

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 January 2023 VIA TEAMS

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director, Commissioning and Performance (Attended items 5/23 and 6/23 only)
Julie Boalch	Head of Risk and Deputy Board Secretary
Mark Harris	Assistant Director of Ambulance Care, formerly Non-Emergency Patient Transfer Service (NEPTS) (Attended item 6/23 only)
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Kevin Davies	Non-Executive Director
Damon Turner	Trade Union Representative

01/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register. Apologies were received from Kevin Davies, Lee Brooks, and Damon Turner.

Minutes

The minutes of the open session held on 14 November 2022 were considered by the Committee and confirmed as a correct record.

Action Log

The action log was considered: Action Number 59/22, 'A deep dive to be conducted into the Non-Emergency Patient Transfer Service (NEPTS)', the scope of which is to be determined by Rachel Marsh and Lee Brooks and take into account eligibility, inequities, new indicators and transformation of the service. The action was marked closed as the deep dive featured later in the Agenda under Minute 06/23.

RESOLVED: The minutes of the meeting held on 14 November 2022 were confirmed as a correct record; and the action log was reviewed with the following action closed; Action Number 59/22.

02/23 OPERATIONS QUARTERLY REPORT

Rachel Marsh updated the Committee on the following points:

1. Industrial Action. Three days of industrial action had taken place in December 2022, two by RCN and one by GMB Union, with two further scheduled for 19 and 23 January (UNITE). Handover delays were observed to have reduced on days where there was industrial action, however there could be various reasons for this trend, not least the mitigations applied by the various Health Boards. The Trust would be seeking further information to understand the trend.
2. Civil Contingency Act Obligations - A new corporate risk had been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences.

Comments:

1. On behalf of the Committee the Chair recorded a note of thanks to all staff during this extremely challenging time recognising there were some positive aspects in the update.
2. It was queried whether the civil contingencies obligations was an ongoing risk due to the winter pressures or whether it was related to strike days. Rachel confirmed it was an ongoing requirement and not specifically related to strike days.
3. It was asked whether the Trust was still using the Intelligent Routing Platform (IRP), the system used to improve network performance. Rachel Marsh explained that the Trust was intending to conduct a further 24-hour pilot to consider other characteristics of the IRP.

RESOLVED: That the Committee noted the report.

03/23 FINANCIAL POSITION MONTH 9

The Committee received a presentation from Chris Turley on the financial position for Month 9, 2022/23.

1. The year-to-date month 9 position was a small underspend of £5K.
2. Gross savings of £3.346m had been achieved against a current year to date target of £3.228m with a continued break-even position was forecast for 2022/23.

3. Financial performance by each Directorate continued to be on target, with the exception of the Trust Reserves, which included some known and planned variances ahead of the financial year end.
4. In terms of financial risks for the current financial year, the amount had reduced significantly from recent months.
5. With respect to Capital, the Trust had spent £10.331m against the capital budget of £26.862m.
6. The 2022/23 audit plan from Audit Wales was still awaited and it was expected that an interim audit of the accounts would be carried out towards the end of quarter four.
7. The Committee noted that a detailed paper on the financial position will be presented to the Board at the 26 January meeting.

RESOLVED: The Committee noted the update.

04/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Julie Boalch presented the report which outlined the current position in terms of the risks on the Corporate Risk Register (CRR) that were assigned to the Committee.
2. There had been no changes to the 10 risks on the CRR assigned to this Committee and since the November meeting due to this meeting falling between the agreed cycle of risk review.
3. In terms of any risk changes going forward it was anticipated that risk 244 (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) will be closed, as it has reached its target through the mitigating actions.
4. Risk 311 (inability of the estate to cope with the increase in FTEs) has largely been discharged and was closed at the November Trust Board meeting.
5. A new corporate risk has been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is being articulated in the climate of ongoing external pressures across NHS Wales; primarily handover delays, which precludes the Trust's ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan. The Trust Board will receive further detail on this risk at its January meeting.
6. There were two risks in development which were going through the risk governance processes. They were risk 538 related to Salus and risk 542, which related to decarbonisation.

Comments:

Members recognised that whilst risk 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service) was assigned to the Quality, Safety and Patient Experience Committee (Quest), it was asked whether there was an update on the assigned actions. Rachel Marsh informed the Committee that the Board will be updated at its January meeting on the measures in place; adding that further meetings were due with

the Emergency Ambulance Services Committee (EASC) to consider and mitigate the current situation.

RESOLVED: The Committee accepted the status of the 10 corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls. The Committee noted the closure of risk 311.

