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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD ON FRIDAY 27 NOVEMBER 2015, AT THEPARAMEDIC SCIENCE PRACTICE SUITE, VIVIAN TOWER, SINGLETON COMPLEX, SWANSEA UNIVERSITY, SWANSEA, SA2 8PP**

**BOARD MEMBERS**

**PRESENT:**

Mick Giannasi	Chairman of the Board
Tracy Myhill	Chief Executive
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director
Wendy Herbert	Assistant Director of Quality and Nursing
Dr Brendan Lloyd	Medical Director
James Mycroft	Non Executive Director
Gordon Roberts	Interim Assistant Director of Operations (EMS)
Patsy Roseblade	Director of Finance and ICT
David Scott	Non Executive Director
Claire Vaughan	Director of Workforce and Organisational Development
Martin Woodford	Non Executive Director and Vice Chair

**TRUST BOARD**

**REPRESENTATIVES:**

Hugh Bennett	Head of Planning and Performance
Keith Cox	Board Secretary
Nigel Heal	Staff Side Representative
Estelle Hitchon	Associate Director, Chief Executive's Office
Nathan Holman	Staff Side Representative
Melfyn Hughes	Welsh Language Officer
Steve Owen	Corporate Governance Officer
Jane Palin	Quality Clinical Practice and Improvement Lead

**APOLOGIES**

Hannah Evans	Director of Strategy and Planning
Bleddyn Roberts	Staff Side Representative

**OBSERVERS**

Nikki Harvey	Named Professional Safeguarding Children and Adults
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## **63/15 CHAIRMAN WELCOME AND UPDATE**

The Chairman welcomed all to the meeting including Keith Cox the new Board Secretary and advised that the meeting was being audio recorded. He thanked the Members for their attendance on the launch of the Paramedic Education Sciences Facility.

Congratulations were expressed on behalf of the Board to the staff that had recently been the recipients of numerous prestigious awards which had clearly demonstrated the ongoing provision of excellent quality and commitment.

The Chairman reflected upon the position of the Trust 12 months ago and the challenges that were being faced at that time. The current situation demonstrated an organisation that had much improved in terms of overall performance. There was a growing sense that staff were generally more motivated, the relationship with Staff Side had turned a corner and there appeared to be a more positive perception of the Trust from members of the public.

He referred to the Clinical Response Model and the confidence expressed by Welsh Government in its implementation going forward.

The Chairman commented there was no room for complacency adding there were still challenges to be overcome and thanked on behalf of the Board the triumphs achieved by all staff over the past year.

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

## **64/15 CHIEF EXECUTIVE UPDATE**

The Chief Executive reiterated the comments made by the Chairman adding that the Executive Team was now a much more cohesive and unified group. The Board were updated in terms of new appointments which included Claire Vaughan, Keith Cox and Chris Turley. Thanks were expressed to all the Executive Directors for their continued efforts.

The Board were advised of the ongoing developments in terms of its focus on the three year plan and the developing relationship with the Commissioner.

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

## **65/15 PROCEDURAL MATTERS**

### **Minutes**

The Minutes of the Open and Closed sessions held on 29 September 2015 were confirmed as a correct record.

### **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 29 September 2015 be confirmed as a correct record;**
- (3) the adjustments to the action log as referred to be implemented and in future the action log contain written updates.**

**66/15 PATIENT STORY**

At each meeting, the Board considers the circumstances surrounding a recent incident and reviews the experience the patient had received or occasionally the viewpoint from the crew.

Members were given a presentation from the Trust's Hazardous Area Response Team (HART) who had attended to an incident concerning what turned out to be a patient who had sustained a pelvic injury at the Celsa steel works in Cardiff on 3 July 2015. The situation was exacerbated due the fact that the patient was on a scaffolding structure 30 feet above the ground. The Board were briefed on the actions and techniques performed by members of HART prior to moving the patient from the scaffolding.

The Board discussed the incident in further detail and raised several questions and comments concerning the functions of HART in particular their ability to deploy on a national basis.

**RESOLVED: That the patient story be noted.**

**67/15 100 DAY IMPROVEMENT PLAN FOR PUTTING THINGS RIGHT (PTR)**

The Board received the update from the Assistant Director of Quality and Nursing and advised that the completion date of the 100 day improvement plan was scheduled for 21 December 2015. The report submitted to the Board for consideration covered the organisational position as at the end of October 2015 with regard to Redress, acknowledgements and any concerns which were of a political nature.

There were still some issues that required attention, in particular the quality of the response letters following a complaint which was being addressed.

The Board were apprised in terms of how the backlog of concerns was being addressed and was advised that this was being conducted by a separate team.

The Chief Executive commented that it would not be an unreasonable expectation for the Trust, by the end of the financial year, to be in a position where it was ranked the best in Wales in terms of its PTR performance. The QuEST Committee should continue to monitor progress in terms of PTR and be in a position to accept a report from the Assistant Director of Quality and Nursing at its meeting on 25 February 2016 in preparation for the Board update on 24 March 2016.

