



**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH
AMBULANCE SERVICES NHS TRUST, HELD ON FRIDAY 23 JANUARY
2015, IN VANTAGE POINT HOUSE, CWMBRAN**

BOARD MEMBERS

PRESENT:

Mick Giannasi	Chairman of the Board
Tracy Myhill	Interim Chief Executive
Mike Collins	Director of Operations
Mike Coupe	Director of Strategy, Planning and Performance
Emrys Davies	Non Executive Director
Kevin Davies	Non Executive Director
Pam Hall	Non Executive Director (Left during Minute 11/15)
Judith Hardisty	Director of Workforce and Organisational Development
Sara Jones	Director of Quality and Nursing
Brendan Lloyd	Medical Director (Left during Minute 05/15)
John Morgan	Non Executive Director and Vice Chair
James Mycroft	Non Executive Director
Patsy Roseblade	Director of Finance and ICT
David Scott	Non Executive Director (Left during Minute 11/15)
Martin Woodford	Non Executive Director

TRUST BOARD

REPRESENTATIVES:

Leanne Hawker	Partners in Healthcare Lead
Nigel Heal	Staff Side Representative (RCN)
Estelle Hitchon	Associate Director of Strategic Transformation (Joined from Minute 10/15)
Melfyn Hughes	Welsh Language Officer
Michael Jose	Staff Side Representative (UNISON)
Nick Morgan	Staff Side Representative (GMB)
Steve Owen	Corporate Governance Officer
Dawn Sharp	Corporate Secretary
Richard Timothy	Deputy Communications Manager (Left after Minute 11/15)

APOLOGIES

Nathan Holman	Staff Side Representative (GMB)
Bleddyn Roberts	Staff Side Representative (UNITE)

OBSERVERS

Hannah Crowney	WAST Management Trainee
Geoffrey Davies	CHC Representative Brecon and Radnor (Left after Minute 10/15)
Byron Grubb	CHC Representative AB (Left after Minute 10/15)
Melanie Watson	External Auditor KPMG (Left after Minute 08/15)

01/15 CHAIRMAN WELCOME AND UPDATE

The Chairman of the Board, Mick Giannasi, opened the meeting and reminded everyone that it was being audio recorded. He welcomed everyone to the main part of the meeting including Professor Kevin Davies to his first formal meeting as a Non-Executive Director of the Trust, Melfyn Hughes the Trust's Welsh Language Officer who was going to be acting as the Trust's simultaneous translator at this meeting and Melanie Watson from KPMG who was attending to present the Board with the External Audit Report.

Since November 2014, the Trust had, despite its best efforts continued to experience a deterioration in performance which had been set against the background of a growing financial deficit, a fragile industrial relations environment and intense political and public scrutiny fuelled by a constant media focus and a series of high profile adverse incidents.

Whilst there had been constructive developments in some areas, in others, particularly in terms of A8 performance and the intensity of the spotlight under which the organisation was operating, the situation had if anything, become even more challenging than it was two months ago.

The Chairman of the Board brought the following items to the Board's attention:

- In the summer of 2014, the Welsh Government (WG) had consulted on the 'Well Being of Future Generations (Wales) Bill'. If the Bill was passed it would place a statutory duty on 'public bodies' who undertook functions or activities which impacted on the economic, social and environmental well-being of Wales or their local area to have regard to those issues in the way they developed their strategic plans. It transpired that the Trust had not been specified as a public body in that consultation document and had queried the position with WG. The Trust had received a written response from the Minister for Health which confirmed that it was the policy view of WG that whilst WAST undertook essential and highly valued operational functions, it ultimately delivered services commissioned by local health boards who must commission services for their residents based on local need. The WG considered delivery of commissioned services as being distinct from having a strategic function.
- In terms of progress regarding the Mid Wales Study, the planning process was now firmly underway with a high level delivery framework being developed. There were significant implications for design/delivery of the ambulance services in Mid Wales which the Board would be updated on as developments progressed.
- That he had formally written on behalf of the Board to congratulate Deputy Director of Medical and Clinical Services, Andrew Jenkins, who had been awarded with the Queen's Ambulance Service Medal for outstanding services in the 2014 Honours List.

RESOLVED: That the oral report of the Chairman of the Board be received.

