

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE
 SERVICES NHS TRUST BOARD, HELD ON THURSDAY 30 JULY 2015 AT
 THE WREXHAM MEDICAL INSTITUTE IN THE TECHNOLOGY PARK
 CENTRE, WREXHAM**

BOARD MEMBERS

PRESENT:

Martin Woodford	Non Executive Director and Vice Chair (Chaired Meeting)
Emrys Davies	Non Executive Director
Kevin Davies	Non Executive Director
Mick Giannasi	Chairman of the Board (Joined from Minute 46/15)
Judith Hardisty	Director of Workforce and Organisational Development (Joined from Minute 46/15)
Sara Jones	Director of Quality and Nursing
Brendan Lloyd	Medical Director
John Morgan	Non Executive Director (Left after Minute 49/15)
James Mycroft	Non Executive Director
Patsy Roseblade	Director of Finance and ICT
David Scott	Non Executive Director

TRUST BOARD

REPRESENTATIVES:

Hugh Bennett	Head of Planning and Performance
Hannah Evans	Head of Strategic Development and Support
Nathan Holman	Staff Side Representative
Lois Hough	Senior Communications Officer
Richard Lee	Interim Assistant Director of Operations (Clinical Modernisation) (Left after Minute 47/15)
Steve Owen	Corporate Governance Officer
Carl Powell	Clinical Team Leader (Left After Minute 47/15)
Bleddyn Roberts	Staff Side Representative
Gordon Roberts	Interim Assistant Director of Operations (EMS)
Dawn Sharp	Corporate Secretary
Jonathan Sweet	Staff Officer, Operations (Joined from Minute 50/15)
Claire Vaughan	Associate Director Workforce Transformation
Jonathan Watts	Associate Portfolio and Programme Director

APOLOGIES

Mike Collins	Director of Operations
Mike Coupe	Director of Strategy, Planning and Performance
Pam Hall	Non Executive Director
Nigel Heal	Staff Side Representative
Tracy Myhill	Chief Executive

OBSERVERS

Aled Wyn Davies	CHC Representative Powys
Dorothy Edwards	111 Project Lead
Russell Jackson	CHC Representative Flintshire

43/15 VICE CHAIRMAN WELCOME AND UPDATE

The Vice Chairman welcomed everyone to the meeting. Due to a technical issue with the translating equipment it was agreed that the services of the Translator were, reluctantly not being used.

The Vice Chairman expressed his delight in terms of the dramatic improvement in response times over the last six months. There was a growing sense of confidence amongst stakeholders and Welsh Government (WG) about the Trust and the leadership of it. Furthermore, the recent announcement from WG in terms of moving to a clinically focused target had been a huge expression of confidence for the Trust.

The Board were informed of the results of the National Survey for Wales which confirmed that over 90% of the 10,000 members of the public who responded had been satisfied with the service they had received.

The Vice Chairman reiterated the importance of focusing on performance and to continue working towards a three year IMTP that was in a position to be signed off.

RESOLVED: That the update be noted.

44/15 CHIEF EXECUTIVE UPDATE

In the absence of the Chief Executive, Brendan Lloyd, Medical Director provided the Board with the following update:

Performance - The Board were asked to recognise the continuous improvement and thanks were to be recorded for all those involved in particular to Gordon Roberts, Interim Assistant Director of Operations (EMS) for his relentless focus.

- Clinical Model - This was a seismic shift in terms of how performance was being delivered. The emphasis from being measured on clinical outcomes and the patient experience and what the Trust does for the patients had been long awaited and was an extremely positive step going forward. The pilot was due to commence on 1 October 2015 on an all Wales basis.
- Planning - The Local Delivery Plan was undergoing further development and further progress of the IMTP going forward was being undertaken.
- Non Emergency Patient Transport - The work involved in progressing this was ongoing and required recognition by the Board.
- Collaboration - Increased collaboration, particularly with EASC was to be noted by the Board.

RESOLVED: That the update be noted.

45/15 PROCEDURAL MATTERS

Minutes – Open 4 June 2015

Minute 39/15

Page 4 under savings plans, penultimate bullet point: Remove the word 'proper' and insert 'fully agreed'

Page 5 under Capital second paragraph, the following sentence be added: 'The Board were seriously concerned on being advised of the potential 50% cut for the vehicle replacement programme'.