**RESOLVED: That**

**(1) the updated position on how PTR was being delivered through the 100 day improvement plan be noted; and**

**(2) an update on progress be provided to the Board via the QuEST Committee by year end.**

#### **68/15 SHARED BEHAVIOURS TO DELIVER THE PURPOSE AND VISION**

The Director of Workforce and OD introduced the report which had been written after extensive research through staff collaboration in order to inform the Board of the development of a set of 'shared behaviours' going forward.

A key element of delivering these shared behaviours would be to support the Trust's refreshed vision and purpose as part of the Trust's way of conducting its business in the future.

Members welcomed the paper indicating that it would be a challenge to disseminate the information at every level adding it was important to continue advocating the behaviours throughout the organisation. The Board considered further implications within the report and discussed in greater detail how the behaviours and the Trust's expectations could be linked to illustrate performance.

The Board understood that there was still further work to be undertaken in ensuring the shared behaviours required to be progressed and this was to be reflected in the next iteration of the plan going forward.

**RESOLVED: That**

**(1) the collaboratively developed Trust behaviours be approved; and**

**(2) the details of the action plan developed to implement and ensure these shared behaviours were reinforced and lived be noted.**

#### **69/15 PROMOTING EQUALITY AND DELIVERING THE 2010 EQUALITY ACT**

The Equality Act 2010 (the Act) brought together and replaced the previous anti - discrimination laws with a single Act. It simplified and strengthened the law, removed inconsistencies and made it easier for people to understand and to comply with it.

The Board were provided with an overview of the report by the Director of Workforce and OD which encompassed details in terms of the draft Strategic Equality Objectives and the delivery plan. The Board's attention was drawn to the assistance provided by Public Health Wales in terms of the way forward by implementing a healthy lifestyle within the Trust.

In considering the report in more depth, the Board raised several questions ranging from how to evidence that the objectives were being met to how it all linked in to the broader picture going forward all of which were responded to by the Director of Workforce and OD.

**RESOLVED: That**

- (1) the draft Strategic Equality Objectives be approved;**
- (2) the delivery plan be supported subject to a further iteration being submitted to the Board for final approval; and**
- (3) a progress report be presented to the Board in January which identified the Trust's position in terms of its current objectives.**

#### **70/15 INTEGRATED PERFORMANCE REPORT – SEPTEMBER 2015**

Prior to introducing the Head of Planning and Performance, the Chief Executive provided the Board with a brief outline in terms of the Trust's current performance position and the opportunities that required consideration in improving it going forward.

In receiving the performance report for September 2015 the Board were provided with an overview by the Head of Planning and Performance. He drew the Board's attention to the top ten performance indicators within the report commenting that improvements could be made through better use of performance management going forward. He commented to the Board that the ability for the Trust to predict demand was incredibly difficult.

The Board debated in detail the issues which affected the Trust's performance and expressed concern that there will still be episodes of handover to clear delays at hospitals in certain areas. Members also considered and discussed at length the key indicators being measured and how the Trust monitored them.

The implementation of the new clinical model, notwithstanding the current key operational standards that still applied, would inevitably give rise to new ones which would require monitoring.

A number of issues were raised during the presentation of the report in which the appropriate Director provided the required information whilst giving the Board the necessary reassurance.

**RESOLVED: That the report be noted.**

#### **71/15 ONE MONTH POST IMPLEMENTATION OF THE NEW CLINICAL MODEL**

The Board noted that a further update would be provided within the Closed session of the Board as there were statistics within the report that had not been published and therefore could not be discussed within the Open session until such time they were.

**RESOLVED: That the report be noted.**

#### **72/15 DELIVERY OF THE 2015/16 IMTP**

The Head of Planning and Performance presented the report to the Board highlighting the further work that had been undertaken indicating that additional information would be provided at the Board Development Day in December. He drew the Board's attention to the key messages that had emerged from the recent Joint Executive Team (JET) meeting.

The Chairman referred to a recently circulated communication from Dr Andrew Goodall to Board Members which had set out the challenges to focus on in terms of performance going forward.

In considering the contents of the report Members raised several observations which included:

- It would be helpful if the programme summary could be reintroduced within the plan
- In terms of performance being measured by a particular number it would be of use to provide a brief explanation
- It would be useful to see the ongoing work in terms of the progress with Co-Responders within the plan

The Chairman commented that further discussion at Board level was still required to build upon progressing the plan going forward.

**RESOLVED: That**

**(1) the highlight report be noted; and**

**(2) the initial feedback from the JET meeting be noted.**

#### **73/15 DEVELOPMENT OF THE 2016/17 INTEGRATED MEDIUM TERM PLAN (IMTP)**

The Head of Planning and Performance outlined the contents of the report for the Board's attention. He referred to the critical path and key milestones within the plan and advised that the milestones had either been completed or were on target.

The Chairman provided the Board with details of the Trust's next Board Development Day highlighting the intended areas which would be subject to further discussion including the IMTP.

The Board discussed the plan and was assured it was developing positively going forward noting the inherent risks inherent in implementing a three year plan.

