

MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON THURSDAY 29SEPTEMBER2015 AT THE CENTRE FOR ALTERNATIVE TECHNOLOGY, MACHYNLLETH, POWYS, SY20 9AZ

BOARD MEMBERS

PRESENT:

Mick Giannasi	Chairman of the Board	MG
Tracy Myhill	Chief Executive	TM
Emrys Davies	Non Executive Director	ED
Professor Kevin Davies	Non Executive Director	KD
Pam Hall	Non Executive Director	PH
Judith Hardisty	Director of Workforce and Organisational Development	JH
Dr Brendan Lloyd	Medical Director	BL
Patsy Roseblade	Director of Finance and ICT	PR
David Scott	Non Executive Director	DSc
Martin Woodford	Non Executive Director and Vice Chair	MW

TRUST BOARD

REPRESENTATIVES:

Hugh Bennett	Head of Planning and Performance	HB
Hannah Evans	Director of Strategy and Planning (Interim)	HE
Nigel Heal	Staff Side Representative	NH
Leanne Hawker	Partners in Healthcare Lead	LH
Wendy Herbert	Assistant Director of Quality and Nursing	WH
Estelle Hitchon	Associate Director, Chief Executive's Office	EH
Andrew Jenkins	Assistant Clinical Director	AJ
Roger John	Staff Side Representative	RJ
Steve Owen	Corporate Governance Officer	SO
Dawn Sharp	Corporate Secretary	DSh
Claire Vaughan	Associate Director of Workforce Transformation	CV

APOLOGIES

Sara Jones	Director of Quality and Nursing
James Mycroft	Non Executive Director
Bleddyn Roberts	Staff Side Representative

OBSERVERS

Monica Atkins
Debbie Bateman
Joe-Aan Duthie (Presented Patient Story)

Lois Hough
Melfyn Hughes
Rhian James
Lee-Anne Leyshon
Eleanor Morgan
Jane Palin
Kim Tovey
Barbara Wallace

53/15 CHAIRMAN WELCOME AND UPDATE

The Chairman welcomed all to the meeting and advised that the meeting was being audio recorded.

RESOLVED: That the update be noted.

54/15 CHIEF EXECUTIVE UPDATE

The Chief Executive referred to the improvement in performance and thanked all personnel involved for their contribution. Thanks was also to be noted for all those who had supported her since her appointment which had been significant.

RESOLVED: That the update be noted.

55/15 PROCEDURAL MATTERS

Minutes

Open – 30 July 2015

Minute 44/15 –Bullet point one, second sentence delete the word ‘from’

Minute 49/15 - Page 9 – Add the following sentence at the end of the first paragraph: ‘The Vice Chairman welcomed an early conclusion to discussions with Welsh Government’

Minute 44/15 – Bullet point two – Remove the wording ‘ The Local Delivery Plan was undergoing’

Action Log

Members discussed the individual actions contained within the Action Log which was updated as required.

RESOLVED: That

- (1) the standing declaration of Mr Emrys Davies as a retired member of UNITE be noted;**
- (2) the Minutes of the Open and Closed session of the Trust Board held on 30 July 2015 be confirmed as a correct record subject to the alterations as described above;**

- (3) the adjustments to the action log as referred to be implemented; and**
- (4) the urgent business approved by the Chairman and Chief Executive in consultation with other Non Executive Directors since the last meeting – 7/2015, CEO and Director of Finance and ICT salary be approved.**

56/15 PATIENT STORY

The Partners in Healthcare Lead introduced Joe-Aan Duthie, a paramedic with the Welsh Ambulance Services NHS Trust to the meeting.

Joe-Aan recalled to the Board the events that took place on 27 May 2015 in which she was working a night shift with her colleague Darren. During the shift they received a green one call to attend a lady who they were informed was in labour. During the course of the journey a further call was received to inform the crew that the patient had given birth and the call was now upgraded to a red one priority.

On arrival at the property the crew went upstairs and were presented with the patient. It quickly became apparent that the clinical situation was extremely serious and life threatening for both the mother and unborn baby. Joe-Aan had then taken it upon herself to call Singleton Hospital, although this was not the natural pathway for the ambulance service to follow and advised them of Claire's condition. The normal pathway would have been to take Claire to Morriston hospital, however Joe-Aan, using her instinct, skills, professional capacity and experience as a paramedic disregarded this particular pathway and ensured Claire was taken to Singleton hospital.