Page 5 under Capital second paragraph final sentence: Insert the word 'affected' before vehicles and delete 'nine' and insert 'eight'

Page 5 under Capital penultimate paragraph second sentence: Insert the word 'provision' before roll out.

Minute 40/15

Page 6 penultimate paragraph: Delete in entirety and insert 'The Associate Portfolio and Programme Director confirmed that the Board would receive an interim benefits realisation report for the, now closed, Strategic Transformation Programme (STP) at its meeting in July. It was confirmed that these benefits would then be subsumed into the wider IMTP change portfolio and they would be reported on periodically as part of the wider IMTP reporting mechanisms to Trust Board'.

Page 7 Delete second bullet point in entirety and insert: 'Was the CAD replacement out of scope as the current portfolio documentation suggested? It was confirmed that the CAD was currently at the business case writing stage and if/when this business case was approved the work would become a formal project and be within the scope of the change portfolio'.

Page 7 Delete fourth bullet point in entirety and insert: 'Clarity was requested in terms of whether the development of alternative care pathways was in scope. It was confirmed that pathway development formed part of the Clinical Modernisation programme and specifically the new CPAG group which had been created'.

Minute 41/15

Page 8 final paragraph: Following reviewed by Audit insert the word 'Committee'.

Action Log

Members discussed the individual actions contained within the Action Log which was updated to reflect the issues raised. Members further debated the methodology applied in terms of the status of actions and it was agreed that if an action was completed then that was to be reflected in the status column to avoid any ambiguity.

Register of Seals

The following transactions requiring the use of the Trust seal had taken place since last reported to the Board on 19 November 2014:

- No: 0145 - Sale of Maesteg Ambulance Station
- No: 0146 - Holywell Ambulance Station – Transfer of ownership
- No: 0149 - Porthmadog Ambulance Station – Lease renewal
- No: 0149a - Lease of Cardiff East Ambulance Station

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 8 May and 4 June 2015 be confirmed as a correct record subject to the alterations as described above;**
- (3) the adjustments to the action log as described be implemented; and**
- (4) the application of the Trust seals as described be noted.**

46/15 RESUSCITATION RAPID RESPONSE (3 RU) – PRESENTATION

The Vice Chairman welcomed Richard Lee and Carl Powell to the meeting. The Board were provided with a presentation by Carl Powell which highlighted the work being carried out by the Resuscitation Rapid Response Unit (3RU). The presentation focused on the events surrounding Pauline, a 50 year old female in hitherto good health and the involvement of the 3RU in providing life saving treatment.

At 14:43:20 a 999 call had been received at the Trust's Llanfaerfechan Clinical Contact Centre (CCC) from Pauline's family who found her in a collapsed state at the family home in the Cardiff area. The call was then passed to the CCC at Vantage Point House in Cwmbran.

An RRV paramedic who worked in Cardiff, and was also part of the 3RU team was allocated to the call. The call taker, having gone through the Medical Priority Despatch System, had recognised that Pauline was in cardiac arrest and was giving CPR advice to the relatives. Another paramedic who was working the 3RU trial vehicle in Cardiff was also sent to the incident as it was becoming clearly evident from the caller this was the highest of priority calls. The first paramedic arrived at the address four minutes and 14 seconds after the call was received and immediately carried out a primary survey and commenced basic life support with the assistance of family members.

The second paramedic arrived on scene very shortly thereafter in the 3RU vehicle. The patient was re-assessed and the decision was made to place an automated CPR device to the patient.

At 15:17 Pauline was placed on the ambulance and taken to the University Hospital Wales, with the Emergency Department (ED) and cardiology given a pre alert regarding her condition. Pauline and three ambulance crews arrived at the ED at 15:27 to a waiting resuscitation team, consisting of consultants from anaesthetics, ED, cardiology and a team of nursing staff and specialists.

Pauline remained in ITU for approximately three weeks and was now making a full recovery at home.