02/15 INTERIM CHIEF EXECUTIVE UPDATE

The Board received an oral report from the Interim Chief Executive who highlighted the following matters.

Pressures in the system - Operationally it had been a very challenging time across the

whole of the unscheduled care system and performance had inevitably suffered as a consequence, added to that hospital handover delays had reached significantly high levels. It was to be formally acknowledged that all staff, across the Trust, had continued to provide sterling work during these testing times.

Financial situation - The Trust was continuing with its existing course of action to continue to fund overtime and the use of private ambulance support in order to sustain service provision. It was important to note that Welsh Government (WG) were aware of the Trust's financial position. At this stage there was no solution to the financial situation and there had been a recognition from WG and Commissioners in terms of supporting the current stance.

Trade Union Relationships - There had been significant steps made with progress in galvanising this relationship including the agreement of two key workforce policies.

Ombudsman - The Trust had received the Ombudsman's report and within it there were indications that there had been a significant improvement in the quality of responses to complaints. The concerns system was currently under review and the recommendations from that review would be available by the end of March, improvements would then follow.

Strategic Transformation Programme - The responsibility for managing the programme had formally been handed back to the Trust from WG.

Performance Management - Internally, a great deal of work had been carried out and the testing of the new internal performance management system would be conducted in February/March. The Trust would be ready by April onwards to deliver what it stated it was going to deliver. Regular updates would be provided at Executive Management Team meetings and information from these meetings would be filtered through to Board meetings. **Externally**, the Trust had recruited Estelle Hitchon, Associate Director of Strategic Transformation to manage its reputation and interface with external stakeholders in Wales.

Integrated Medium Term Plan – This was on the agenda, it was a very fluid document which outlined the Trust's ambitions and plans for the next three years.

South Wales Programme (SWP) – There were some decisions which were likely to be made regarding the SWP which would impact upon the Trust and there might be some interim changes within the next few months in terms of where patients were conveyed.

Rosters - Within the Cardiff and Vale Health Board area, changes to the rosters had been agreed. These changes had better matched demand and capacity and would also deliver a financial saving to the Trust. Progress in terms of rosters was also being made with other areas within Wales.

Health Courier Service (HCS) - The transfer of the HCS to the Shared Services Partnership was currently on track and this would be effective from 1 April 2015. A further formal report would be provided to the Trust Board in March.

Awards and Recognition Policy – This had now been agreed and was a positive step forward in recognising the fantastic work carried out by staff.

RESOLVED: That

(1) the oral report of the Interim Chief Executive be noted; and

(2) a report on the HCS transfer be presented at the Board meeting in March 2015.

03/15 PROCEDURAL MATTERS

Members were reminded of the Code of Conduct. The Declarations of Interest was read out in full by the Chairman of the Board as a reminder to Members.

Minutes 19 November 2014 Open Session

The following observations were brought to the attention of the Board:

- The Director of Finance and ICT referred to page seven, bullet point two and clarified her comment on Voluntary Early Release Scheme (VERS). The Director clarified that this was not a loan but an advance of money to enable the Trust to secure efficiencies from which the advance would be recovered in subsequent years. Also on page seven first paragraph under the heading Financial, the sentence *Members were informed that the Trust needed to recover the £3m and stop overspending by £0.5m each month.* This was to be reworded as follows:- “Members were informed that if the Trust were to recover the £3m it would need to stop overspending by £0.5m each month.”
- The Interim Chief Executive commented that on page six the key sense of what was intended to be reported in terms of her update was not fully captured. The following provides a fuller account of that report:-

The last few weeks had been a very interesting, challenging, enjoyable and inspiring period in which the staff she had met were thanked for their open dialogue in expressing the challenges and issues they faced. In spite of these challenges, there was a real sense of willingness and commitment amongst the staff to deliver on performance, which was very encouraging. The Interim Chief Executive expressed genuine optimism in terms of what the Trust was able to achieve but it was going to be challenging. She further commented that it was the external factors, those which either helped or hindered the Trust and the internal factors, which dictated the way the Trust was run, that really drove the Trust’s performance.