**RESOLVED: That**

**(1) the progress made on the critical path of the development of the plan, specifically the Local Delivery Plans be noted;**

**(2) the proposed architecture for the plan be noted;**

**(3) the emerging strategy map which joins up the agreed vision and purpose statements and priority themes with the proposed organisational behaviours be noted; and**

**(4) the key risks and mitigating actions associated with successful development of the plan be noted.**

## **74/15 BOARD ASSURANCE AND RISK MANAGEMENT FRAMEWORK**

The Quality Clinical Practice and Improvement Lead introduced the report to the Board and provided a comprehensive overview drawing the Board's attention to the work undertaken in the development of the framework. The Board were advised of the purpose of the framework which included how good governance was the hallmark of high performing organisations.

**RESOLVED: That**

- (1) the seven recommendations and associated delivery plans, with Executive Team having oversight of progress be approved; and**
- (2) the Board noted the high quality of the report and their appreciation to the Quality Clinical Practice and Improvement Lead for the work undertaken in producing it was also noted.**

## **75/15 NON EMERGENCY PATIENT TRANSPORT SYSTEM (NEPTS)**

The report was presented by the Director of Finance and ICT who provided an overview on the status of the NEPTS business case, which was currently with the Minister for Health and Social Services awaiting approval. The Director advised Members that improvements were already being made pending ministerial approval, especially with regard to the transport of renal patients.

Members considered the implications of the business case in further detail acknowledging the challenges and were assured by the Director of Finance and ICT that the deliverables within the plan were achievable.

**RESOLVED: That the current status of the NEPTS business case be noted.**

## **76/15 FINANCE REPORT – MONTH 7 2015/16**

The Director of Finance and ICT updated the Board on the Trust's cumulative financial performance against budget for the period ending October 2015.

The report provided detailed information on the current position in relation to financial performance, savings plans and key risks all of which would ultimately determine the Trust's ability to achieve a breakeven financial position by 31 March 2016. The report also outlined what the savings requirements would be following the implementation of the new clinical model.

The reported outturn performance at Month seven was a retained deficit of £2.345m. The Director was confident that the Trust would meet its financial requirement by year end.

The Board understood the financial performance to date and focussed their discussion upon what future action was necessary with regard to the current deficit forecast and the possible additional reduction of income and how further savings could be made.

In terms of the extra funding being made available to the Trust, the Board were provided assurance that notwithstanding any formal written approval not being received at this stage, it was almost certainly guaranteed that the funding would be forthcoming.

Concern was expressed that it was not particularly good governance for the Trust to state that it would break even on the assumption of receiving the extra funding. The Board held a detailed debate which focussed upon the rationale in its stance in projecting a break even budget.

In terms of operational vacancies the Board were assured that following the implementation of a recruitment plan any impact upon savings had been addressed and were factored in to the overall savings plan.

**RESOLVED: That the financial position as reported for Month 7 and the associated key risks and issues be noted.**

## **77/15 DEVELOPING THE FINANCIAL STRATEGY 2016 – 2019**

The Director of Finance and ICT presented the report and highlighted the following points for note:

- an indicative figure of 3% savings had been implemented
- Cost pressures for next year
- Efficiency in savings from the Local Delivery Plans process

The Board were given an overview in terms of how the Finance and Resources Committee were monitoring the strategic financial implications of the IMTP going forward.

**RESOLVED: That**

- (1) the emerging financial strategy for the Trust, emerging themes, key risks and the link to the 2016/19 IMTP, be noted;**
- (2) the development of an enhanced financial strategy for the Trust over the medium term be noted;**
- (3) the requirement and process to develop a sustainable balanced recurring financial plan, and the key aspects to delivering this be noted;**
- (4) the emerging themes and enablers to developing this and some of the key interdependencies, including the key links with the IMTP process, and associated risks within this be noted; and**
- (5) the challenging timescales by which all this needs to be delivered be noted.**

## **78/15 CONSENT ITEMS**

**Minutes of Committees**

**(1) Audit Committee on 10 September 2015**

**(2) Finance and Resources Committee held on 13 August 2015;**

**(3) Quality, Patient Experience and Safety held on 27 August 2015; and**

**(4) Remuneration Committee held on 29 September 2015.**

The Chairman of the QuEST Committee advised the Board that they (QuEST) were dissatisfied with the progress in terms of station cleaning and had referred the issue back to the Executive Team with an expectation of receiving an updated report at the next QuEST meeting.

In terms of the FRC Minutes, it was agreed that a set of words be provided to the Corporate Team to reflect the additional discussion point with regard to the full-year 2015/2016 financial outlook.

**RESOLVED: That**

- (1) the minutes of the meetings be received and the recommendations within those Minutes be adopted, or noted as items of business on the agenda for this meeting; and**
- (2) the issues raised above be noted.**

**Policy for Endorsement**

All Wales Dignity at Work

**RESOLVED: That the All Wales Dignity at Work Policy be adopted.**

## **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](http://www.ambulance.wales.nhs.uk)