The Vice Chairman welcomed comments for Board Members:

- Did Pauline undergo defibrillation - during resuscitation Pauline was delivered one shock but it was the CPR that provided the spontaneous circulation. The Medical Director emphasised that CPR training was paramount in improving the public's awareness of its positive effects. Carl added that the British Heart Foundation were actively sending out training kits within the community to promote the use of and allaying the fear of carrying out CPR.
- Was this level of service due to being in the right place at the right time or could this level of response be expected elsewhere within Wales? It was normally recognised for two vehicles to attend a cardiac arrest however this varied greatly on resources within the area of concern.
- It was encouraging that even though the call was received in North Wales it still received the level of response expected.
- This type of response was simply not possible in every part of the country and this was one of the reasons why the Trust utilised Community First Responders (CFR's) and it was important they (CFR's) were continually being developed.
- The use of Public Access Defibrillators were continuing to be developed and having a positive impact within communities.

The Vice Chairman queried as to how this was going to be taken forward and asked how developments and achievements were going to be tracked. The Medical Director advised that initially a paper would be presented to the Management Team in terms of the options around the cardiac pathway.

RESOLVED: That

(1) the update be noted; and

(2) the ongoing development of the 3RU be noted.

47/15 DIGITAL PEN TECHNOLOGY – PROGRESS REPORT

The Board were given an overview in terms of the current position, the purpose and the benefits of the Digital Pen. In outline, the digital pen was in essence similar to a normal ball point pen with a built in camera which would accurately record what was written by the user in real time. He advised that a demonstration of the Digital Pen would be given at the Board Development day on 11 August 2015.

The Vice Chairman welcomed comments from the Board:

- The impact was huge for the Trust in terms of how it would be able to understand clinical practice and outcomes, managing concerns in a more efficient way and address the way the Trust responds to safeguarding issues.

- The technology was moving forward and this was welcomed. In terms of maintaining a critical focus going forward how was the Trust expected to monitor this. – The Medical Director advised that the Digital Pen Implementation Group would grow into a Digital Pen Monitoring Group and the information that supported the Clinical Audit Effectiveness Team would become part of the information feeding into the Clinical Modernisation Programme Board which would allow for regular reviews of the captured data to be monitored.
- This technology was a ‘C’ change and a fantastic first step forward on the long- term pathway for the Trust to be able understand better, the clinical processes and practices within the Trust. The potential impact of this pen should not be underestimated, however the Trust should consider implementation of the electronic Patient Clinical Record (PCR) as the next level on the evolutionary digital path.
- In terms of going forward the Director of Finance and ICT had made it clear when the original bid for the pen had been submitted to Welsh Government it was indicated that this was an interim step towards a fully electronic PCR.

The Vice Chairman added that the change in clinical practice following the implementation of this technology was an exciting time for the Trust.

RESOLVED: That the progress be noted.

48/15 INTEGRATED PERFORMANCE REPORT

The Head of Planning and Performance outlined to the Board the Integrated Performance Report for the month of April 2015. The following key highlights on April’s performance within the report were brought to the Board’s attention:

- The performance figure against the A8 target was 59%.
- A total of 35,504 emergency 999 calls had been received.
- 54% of planned savings had been achieved.
- There had been four serious adverse incidents reported to Welsh Government.

The Vice Chairman welcomed comments from Members. The following points were raised:

- Handover to Clear performance required further work and monitoring to improve this element.
- In terms of the Handover to Clear 80% was at this stage a realistic figure, however the Interim Assistant Director of Operations (EMS) was confident this figure would improve in the next few months.
- It was to be noted that the sickness rate for the month of May had decreased to approximately 6.2%

The Vice Chairman was delighted to learn that the lead time for the IPR being presented to Board would be shortened greatly in light of the new reporting process.

RESOLVED: That the Integrated Performance Report and progress being made on

the Commissioning Framework and Planning and Performance Management Framework be noted.

49/15 FINANCE REPORT – MONTH THREE 2015/16

The Vice Chairman as a preamble to the report highlighted to the Board the ongoing discussions the Trust was having with both Commissioners and Welsh Government in terms of the long term financial stability in underpinning the Trust's performance and the in year situation respectively. The Board should use this as a backdrop when considering the contents of the financial papers presented.