In terms of the external factors the Interim Chief Executive had explored in further detail what was expected from WG, the Ambulance Commissioner, other emergency services, the people of Wales and the Health Boards. The current situation was highly politically charged, it was mainly performance focused, there were safety concerns from members of the public, and there was not enough clarity in terms of the link between the Trust, the and Health Boards. A reference was made to the recent comment by the Deputy Health Minister in which he had stated that he wanted to see continuous improvement which was emphatically endorsed by the Interim Chief Executive.

The Interim Chief Executive referred to the following internal factors that had been considered during her first few weeks at the Trust:

- The processes and the infrastructure of the Trust
- The capability and the capacity to deliver
- The will, determination, motivation and belief of the staff had been clearly palpable
- It had been apparent that some decisions the Board had made were not being

fulfilled and urgent work was required to address this issue

The safety, quality and service in terms of the patient was paramount. The Medical Director would be conducting an audit to establish the outcomes of those patients that had not been reached within the target time of eight minutes. Staff rosters had not been fully implemented and required further work. When the rosters were fully implemented it would enable the Trust to improve the link between capacity and demand, be more cost effective and also demonstrate that working in partnership can deliver the change required. The consequences of the rosters not being implemented in time had been enormous and the Trust needed to learn from it.

In summary, the challenges were immense, but it was a fantastic opportunity now for the Trust to deliver a better and quicker service and to change the culture within to be more transparent.

- The Interim Chief Executive further pointed out other discrepancies within the minutes: Page 6, bullet point 4, **MG** sought clarity on *Infection Control in terms of compliance reporting*. **MC** confirmed that the Trust reported the percentage figure it was compliant with the standard. The second sentence should read: **MC** confirmed that the Trust reported the percentages against which it was compliant with the standards, and bullet point 2 under **TM** update should read *Analysis of flow through hospitals*. Page 7, the sentence that starts: **TM** further commented that the Trust was conducting a lessons learned review of the rostering situation and added that different mechanisms were being developed in other areas of the Trust which required consideration. Delete all wording after situation.
- The Director of Workforce and Organisational Development referred to the sentence on page seven: **PR** explained there would be financial penalties for the Trust to rescind on this contract and confirmed that staff needed to be aware of the Trust's position. The Director of Workforce and Organisational Development clarified that the contract would not be rescinded. Also the sentence below that: **TM** confirmed that no agreement had been decided on the overtime issue and reiterated that communication with staff was critical. This to be reworded: "It was confirmed that no decision had yet been made to cease overtime and that this needed to be communicated appropriately to staff."
- The Director of Finance referred to Minute 63/14, bullet point three. She strongly expressed that the term 'Flat Cash' should not be used within the IMTP.

The Chairman of the Board informed Members that this style of Minutes had worked in other Committees and asked them to consider whether they were content with that style and whether it was appropriate for Trust Board Minutes. He suggested that a more summarised discussion within the Minutes be included which captured the salient points and also consideration should be given as to whether the correct balance had been applied in terms of detail and summary.

The Chairman of the Board welcomed comments from Members. The following points were raised:

- It was helpful and important to have detail within the Minutes because when the Trust was required to provide evidence on certain issues, the Minutes would demonstrate and reflect that.

- Whilst the audio recording was important, it was not a substitute for the full written Minutes.
- Clearer expectations and the standardisation of the Minutes had been discussed at the last Executive Management Team meeting which also realised that there must be more consistency with key points being recorded.
- Key themes required recording however noting who said what was less important unless the individual wanted their name formally recorded to reflect a particular view.
- John Morgan explained that the reason for recording the names had followed a WAST review in which the Minutes had been used as a form of gauging the contribution from Non-Executive and Executive Directors.
- Within the Minutes the balance of crispness and thoroughness should be achieved tempered with noting that a full and detailed discussion had taken place to reach a particular decision.

The Chairman of the Board stressed that more focus was required on the crispness and thoroughness and added that Minute taking was very challenging when attempting to balance all the requirements expressed by individuals.

The Interim Chief Executive explained that measuring people's contributions was through the appraisal system and not by the perpetuation of names within the Minutes. The current method of recording individual contributions within the Minutes would be given further consideration.

Chairman's Actions

The Medical Director informed the Board that the Expression to host the Emergency Medical Retrieval and Transfer Service (EMRTS) had been submitted and that he shortly had to leave the Board meeting to give a presentation to the selection committee on this matter.