Claire arrived at Singleton in under an hour from the time of the initial call. Within minutes of arrival Claire was taken to theatre and gave birth to a son. Joe-Aan has recently met with Claire and her son both of whom were doing very well.

This had been a truly remarkable story which highlighted the skills and resourcefulness of paramedics serving within the Trust. The surgeon who operated on Claire later commented that without Joe-Aan's intervention Claire probably would not have survived. Joe-Aan highlighted that paramedics make these kind of life saving decisions on a regular basis.

The Chairman thanked Joe-Aan for this fabulous and humbling success story and it had been very helpful in sharing it with the Trust. He further commented on behalf of the Board that she was an absolute credit to the ambulance service.

The Chairman welcomed comments from the Members:

- How any lessons learned could be used in assisting the training of Paramedics going forward. The role of the Paramedic had become much more diverse, and paramedics should be encouraged to consider alternative pathways and to 'think outside the box'
- Should there be an 'aide memoire' or register which would contain invaluable information in terms of various eventualities and be made available for all ambulance crews to refer to. Joe-Aan advised the Board a folder which contained certain out of area information within the Swansea area had been initiated and was available to crews in that and the Cardiff area.

- This had been a professional and calculated risk which was to be commended, how can the Trust persuade and support crews to make the right decisions? Crews already exchanged stories, experiences and discussed pathways on a regular basis. Experience and knowledge was fundamental in the decision making process for crews in determining the right pathway for the patient, tempered at all times with the patient's safety and well-being at the forefront.
- Had this decision not been made, Claire would have been taken to Morriston hospital which would have been the inappropriate place for this particular patient. This story should be part of the impetus in driving forward the paramedics' role in the 21st century as a thinking practitioner.

The Chief Executive concluded that the Trust should provide all its practitioners with the confidence, courage and the culture to enable them to do the right thing. The fearful culture that exists sometimes needs to be turned around and this story had been the perfect example of doing the right thing.

RESOLVED: That the patient story be noted.

57/15 INTEGRATED PERFORMANCE REPORT

The Head of Planning and Performance, **HB** in presenting the Integrated Performance report advised that performance had improved month on month since January. **HB** provided the Board with a summary of the following factors which had impacted positively upon the A&E performance in July:

- Lower demand
- Increased number of staff hours available through overtime
- Triaging of calls
- Reduction of staff sickness absence

He reminded the Trust of a significant number of key transformation projects taking place that would have a positive impact on performance going forward which included:

- 111
- New clinical model
- Digital Pen
- Community First Responders

HB added that it was important to retain focus on patient experience, patient safety, clinical indicators and the workforce. He further commented upon the following areas and provided an overview in terms of an update on each:

- Positive results from National Survey for Wales
- Serious Adverse Incidents (SAI)
- Clinical Outcomes
- Infection Prevention and Control
- Sickness Absence
- Patient Care Services

HB concluded that the current performance improvement was based on a range of short term tactical interventions which were improving performance whilst in a sense, waiting for a major programme of projects to start across the five steps of the ambulance care pathway which should enable a sustained improvement in performance in the longer term. The Trust needed to maintain a strong focus on delivery of these projects and all aspects of patient safety, in particular the audit of stations, vehicles and infection prevention and control practices.

The following comments were raised by Members:

- In terms of re-triaging of calls, clarity and assurance was given that the calls were not triaged twice but it was a secondary triage which potentially could be a change of code. **HB** agreed that further consideration would be given to ensure the clarity of the terminology was correct.
- Workforce relations - Staff turnover – The Director of Workforce and OD explained that the figures illustrated within the report excluded those staff that had been promoted. However it did include staff who had retired and re-joined on a part time basis which would show them as leavers and joiners.
- Was it possible to illustrate within the report information concerning complaints and the lessons learned from them. It was agreed this would be included in future iterations.
- Prior to closing off any SAI's – would it be possible for the QuEST Committee to scrutinise those incidents?
- Clinical outcomes – how were they going to be reported going forward and how would the key measures be monitored to ensure patients were receiving the correct clinical bundle. Dr Brendan Lloyd explained that patient information was now being recorded electronically. Any learning was fed back into the Clinical Teams through various channels within the organisation.

Members held a detailed discussion in terms of how the Board could have an overview of individual incidents and be presented with more detailed information to allow scrutiny of the more critical incidents.