Finance Report

The Director of Finance and ICT presented the financial position as at the end of month three. In presenting the report the Director added that the reported outturn performance for the year to date period based on the Trust's Month three accounts was a retained deficit of £0.978m.

The Director of Finance and ICT drew the Board's attention to the following areas within the report:

- The total overtime paid for the month was £1.013m, a reduction of £0.011m from the previous month, noting that £0.659m of the £1.013m was the cumulative cost of the double time element.
- The corresponding cumulative cost of operational sickness to Month three was £1.163m.
- The Board's attention was drawn to the six options detailed in the table on page four of the report which determined the effect on the year-end financial outturn and the corresponding high level impact on operational performance.
- The Trust still had the ability to break even should it continue to carry on with its current modus operandi and with no assistance however there would have to be severe draconian measures which would have a devastating impact on performance.
- There was sufficient variable pay spend and variable non pay spend to an extent, such that if the Trust stopped doing any level of activity that was not substantive spend, i.e. no or hardly any overtime and no private provision then the Trust could 'turn off the tap' but this would have a catastrophic impact on performance. However as a Board there was a statutory duty to break even financially by the end of this year.
- The Director of Finance and ICT urged the Board at this stage to continue to spend on the additional capacity and continue with the initiatives in place to maintain the capacity and performance levels during the difficult period over August which was a time when many staff took as a holiday.

The following points were raised:

- The Board were assured by the Chairman that written evidence of support was forthcoming and the timing of the release was purely down to an administrative process issue.

- The Director of Finance and ICT provided the Board with further detail in terms of the major variances against the full year plan.
- A concern was raised in terms of the break even achievement of financial balance forecast and queried why the forecast was presented as being on target. The Director of Finance and ICT explained that it was in theory, possible. At the end of Month four there would be more substantial information that illustrated either it was or wasn't on target.
- If the forecast was being shown as green as it needed to be consistent with WG returns had the Board ever agreed to continue to report to WG that it was going to break even. The Director of Finance and ICT added that a decision in terms of the way forward from the Trust was reviewed on a month by month basis and this was reported to WG.
- The Director of Finance advised the Board that the Trust was not committing to option one in the previously referred to set of options and confirmed that the Trust was continuing with option two.
- In terms of what would deliver financial stability going forward, the Director of Finance and ICT advised the Board that if the Trust was not spending on the additional initiatives it would be on plan and it was the extra spending that was taking the Trust to an overspend position. The recruitment plan was being further developed which would be costed and would demonstrate how the Trust could exit the additional premium costs and move into a position of standard costs for all of the activity that it was providing. The next stage in the iterative process was to ensure that the recruitment plan and the workforce plan going forward reflected the changes that would be necessary to the clinical model.
- The Associate Director Workforce Transformation advised the Board that the critical factors being worked through were the impact and the understanding of the rosters, UCS and Card 35. Once these aforementioned factors had been developed further the recruitment plan could be signed off.
- Members discussed Staff innovation ideas which had transpired as part of the Board Development day in May and whilst these were in the process of being scoped, a report would be presented to Trust Board at such time the ideas were fully developed.
- Concern was expressed in terms of the timeline in converting the plan into actual real time personnel which were not only trained but would also be operational. The Associate Director Workforce Transformation informed the Board that there were numerous contingent factors affecting recruitment, however it was felt that the Trust was in a much better position than previously. The Director of Finance and ICT reminded the Board of the significant amount of work that had been conducted whereby a point had been reached in which the Trust fully understood its recruitment requirements which would allow it to reach funded establishment and to understand the timing of those personnel that were being recruited becoming operational. The current recruitment plan would bring the Trust's establishment figure to around 50% of the funded vacancies and therefore the Trust would still be reliant upon a level of overtime and private provision until the end of the financial year.

The Vice Chairman reminded the Board of the six options referred to earlier and expressed

the Board's position in that it was unhappy with options three – six as they would all have a negative qualitative impact on service delivery within the current year. The remaining two practicable options would leave the Trust still being reliant upon financial support to break-even. The Board recognised its own obligations to mitigate the deficit as far as it could without having a negative qualitative impact by maximising savings delivery and considering contingencies. Additionally, the Board also identified with its other obligations in terms of reshaping inefficient spending into efficient spending.