John Morgan referred the Board to the very detailed and lengthy discussion which had taken place on 8 January 2015 in which the Board, in the absence of the Chairman and the Interim Chief Executive had sought approval to continue to fund overtime and other measures. He added that during those discussions, they were mindful of the statutory duty to achieve financial balance which was weighed against the duty to provide a high level of patient care.

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 sessions of the Board held on 19 November 2014 be confirmed as a correct record subject to the corrections as described above;**
- (3) the Minutes of Trust Board be circulated well in advance of the next meeting to all Executive Directors for comment prior to being presented to the Chairman of the Board for approval;**
- (3) the appointment of Kevin Davies as a Non Executive Director of the Trust with**

effect from 5 January 2015 be noted; and

- (4) **the urgent business approved by the Chairman and Interim Chief Executive in consultation with other Non Executive Directors since the last meeting - Ref 13/2014, Expression of Interest to host the Emergency Medical Retrieval and Transfer Service and 1/2015, Authority to continue to fund overtime and other measures be approved.**

04/15 ACTION LOG

The Chairman of the Board asked that future action logs incorporate an update in terms of current position to ensure discussions were kept to a minimum at the meeting.

Comments and status reports from the relevant Director in terms of their responsibility for each of the actions listed were provided to the Board.

RESOLVED: That

- (1) **written updates be provided on the status of actions prior to the meeting; and**
- (2) **the action list be updated to incorporate the comments by the relevant Executive Director.**

05/15 PATIENT EXPERIENCE

The Chairman of the Board welcomed Leanne Hawker, Partners in Healthcare Lead who presented the patient story.

Leanne Hawker explained that normally patients would attend the meeting, or be given the opportunity to video record their story however, on this occasion the individual was unable to attend.

The story featured a gentleman, Mr Powell who had fallen at home and had become unconscious. His wife had called the emergency services at approximately 6:10 pm and within a short time a Community First Responder had arrived on scene quickly followed by an Emergency Ambulance crew.

Mr Powell had been taken to the Emergency Department (ED) at Morriston hospital and on arrival, due to a backlog of patients at the ED, he remained in the ambulance. The crew who had first transported Mr Powell had been close to finishing their shift. A second crew had been called and sent to relieve the first crew. This crew had remained with Mr Powell and during this time the hospital had asked for Mr Powell to be escorted to undertake a CT scan. Following the scan, Mr Powell had been taken back to the ambulance to await the scan results and for a bed to become available.

Mr Powell was finally admitted to the hospital at around 8:50pm to the corridor and it had been his recollection that it was not until about 1:00am that he had finally been given a bed.

Mr Powell had been keen to emphasise the excellent and professional approach maintained by the crew throughout this very unfortunate episode. Mr Powell mentioned that he had been treated with the utmost dignity and had understood that the timeliness issue had not been within the crew's control. The crew had also provided him with refreshments. The response time to Mr Powell had been recorded as six minutes.

The Chairman of the Board welcomed comments from Members: The following points were raised:

- Staff were routinely not trained to look after the nutritional and hydration needs of patients. This was an issue for the Trust and it was the responsibility of the relevant health board and therefore the crew should be commended on their initiative in this regard.
- This story had highlighted that it was not always about reaching the patient in the time but was also about the continuity of care of the patient.
- It was not uncommon for patients to be taken in for a scan etc.. and brought back to the ambulance whilst waiting for a bed.
- The Trust should look at producing guidelines regarding providing refreshments and also aspects of dignity whilst the patient was under the Trust's care.
- Patients were triaged as soon as possible and in this particular case it was within four minutes however they are not formally accepted as under the care of the health board until formally handed over.
- The Trust needed to seriously consider and rethink whether all hospital delays should be treated as Serious Adverse Incidents.
- Health Boards should be required to provide a handover policy as the Trust could not continue to work effectively with such delays in handover.
- Reference was made to the Wales Audit Office report on unscheduled care and the Health Inspectorate Wales report and areas within it which might help strengthen the Trust's position.
- Consideration be given to the benefits of staff submitting their experiences to Professional Journals.