RESOLVED: That

(1) the report be noted; and

(2) the Corporate Secretary arrange for a discussion on how the Board could be updated in terms of serious adverse incidents be included on the Agenda at the next Chairs' Working Group Committee.

58/15 INTEGRATED MEDIUM TERM PLANS

Approval of the 2015/16 IMTP (year one priorities)

The Chairman, in introducing the Interim Director of Planning and Performance

Hannah Evans, commented that this was a critical piece of work going forward and it was vital that the Trust was and remained on track going forward.

The Interim Director of Planning and Performance **HE**, presented the report to the Board reiterating the critical importance of achieving a one year Board approved plan for this year and a three year Board approved plan for next year. **HE** highlighted the following key areas for the Board's attention which had significantly improved:

- Workforce section
- Alignment to the five step model
- Finance – including the workforce and recruitment plan

In terms of the plan being approved, it had been fully supported by the Chief Ambulance Services Commissioner and the Local Health Board Chief Executives. Should the plan be approved by the Board it was to be forwarded the following day to Welsh Government for their approval.

The Director of Finance and ICT **PR**, referred to the financial assumptions within the report. **PR** explained that the income assumptions currently included forecast to year end, which assumed the Trust continued to use incentivised overtime and using additional resources from the private sector to increase capacity. The Trust was consistent with other Health Bodies in Wales in presenting an assumed income increase which would cover any potential overspend. The financial plan now fully reflected the work undertaken in the development of the workforce plan. The Commissioner was keen for the Trust to express within the plan the use of the additional two sums of money received by the Trust and these figures had been articulated clearly within it.

The Chief Executive **TM**, stressed it was important to note that the £4.4m referred to within the plan was non-recurrent and it was being used to support the performance improvement for this current year. In terms of going forward, WG's approval of the plan would also include the approval of all the financial assumptions within it.

The Chairman commented that should the plan be approved, assurance on overspend above the Trust's budgeted start of year position would have some credence and prove to be a significant step going forward.

Members raised the following issues:

- In terms of a one year plan the general consensus was that it was a solid foundation going forward
- In terms of delivering for patients and the public, Step 3 (Come to see me). The description did not seem consistent with the Red, Amber and Green categories. **HE** explained that further work would be undertaken to address this issue.
- Table 14, Capital Plan, **PR** referred to the Computer Aided Despatch and explained that it would be moved into the 2016/17 capital plan.

Progress of Delivery of 15/16 Change Portfolio

The Interim Director of Planning and Performance **HE**, provided Members with a summary and assured that progress had been made in this area since the last report.

Progress on Developing the 2016/17 IMTP

The Board were given an overview by the Interim Director of Planning and Performance **HE**, in terms of an update on the development of the 2016/17 IMTP. The Board were further informed of the two workshops that had taken place involving the whole range of staff within the Trust with one being held in the South and the other in the North.

Members raised the following comments:

- Were there any major inconsistencies raised between the North and the South in terms of the detail and discussions at both workshop sessions? **HE** stated that on the whole there was a general consistency.

The Board held a lengthy debate in which they considered how it was best to capture the wide range of services provided by the Trust whilst not losing sight of what the service actually provided.

The Chief Executive concluded that the plan was still a work in progress. There would be more Board Development sessions in the very near future which would allow for further dialogue that would underpin the plan.

RESOLVED: That

- (1) the improvements made to the 2015/16 IMTP (Year One Priorities) (May 2015) be noted;**
- (2) the position and support for the 2015/16 IMTP (Year One Priorities) from the Chief Ambulance Services Commissioner, the Chair of the Emergency Ambulance Services Committee and the lead NHS Wales Chief Executive be noted;**
- (3) the 2015/16 IMTP (Year One Priorities) (September 2015 version 1.3) be approved for submission to Welsh Government by 30 September;**
- (4) the Progress of Delivery of 15/16 Change Portfolio be noted;**
- (5) the actions in relation to feedback from the recent workshops be noted;**
- (6) the organisational purpose based on this exercise that followed/contained in the addendum to this paper as a working definition be agreed;**
- (7) the organisational vision based on the exercise that followed/contained in the addendum to this paper as a working definition be agreed;**
- (8) subject to further discussions the key priorities as a working package that will shape the IMTP going forward that followed/contained in the addendum to this paper be agreed; and**
- (9) the key milestones associated with the next steps in developing and agreeing the 2016/17 IMTP be noted.**

59/15 WINTER PLANNING

The Medical Director presented the plan to the Board for their information. He provided a summary on the strategic and operational arrangements that were in situ to ensure the Trust was prepared for winter.