The Director of Finance and ICT reassured the Board that the additional savings, for example profit on disposal, were not included within the plan and therefore would support the overall expected savings on delivery.

The Vice Chairman added that the Trust had recognised its obligation to deliver the agreed savings plan which it committed to at the start of the year and this was being monitored through the Finance and Resources Committee.

Discretionary Capital 2015/16

The Director of Finance and ICT provided the Board with an overview of the Discretionary Capital Programme for 2015/16 and asked the Board to approve the recommendations below.

Vehicle Procurement Risk Assessment and Financial Options (2015/16)

The Director of Finance and ICT updated the Board with details of the results of the risk assessment with regard to the Business Justification Case for vehicle replacement being reduced by 50%.

The Interim Assistant Director of Operations (EMS) advised that this situation posed a significant challenge for the Trust going forward in terms of the higher vehicle maintenance costs.

Reference was made to the emergency vehicles used by the Scottish Ambulance Service which were of a standard body construction rather than a chassis cab with a modified back, as used by the Trust. Would it be possible to consider this as a cost saving exercise. The Director of Finance and ICT informed the Board that considerable background work had taken place to establish the most cost effective way going forward through the use of outside consultants.

In terms of the vehicles being older there was a greater possibility of it breaking down at scene which may have a detrimental effect on the clinical outcome of patients.

RESOLVED: That

- (1) the financial position as reported for Month three, the associated key risks, be noted; and**
- (2) the Discretionary Capital Programme for 2015/16 as approved by the Executive Management Team be approved;**
- (3) the expenditure of the bid BID008, £961k for defibrillators be approved;**
- (4) the content and outcome of the vehicle procurement risk assessment and financial options be noted;**

- (5) the FRC monitor the vehicle replacement programme; and**
- (6) the Corporate Secretary in consultation with the Director of Finance and ICT schedule a date for the report on Staff innovation ideas to be presented at a Board meeting in the future.**

50/15 INTEGRATED MEDIUM TERM PLAN

The Associate Portfolio and Programme Director provided the Board with an update in terms of the IMTP and the monitoring of it whilst recognising that discussions were still ongoing in gaining approval of the plan. He also advised the Board of the feedback received from the Health Minister in terms of the plans that had been submitted and whilst the Minister was not in a position yet to approve the plan he recognised that it had been a pivotal year in the transformation of the Trust and assured that WG would continue to work with the Trust to provide a stable service model with tangible benefits for patients and staff alike.

The Associate Portfolio and Programme Director brought Members' attention to a tabled report which provided a high level summary of the plan going forward and it was proposed that this be used as the vehicle to provide assurance to the Board on a regular basis. The contents included a portfolio level summary in terms of the headlines, work in progress, key milestones, actions taken, any slippage, a high level programme summary and the main risks faced by the portfolio with the mitigating actions taken listed. The clear message from WG was that it was imperative for the Trust to have an approved three year plan for next year. The report being presented did not represent the entire monitoring of the IMTP, it focused on the change element of it.

The Head of Strategic Development and Support advised the Board that it was her intention to present another iteration of the plan to the Board for sign off in September 2015. There had been positive feedback from both WG and the Commissioner that there was clear alignment with the framework and that it actually looked like a plan. In terms of the progress that had been made, this had been recognised, nevertheless, the Trust was urged not to lose focus on the planning process for next year.

The Board were given assurance by the Head of Strategic Development and Support that work had commenced in developing the building blocks going forward to establish an approved plan for next year. Furthermore, the Head of Strategic Development and Support advised the Board of the mechanisms in place that throughout the journey of development, would be shared amongst all the interested parties in the plan going forward.

The Vice Chairman welcomed comments for the Board:

- The Board were pleased that the report provided the necessary assurance, was light years ahead of other reports submitted in the past and illustrated a positive and concrete step going forward.
- In terms of the status quo, what impact did yesterday's announcement have on the rosters and would that have a detrimental effect on the development of the plan. The Associate Director Workforce Transformation advised that the plan would be sufficient for this year, however at this point in time the Trust was modelling its idea on functions such as the impact on the new clinical response model and what the gap was between current resource and demand, all of which would be factored in to the estimation. The Medical Director advised that further analysis would be required and this would take time.

- The Trust must apply caution that it does not overpromise anything within the plan.

The Chairman of the Board drew the Board's attention to the Board Development Day (BDD) on 11 August 2015 and advised that the meeting today had been a forerunner for that day in terms of the items being discussed at the latter.

RESOLVED: That

- (1) the letter from the Minister for Health and Social Services to the Trust Board Chairman be noted;**
- (2) the current position regarding an approvable 2015/16 one year IMTP following discussion with CASC and Dr Andrew Goodall be noted;**
- (3) the progress being made in delivering the other aspects of the 2015/16 IMTP be noted; and**
- (4) the arrangements being put in place to ensure an approvable three year IMTP for 2016/17 is produced be noted.**

51/15 111 UPDATE

The Director of Finance and ICT introduced the report and provided an overview of the 111 service. It was absolutely essential that the Memorandum of Understanding for the transfer of the 111 number from NHS England to NHS Wales be approved.

The Vice Chairman welcomed comments:

- The Associate Director Workforce Transformation referred the Board to a recent presentation given by the 111 Project Director to the Partnership Forum which had provided a very positive step on the process going forward.
- The 111 Project Lead advised Members that a series of staff engagement events were planned in the near future.
- In terms of the governance arrangements, was there further clarity around this - The 111 Project Lead advised that further work was still required to absolutely clarify the arrangements between the Health Board and the Trust. The Director of Finance and ICT informed the Board that there would be an integrated governance board within the Trust to ensure that all areas were covered off within the Service Level Agreement in terms of all the risks associated within. The Director of Finance and ICT added that the Trust Board would be periodically updated on the development, progress and monitoring of the 111 service.
- The 111 Project Lead informed the Board that they would be provided with a further in depth look at the service model at the BDD on 11 August 2015.
- The Medical Director commented that the way clinical services were moving there was going to be a focus to the whole of out of hospital urgent and emergency care and at the moment it was not as integrated as it should be. There were some quite severe weaknesses, particularly with GP Out of Hours service provision across

Wales. The development of 111, the directory of services, the alternative pathways linking into some of the paramedic pathfinder work and the Trust's contribution working with the GP Out of Hours service has been publically recognised and was a positive step going forward.

- In terms of the finances the 111 Project Lead assured the Board that further work was ongoing to establish the cost sharing of the service and it would not fall completely on the Trust alone.

RESOLVED: That

- (1) the update on the 111 pathfinder project and its strategic alignment to the five step clinical modernisation programme be noted;**
- (2) the letter from Dr Andrew Goodall, Director General to Judith Page, Chair of the 111 Project Board regarding hosting decision be noted;**
- (3) the acceptance of the decision to host the 111 Pathfinder be approved;**
- (4) the letter from the 111 Project Director to WAST Chief Executive outlining hosting requirements be noted;**
- (5) the Trust Executive leadership and support arrangements and next steps be noted; and**
- (6) a Memorandum of Understanding for the transfer of the 111 number from NHS England to NHS Wales and the signing of same be delegated to the Chairman of FRC.**

52/15 **CONSENT ITEMS**

The following Minutes of Committees were presented to the Board:

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| • Quality Delivery Committee (from the former Committee structure) | 31 March 2015 |
| • Audit Committee | 28 May 2015 |
| • Finance and Resources Committee | 21 April 2015 |
| • Quality, Patient Experience and Safety | 14 May 2015 |
| • Welsh Ambulance Services Partnership Team | 29 January 2015
and 25 March 2015 |
| • Emergency Ambulance Services Joint Committee | 27 January 2015
and 17 March 2015 |
| • Welsh Health Services Specialised Committee (Summary of Key Matters) | 16 March 2015 |

Interim Benefits Realisation Report

The Board was to note and approve the contents of the above report.

RESOLVED: That

- (1) the Minutes of Committees as presented be received and adopted;**

- (2) the Interim Benefits Realisation report be noted;**
- (3) the lessons learned from the STP benefits realisation exercise and that these have been taken forward into the IMTP change portfolio to produce a more robust benefits management strategy be noted; and**
- (4) the small changes which have occurred but that it was still too early to be expecting to see step changes be noted.**

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