The Chairman of the Board thanked Leanne for presenting the story which was a powerful one bringing to light the commendable work of ambulance crews and asked the Trust to consider the key learning points, which working collectively with Health Boards would improve the position. The Interim Chief Executive stated that the Medical Director was working with Health Board colleagues to address the issue of delays.

The Interim Chief Executive expressed that it would be appropriate as part of the engagement going forward to accommodate staff stories at Trust Board from time to time.

RESOLVED: That

- (1) the patient story be noted and lessons learned be taken forward by the organisational learning group;**
- (2) the Medical Director was to share stories which related to hospital delays with other health boards to ensure joint implementation of lessons learned; and**

- (3) the Partners in Healthcare Lead was to draft a letter for the Chairman to sign which expressed the Board's appreciation to the crew involved for their sterling work.

06/15 MINUTES OF COMMITTEES AND OTHER BODIES

Minutes of the Quality Delivery Committee held on 25 November and 23 December 2014

Emrys Davies, Non Executive Director provided Members with an overview of various issues that had been discussed at previous QDC meetings and asked Members to receive the Minutes and endorse the following items:

MANAGEMENT OF STRESS POLICY

- Minute 111/14 – 25 November 2014. That the policy be approved subject to adding a Glossary of Terms.

WORKFORCE POLICIES

Lone Worker and Rest Break

- Minute 120/14 – 23 December 2014. That approval of the Lone Worker and Rest Break policies be endorsed subject to the amendments as discussed at the QDC meeting.

DIGITAL PEN BUSINESS CASE

- Minute 18/14 – 23 December 2014. Digital Pen Business Case. That the placement of the order for Digital pens at a cost of £1,103,269 following a full procurement and evaluation exercise be approved.

Awards and Recognition

- That the Award and Recognition Policy subject to minor amendments be approved and formally adopted by the Trust.

The Chairman of the Committee also reported that the following items had been presented to the QDC for noting on 23 December 2014:

- Healthcare Standards Framework
- NATO Summit Debrief
- ICT and HI Update
- MID Wales Review – Draft response to Minister

RESOLVED: That the Minutes of the Quality Delivery Committee held on 25 November and 23 December 2014 and the recommendations contained therein be endorsed.

Minutes of the Audit Committee open and closed sessions held on 8 January 2015

David Scott, Non Executive Director provided Members with an overview of the matters

considered by the Committee and asked Members to receive the Minutes of the Audit Committee noting specifically the items:-

- Minute 31/14 - Internal Audit Progress Report. The assurance levels provided at the two reviews finalised in the period and progress on other planned reviews be noted.
- Minute 32/14 - External Audit Annual Report. The report appeared as Item 9 on the Board Agenda.

The Board were asked specifically to ratify the following Minute:-

- Minute 31/14 - Internal Audit Progress Report - Community First Responders. That the responsibility for approving the CFR Interim Policy be delegated to QDC at its meeting on 27 January 2015.

The Interim Chief Executive explained to the Board that Executives had held extensive discussions with regard to addressing the outstanding items and actions arising from the Internal Audit findings.

RESOLVED: That the Minutes of the open and closed sessions of the Audit Committee held on 8 January 2015 and the recommendations contained therein be endorsed.

Strategic Transformation Board held on 6 November 2014

The Board were asked to receive and adopt the Minutes of the Transformation Board held on 6 November 2014 noting that the actions in relation to presentation of the Project Initiation Document (PID) and the Mid Wales Healthcare Study had been presented to the 19 November 2014 Board.

The Board was asked to note the content of the Strategic Transformation Programme (STP) update as at 16 January 2015.

The Chairman of the Board expressed concern that significant issues such as the STP update was not being presented as a separate agenda item. He asked that future updates be provided in a more consistent reporting format and be presented as a separate agenda item. Furthermore, he referred to paragraph one of the paper in which it was implied that it was within his gift to allow Non Executive Directors to step down from the Programme Board which was not the case and therefore the wording within the report needed to be adjusted to reflect this.

RESOLVED: That

- (1) **the Minutes of the Strategic Transformation Board held on 6 November 2014 be approved; and**
- (2) **the STP update be presented in a consistent format and as a separate agenda item to future Trust Board meetings.**

Charitable Funds Committee held on 28 October 2014

RESOLVED: That the Minutes of the Charitable Funds Committee held on 28 October

2014 be approved. (noting that the accounts had been formally approved by the Board in November 2014.