The following issues and comments were raised by Members:

- In terms of risk assessments, these would be reviewed more thoroughly as winter approached.
- The table of key strategic principles illustrated perhaps the vast majority being 'run of the mill' activities, not just during winter, and it was a surprise to see them within the table.
- Grave concerns were raised in terms of the Business Continuity Plan which was yet to be finalised.

The Chief Executive stated that it was critical for the Trust to ensure sufficient resources were in place for the winter. In terms of the Business Continuity Plan, it must be of adequate robustness to sustain the Trust through the next six months. Further discussions between now and the Christmas period must be undertaken to review the plan and the concerns and issues raised within it going forward.

RESOLVED: That

- (1) the update on winter planning preparation be noted;**
- (2) the 2015/16 Strategic Winter Framework subject to ongoing review of the assumptions made about the impact of the business continuity arrangements which would be sufficiently robust to meet the objectives as a plan be approved and published on the Trust's external website;**
- (3) an update on the status of the plan and assurance be provided at the next Trust Board meeting;**
- (4) the potential impact of emergency services and NHS interoperability be adequately reflected within the plan; and**
- (5) a focus on the supply of sufficient resources in terms of staffing and vehicles be maintained during the review of the plan.**

60/15 IMPLEMENTATION OF THE NEW CLINICAL MODEL

The Medical Director presented the report and provided a summary on key issues as summarised below:

- Clinical Indicator work has been developed
- Clinical Desk – this would require expansion at some time in the future
- As the model progressed through development, more staffing would be required
- Paramedic Pathfinder work was progressing well

Members raised the following issues:

- Risk Register – was there an update on the Computer Aided Despatch (CAD) technology and limitations? **BL** explained that the CAD had been tested and

was sufficiently robust to manage the changes that had been put in place. The Fast Response Emergency Despatch system (F.R.E.D.) success rate of 46% seemed low. **BL** explained that the system was designed to recognise key words from the caller within the first few seconds and immediately despatch an ambulance on those key word/s, (for example unconscious or not breathing). The figure of 46% was not unusual and was in line with other ambulance services. The risk had been mitigated by the introduction of new codes and the situation was currently being monitored.

- Clinical Indicators – concern was expressed in terms of roll out and the quality of data being collected by the digipens. **BL** commented that the data quality from the digipens was sufficiently robust and the Clinical Audit Team were currently monitoring any issues. He further advised that reports which would illustrate data quality from the digipen group would be forthcoming.

RESOLVED: That the actions taken to successfully implement the new clinical model on 1 October 2015 be noted.

61/15 FINANCE REPORT - MONTH 5

The Director of Finance and ICT in presenting the paper reported a deficit of £1.838m which was consistent with the forecasts included in the scenario planning.

Members were further provided with a brief summary of the following details within the report:

- Cost of operational staff sickness – this had reduced from the same period last year
- Cumulative Year End Forecast by month – a new graph for illustrative purposes was brought to the Board's attention
- Year- end forecast savings total – this was consistent with the forecast and the Trust was on track to deliver
- There were no issues with Capital

The Chairman welcomed comments from Members:

- The deficit had accelerated between months four and five, should the Board be concerned about this? **PR** advised that this was as expected and it would speed up again during the winter months as the Trust would be expected to provide more capacity during that time.
- The Trust needed to be clear that it did not exceed the £4.4m, and once the new Clinical Model was up and running, efficiencies would potentially be on the horizon.

RESOLVED: That the financial position as reported for month 5 and the associated key risks be noted.

62/15 CONSENT ITEMS

The Chairman stressed the importance of reading the Consent Items and advised Members to be prepared to raise any issues stemming from them for the Board's attention. The following Consent Items were presented:

- Learning and Putting Things Right Concerns Annual Report
- Ombudsman Annual Concerns Letter
- Reply to Welsh Language Commissioner's Response to the Welsh Language Scheme Annual Report 2014/15
- Minutes of Committees:
 - Audit - 16 July 2015
 - Finance and Resources - 25 June 2015
 - Quality, Patient Experience and Safety - 10 July 2015
 - Remuneration - 18 June 2015

RESOLVED: That the Consent Items be noted and approved.

RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.

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