05/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Hugh Bennett presented the Monthly Integrated Quality and Performance Report (MIQPR) for November 2022 and drew the Committee's attention to the following highlights:

1. 999 answering times have been challenging through significant increases in call demand. The 95th percentile call answering time was 1 minute 11 seconds, the Trust was striving to improve this position. Hugh Bennett provided an overview of the ongoing work to improve these times.
2. In terms of 111 call answering performance, this was below that expected. Several actions. Including recruitment. Were underway to improve these response times.
3. In respect of 111 Clinical response, whilst these continued to achieve the required target especially for the highest priority calls; further improvement could still be made. To that effect, urgent work was underway to recruit more clinicians.
4. On Ambulance response times, red response remained below 50% with amber response also declining in performance. Amber 1 waiting times were far longer than the Trust would like; the 95th percentile was 15 hours and 45 minutes. Ideally this should be around 45 minutes.
5. An additional non-recurring £3m in funding had been received which will enable the trust to recruit 100 Full Time Equivalents (FTE) over and above the existing establishment.
6. The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs.
7. There had been an improvement in sickness absence, with the aim of reducing absence to 8% by March 2023.
8. In December 2022, 32,049 hours of capacity were lost to hospital handover delays; this represented 37% of the total number of conveyancing resources for that month. There had been a noticeable improvement for handover delays in the Cardiff and Vale Health Board area, with lessons expected to be learned from these observations.
9. Ambulance Care (formerly Non-Emergency Patient Transfer Service [NEPTS]) performance remained above target, albeit with overall demand for the service increasing.
10. The Trust reported two National Reportable Incidents (NRI) to the Delivery Unit in November compared to eight in October.
11. The emergency ambulance response unit hours production (UHP) was 91% in December.
12. The Trust's overall sickness absence in November was 8.77% which was an

improvement from previous months.

13. Staff Personal Annual Development Reviews (PADR) completion compliance rates had again improved and had achieved the 85% target.

Hugh Bennet concluded by reiterating the extreme pressure on EMS services and despite all the Trust efforts, levels of handover delays continued to worsen.

Comments:

1. The Committee expressed grave concern with the handover delays and looked forward to hearing the feedback from the EASC meeting referred to.
2. In terms of the response times to concerns and response compliance falling to 24% compliance, Members queried whether this was after further resources had been added to the Team. Liam Williams explained that the response times for the acknowledgement of concerns had improved, however the investigation time into concerns was protracted. This was due to the lack of investigatory resource within the Clinical Contact Centre to carry out investigations. Currently, the Team was focussing on NRI and joint investigations, and this has had a detrimental effect on the Trust's ability to carry out investigative work into concerns received.

The Chair, Joga Singh, temporarily left meeting at 10.25. Bethan Evans took over as Chair.

3. The Committee commended those staff responsible for the completion of the roster review and the improving trend of PADRs completion, but expressed concern about the large number of Amber 1 Immediate Release Directions (IRD) that have been refused.
4. Liam Williams reminded the Committee of the growing impact and pressure on call handlers; noting the considerable level of distress being expressed by individuals. He outlined the work being undertaken to assist and support staff adding it would be monitored through the People and Culture Committee.

The Chair Joga Singh, re-joined meeting at 10:30.

5. In respect of the IRD of ambulances outside ED's not being supported, significantly there having been 329 for Amber 1, it was queried when the Trust would see the overall impact of this position on service delivery. Liam Williams explained there was a backlog of amber 1 IRDs that had not been supported, and there was insufficient capacity in the system to deal with the high volume. Going forward the Trust will deal with these on a thematic basis and trends will be monitored, should a harm be reported. In respect of all Red calls declined, these would receive a full review. He further informed the Committee of the current situation in hospitals and his concerns with overcrowding and corridor waits, which increased the clinical risk at E.Ds.

RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust is performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

1. Hugh Bennett and Mark Harris gave a comprehensive Power point presentation which informed the Committee on the current situation with Ambulance Care which combined the Non-Emergency Patient Transport Service (NEPTS) and Unscheduled Care Service (UCS).
2. NEPTS performance was generally stable and above target for enhanced renal patients arriving prior to their appointment and improved for patients requiring discharge.
3. Non Emergency Transport Centre (call taking) performance was on an upward trend however a more stable workforce and re-rostering was required. Oncology required an Oncology Hub and change of performance standards.
4. An overview of the completed journeys was provided which showed the demand patterns of journeys and the types of patient mobility.
5. The Committee were updated on the Key Performance Indicators and the performance parameters used for modelling purposes, which set agreed measures in terms of meeting appointment times.
6. Members were shown a summary of the regular report presented at EMT on a fortnightly basis which looked at achieving a more balanced scorecard approach, focusing on quality and managing patient satisfaction.

Comments:

1. It was queried whether there was any data on patients that drop out of the services, for example due to waiting at hospitals for return journeys. Mark Harris advised this was analysed through patient surveys and other communication with patients; the Trust does not know the number of patients who have made their own arrangements following a long wait.
2. Following a question regarding the clarification of the purpose of UCS, Mark Harris explained that several scenarios had been carried out for ORH consultancy to analyse and provide modelling. These outcomes will be tested to understand the core role of UCS.

RESOLVED: The Deep Dive was noted.

**INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 3
PROGRESS REPORT**

1. Rachel Marsh presented the Integrated Medium-Term Plan (IMTP) Quarter 3, which was a new style of reporting.
2. The Committee were advised that the new way of reporting set out an easier read format to track and monitor actions through each quarter.
3. The Committee were updated on the progress against the conditions set by Welsh Government relating to the Six Goals for Urgent and Emergency Care; value-based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies.

Comments:

1. The Committee welcomed the new style of reporting especially its easy read format.
2. Following a query whether Welsh Government (WG) would challenge some of the priorities in the IMTP, Rachel Marsh explained that any issues with priorities were raised at meetings with WG and EASC.

RESOLVED: The Committee noted;

- (1) **the update against WAST's IMTP Accountability Conditions; and**
- (2) **the overall delivery of the IMTP detailed in this paper**

08/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 -2026 UPDATE

1. The Committee were shown a presentation by Rachel Marsh which detailed the planning for the 2023/26 IMTP. It was progressing well, with extensive engagement taking place through internal structures, the CEO roadshows, and development sessions with the Board in October and November.
2. The IMTP focused on three pillars of Our Patients, Our People and Value and Sustainability, which was underpinned by Partnership and Wider System Working, and demonstrated where feedback from staff has been incorporated. The Committee were provided with further details on each of the three pillars.
3. As part of Our Patients pillar, and in particular from an EMS perspective, a stakeholder plan was being developed to support 'Inverting the Triangle' (ITT). ITT was a key programme of work being led by the Trust to review and re-design the EMS service model to deliver sustainable improvement in patient care, clinical outcomes, and maximising value to the wider Urgent & Emergency Care System. Also, as part of this pillar, the Committee were informed of the importance on making progress on Transfer and Discharge service strategy around ambulance care.
4. In respect of Our People, the Committee were advised of the emerging plans being developed which will improve the overall culture, capacity, capability and the workforce experience.
5. In terms of the Value and Sustainability aspect, Members were advised of the progress being made, with a detailed update on the developing financial plan for 2023/24 to be provided to members separately.
6. The Committee were further updated on areas of work which were either completed or in progress. The Committee also noted the next steps and timeframes to IMTP submission and were advised that a further Board Development session would take place on 25 January ahead of final approval in March 2023.

Comments:

1. Members queried - given the funding challenges ahead - whether it was worthwhile considering funds being provided by charitable organisations. Rachel Marsh advised this could be a consideration going forward.
2. Rachel Marsh, following a query on clarity of external leadership within the IMTP, explained that areas will be looked at collectively – with the six goals programme being a good starting point. There was an opportunity through discussions at EASC to try and

articulate to see who could take the lead in areas or where other stakeholders would lead.

3. In respect of linking and sharing of data with external partners, it was asked how this was progressing. Leanne Smith explained that where Health Boards had different systems this was challenging; however, work was in progress to align and standardise the information flow.

RESOLVED: The update was noted.

09/23 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

Julie Boalch presented the report to the Committee and drew their attention to the following key points:

1. There were no recommendations showing as complete due to the current pressures and the reporting cycle. Recommendations that were due for completion in November and December 2022 have not been updated on the tracker due to current operational pressures.
2. There were 11 high priority recommendations being shown as overdue; work was currently being carried out to update these.
3. An update was given by Julie Boalch with progress on the Internal Audit plan.

Comments:

In response to a query regarding delayed/overdue recommendations, it was asked whether the completion dates were known. Julie Boalch advised the Committee that a clearer picture would be available in the next few weeks following further review by the EMT and Audit Committee.

Liz Rogers left meeting at 12:00

RESOLVED: The Committee noted the update provided on the Internal Audit tracker.

10/23 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE – DECEMBER 2022

1. Chris Turley presented the Environment, Decarbonisation and Sustainability update for December for the Committee to note adding that the related audit report would be presented to the Audit Committee in March.
2. There had been excellent progress with the plan, noting a change from the overall assessment of red/amber to amber, reflecting the shift in progress and reduction of a number of red action items during the reporting period. Any progression of further work would be challenging over the next quarter.

Rachel Marsh left meeting at 12:05.

Comments:

Members queried whether the Trust had experienced any issues or concerns with its Electric Vehicles during the recent cold weather. Chris Turley explained the majority

vehicles were hybrid, and the main impact would have been on fuel efficiency rather than response.

-RESOLVED: The Committee noted the update, specifically in relation to the Decarbonisation Action Plan reporting and establishment of programme management arrangements

11/23 COMMITTEE PRIORITIES UPDATE

The report was submitted for noting.

RESOLVED: The report was noted.

Liz Rogers and Rachel Marsh returned at 12:10

12/23 KEY MESSAGES

The Chair advised that the Board Secretary would prepare the update report for the Trust Board.

13/23 ANY OTHER BUSINESS

Date of Next Meeting: 20 March 2023