Emergency Ambulance Services Joint Committee

It was noted that the Minutes did not record that WAST representatives were only in attendance for part of the meeting.

RESOLVED: That the Minutes of the Emergency Ambulance Services Joint Committee held on 16 September, 21 October and 10 November 2014. be received.

Welsh Ambulance Services Partnership Team (WASPT)

RESOLVED: That the Minutes of the Welsh Ambulance Services Partnership Team held on 4 August 2014 be received.

Remuneration Committee held on 11 December 2014

RESOLVED: That the Minutes of the Committee meeting held on 11 December 2014 be received and endorsed noting that the report referred to at Minute 33/14 appears in the closed session of the Board meeting.

07/15 INTEGRATED PERFORMANCE REPORT (IPR)

The Chairman of the Board reminded Members that this report had been presented and discussed in significant detail during the last QDC, which the majority of Board Members had been in attendance. The data within the report was now two months old and therefore there was nothing new within the report that required debating.

The Board agreed not to deliberate on the report in detail in view of the reasons described above and also acknowledging the detail provided in the Interim Chief Executive's opening remarks at the beginning of the meeting. It was to be noted that details of the IPR were referred to within the QDC Minutes.

Finance Report

As at month nine the Trust was still on track to deliver the revised deficit of £7.2m. The adverse variance year to date was £4.732m. The total overtime paid for the month was reported as £0.593m which was less than the previous month for two different reasons:

- there was less of an uptake in overtime over the festive period.
- restrictions were in place within phase one of the savings plan for non frontline staff to work significant amounts of overtime.

In terms of the National Pay Award it was noted that the Trust would be funded for this and therefore there would be a cost neutral impact on the Trust's bottom line. This had not been included within the month nine position.

Voluntary Early Release Scheme (VERS). The Director of Finance and ICT explained that the Trust was required to repay the £0.47m which had previously been allocated to the Trust in 2013/14 for VERS funding. There had been no suitable candidates who had applied for VERS within the period and therefore the funding had to be repaid to WG in the current

financial year.

Savings. The Director of Finance and ICT confirmed that the report was now being presented in a more granular fashion as a direct consequence following a recommendation from the structured assessment. There was concern that the majority of savings achieved this year were non recurrent and the Trust absolutely must extricate itself from the non recurrent savings process. The Trust needed to be able to deliver sustainable secure savings that actually improved the service. It was of vital importance the Trust demonstrated to the Health Economy, WG and Commissioners that it was capable of what it had promised.

Capital Expenditure. The Director of Finance and ICT drew Members' attention to the capital expenditure report for their consideration.

The Director of Finance and ICT informed Members that the business case for the funding of an additional 17 ambulances had been submitted and also a business case for funding to replace defibrillators in ambulances was going to be provided to WG shortly.

The Director of Finance and ICT highlighted the risks involved regarding the transfer of the Health Courier Service.

Members raised the following comments/questions:

- Did WG fund any overtime? – No
- Capital Expenditure – what was the outturn prediction? The Director of Finance and ICT confirmed that the money allocated to the Trust would be spent within the financial year.
- The incremental pay increases to staff were not funded within the National Pay Award and were a cost pressure to the organisation.
- The overspend with Travel and Subsistence which had doubled within the last three months was questioned. The Director of Finance and ICT clarified that other criteria which affected this included staff who were required to travel as part of their role within the Trust and insufficient funding meant that budgets were constrained in this area.

The Chairman of the Board emphasised that the Board had held numerous debates during the last two months regarding the financial position of the Trust. The Board was well aware of the situation and was waiting to see if any support was forthcoming from the WG and Commissioners.

RESOLVED: That the update be noted.

08/15 AUDIT ANNUAL REPORT

The Director of Finance and ICT introduced Melanie Watson from KPMG who presented the Board with a brief overview of the report:

Melanie explained that the report confirmed that the Trust was moving in the right direction however it was acknowledged there remained a great deal of work to do.

Melanie highlighted a number of areas within the report that required development which

were to be incorporated within the Audit Tracker subsequently allowing the Trust to monitor them:

- Reporting around the savings target.
- Governance structures - Non Executive Directors were not always clear about their role on the Strategic Transformation Board, however, it was acknowledged that a review of the effectiveness of committee arrangements was underway.
- Performance Management Framework – better use of benchmarking, linking the performance report to the strategic objectives and timeliness of reporting.
- Learning from patient feedback.

RESOLVED: That

- (1) the Annual Audit report be received; and**
- (2) the relevant Executive Directors ensure that the recommendations are being addressed.**

09/15 TRADE UNION REPRESENTATIVES AT TRUST BOARD

The Director of Workforce and Organisational Development presented the report proposing a reduction to two Trade Union Members on the Board and provided Members with an explanation of how the nomination process worked. There had been a lot of discussions and work with Trade Union colleagues and it was anticipated the nominations would be known by the next Board meeting.

RESOLVED: That

- (1) the position be noted; and**
- (2) if the Chairman of the Board accepts the nominations they be recommended to the Minister of Health and Social Services.**

10/15 WELSH LANGUAGE STANDARDS INVESTIGATION

The Corporate Secretary presented the report and explained to Members that the Welsh Language Commissioner was conducting a standards investigation and the Trust was expected to provide a response in which it was to determine those standards it would be able to comply with.

The Interim Chief Executive asked that consideration be given to providing a framework around the standards clearly identifying which ones the Trust could and couldn't comply with. The Corporate Secretary explained that a mapping exercise was underway which would identify the requirements under the current Welsh language scheme and what further developments the Trust could deliver taking into consideration its current resources.

RESOLVED: That authority be delegated to the Quality Delivery Committee to sign off the Trust's response to the consultation.

11/15 INTEGRATED MEDIUM TERM PLAN (IMTP) - DRAFT

The Director of Strategy, Planning and Performance introduced the current (preliminary) draft of the Plan which he explained had two main functions:-

- To set out the ambitions of the organisation, the endpoint it wanted to reach and how it was going to move from where it was now to where it wanted to be; and
- To explain how it was going to deliver on the Service Level Agreement or the contract that it had with its Commissioners.

The Board's attention was drawn in particular to the strategy section of the Plan and the four associated change management programmes i.e.

- Stabilisation of organisational performance
- Improvement in the quality and safety of services provided patients
- Reorientation in line with the Trust's revised mission statement
- Transformation of the organisation's effectiveness and efficiency

The Director of Strategy, Planning & Performance also drew the attention of the Board to those areas of the Plan where there remained gaps which would be addressed as the first formal draft of the IMTP was developed. These gaps included:-

- The input of staff into the proposed values of the Trust
- Key Performance Indicators for each change programme
- Details of the change management projects and workstreams supporting each change programme
- Details of the requirements of commissioners and the associated costs, activity levels and quality standards

The Director reminded the Board of the tight timescales in reaching a satisfactory version of the plan and alluded to further meetings/workshops that were being scheduled which were aimed at teasing out issues within the plan.

The Interim Chief Executive raised the following issues:

- The plan required a great deal more granularity
- The need for it to exude a sense of strong ambition and leadership

The Chairman of the Board welcomed comments from Members. These focused on the following points:

- The need to state clearly the ambition and accountabilities of the organisation
- This statement of ambition should perhaps look 10 years ahead

- The need to specify what improvements in quality would be delivered
- The need to include the capital plan
- The plan should include a 'contract offer' specifying what improvement in A&E performance could be delivered based on a range of assumptions, WAST driven productivity gains and LHB led demand management initiatives
- The demography of Wales will have a major impact on the skills set required by Trust staff
- The workforce plan needs to be able to support career progression
- It would be prudent to mention within this iteration of the plan, details of what was going to be provided in the final iteration

RESOLVED: That

- (1) the report be noted;**
- (2) it be acknowledged that the IMTP required further modifications to incorporate Member's comments;**
- (3) the Director of Strategy, Planning and Performance reconsider the plan in line with the above comments and provide regular updates to the Chairman of the Board for him to disseminate to the Non Executive Directors for their comment; and**
- (4) a covering letter be sent with the draft plan which details the restrictions facing the Trust in being able to deliver a final plan with an explanation of what the Trust was doing regarding those restrictions.**

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