement 2015/16 and the substantial assurance rating provided was noted; and**

- (2) a note of thanks was acknowledged to Leanne Hawker and her team in producing the report.

48/16 ANNUAL REPORT

The report was presented as read for the Board's approval.

RESOLVED: That

- (1) the content and publication of the Annual Report 2015/16 was approved; and
- (2) a note of thanks was acknowledged to Estelle Hitchon and her team in producing the report.

49/16 VANTAGE POINT HOUSE ICT OUTAGE (JUNE 2016)

The Director of Operations Richard Lee, presented the report and informed the Board of the sequence of events and subsequent follow up action as a consequence of the ICT outage at VPH last June.

On 1 June 2016 Vantage Point House suffered from a small fire in one of the Uninterruptible Power Supplies (UPS) that managed the power supply to the Clinical Contact Centre and a number of other Trust ICT systems and servers. In addition a loss of the air-conditioning system resulted in the servers reaching a critically high temperature requiring emergency shutdown to prevent long-term and extensive ICT systems damage.

During this period of 'outage' business continuity arrangements were implemented thus allowing the ability to continue to deliver a service to patients.

Patsy Roseblade assured the Board that the learning from this incident had been borne in mind when taking the new Computer Aided Despatch system into consideration and agreed to notify Welsh Government of the lessons learned.

RESOLVED: That

- (1) the report and actions list were noted;
- (2) an updated report would be presented to FRC in February 2017; and
- (3) Welsh Government was to be notified of lessons learned going forward.

50/16 CONSENT ITEMS

The following Committee Minutes which had been approved by the relevant Committee were included in the supporting papers for adoption and noting by the Board:

Audit Committee	26 May 2016
Charitable Funds Committee	31 March 2016
Finance and Resources Committee	24 May 2016
Quality, Patient Experience and Safety	12 May 2016
Remuneration Committee	23 May 2016
Welsh Ambulance Services Partnership Team	29 June 2016
Emrys Davies Non Executive Director and Chairman of the Quality, Patient Safety and	

Patient Experience (QUEST) Committee requested the Board's authority for it to authorise the submission of Welsh language consultation to the Welsh Language Commissioner as this was a timeliness issue and required completion prior to the next Board meeting.

Pam Hall Non Executive Director and Chair of the Charitable Funds Committee, informed the Board that the assessment process in terms of Bursary scheme applications had been slightly improved going forward.

In terms of Audit Committee business, David Scott Non Executive Director and Chairman of the Audit Committee provided the Board with an update of Committee business in which he drew attention to the following areas:

1. Levels of Assurance on Audit reports received by the Audit Committee - An explanation into the different levels of assurance was provided and a brief outline on reports received by the Committee
2. Audit Tracker - Recommendations from the Audit reports were entered onto the Tracker which was a tool to manage and monitor the actions being taken. There were however actions which dated back several years, albeit some being relatively minor, still required completion
3. Local Counter Fraud Services - A recent review had been conducted by NHS Protect which identified several weaknesses that were currently being addressed
4. Clinical Audit and Effectiveness Programme-Progress had now improved significantly following measures implemented by the Medical Director
5. Corporate Risk Register - The work undertaken by Jane Palin was acknowledged

Patsy Roseblade advised the Board that the issues raised concerning the Audit Tracker had and were being addressed.

WREXHAM AMBULANCE AND FIRE SERVICE RESOURCE CENTRE (AFSRC) END OF PROJECT AND LESSONS LEARNED

The report was presented as read and approved by the Board.

The Board recognised the work undertaken by the staff involved in this project and it was agreed that individual letters of thanks would be sent to those involved.

RESOLVED: That

- (1) the minutes of the meetings and the recommendations within those minutes were adopted, noted as items of business on the agenda for this meeting and were approved, in particular the items of business as detailed by the Chairman of the Audit Committee;**
- (2) the end of project report and lessons learned, recognising that all outstanding issues had been captured to ensure a controlled closure of the AFSRC project was approved; and**
- (3) QUEST were given authorisation to submit the Welsh language consultation document to the Welsh Language Commissioner on behalf of the Board.**

[Patient Story - 23 September 2016](#)

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk