

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 MAY 2023 VIA TEAMS**

**Meeting started at 09:30**

### **PRESENT:**

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Kevin Davies	Non-Executive Director (left after item 32/23)
Ceri Jackson	Non-Executive Director

### **IN ATTENDANCE:**

Wendy Herbert	Deputy Director of Quality and Nursing
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Head of 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
Duncan Robertson	Assistant Director of Clinical Development
Liz Rogers	Deputy Director of People and Culture
Leanne Smith	Interim Director of Digital Services
Sonia Thompson	Assistant Director of Operations
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Representative

### **APOLOGIES:**

Lee Brooks	Executive Director of Operations
Angie Lewis	Director of People and Culture
Liam Williams	Executive Director of Quality and Nursing

## **27/23 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 Lee Brooks, Angie Lewis and Liam Williams.

### **Minutes**

The minutes of the open session held on 21 March 2023 were considered by the Committee and confirmed as a correct record.

### **Action Log**

The Action log was considered and the following was recorded:

Action 17/23 – Committee to receive an update on risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) – This was on the agenda under the finance update. Action closed.

Action 18/23 – IMTP updates to include specific narrative on the Red actions within the IMTP – This was on the agenda under IMTP update. Action closed.

Action 20/23 – Update on Staff and mandatory training to be included in future MIQPR reports. Rachel Marsh explained that the MIQPR contained details on this in the MIQPR. Action closed.

Action 20/23a – Deep dive on clinical call back times to be included in MIQPR. Agreed to defer to 17 July 2023 meeting. Action to remain open.

Action 21/23 – Cyber/Digital updates to be added to Committee cycle of business. Action Completed and closed.

**RESOLVED: The minutes of the meeting held on 21 March 2023 were confirmed as a correct record and the action log was considered.**

## **28/23 OPERATIONS QUARTERLY REPORT**

Sonia Thompson presented the update and drew the Committee's attention to the following areas:

1. The Covid Mobile Testing Unit (CMTU) has now been closed since the end of March 2023 when the contracts came to a natural close. It was noted that the CMTU had carried out over 75k tests across Wales.

2. Analgesia issued to volunteers – Approval has now been given for analgesia to be issued to Community First Responders (CFR) for them to administer to patients when appropriate; this includes the use of Pentrox. WAST is the first UK ambulance service to issue Pentrox to CFRs.
3. A new Integrated Communication Control System (ICCS) has been fully implemented in collaboration with the Ambulance Radio Programme. Feed back to date has been very positive.
4. The Committee were reminded on the impact of Industrial Action (IA) across the Emergency Medical Services (EMS), and noted that the RCN will take IA on 6 and 7 June 2023.

Comments:

Members were keen to understand what the expected trajectory was in terms of Immediate Release Directives (IRD) going forward. Sonia Thompson advised the Committee of the concerns with IRD, noting that Cardiff and Vale University Health Board were leading in reducing their tolerance for handover of patients. There were measures in place for hospitals to set a four hour backstop; and it was hoped that there would be improvements going forward. Rachel Marsh added that by the end of quarter two, it was anticipated that pan-Wales, the target was 15k lost hours, improving to 12k lost hours by quarter three. This was the trajectory expected by the Minister of Health and Social Services.

Members noted there continued to be increasing system pressures and acknowledged the challenges associated with IA and asked to be kept updated on the situation going forward.

Following a query in terms an update on actions following the Manchester Arena Inquiry, the Committee asked for future updates to include the recruitment of additional posts to be included in next Operations update.

The Committee discussed overall recruitment and how and when the Trust planned any recruitment drives to fill any gaps as they appeared.

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

## **29/23 FINANCIAL POSITION MONTH 12 2022/23 AND MONTH ONE 2023/24**

The Committee received an update from Chris Turley on the financial position for Month 12, 2022/23. Key highlights from the report included:

1. The Trust was reporting a small revenue surplus (£62k) for the 2022/23 financial year (subject to audit).
2. Capital expenditure was fully spent in line with updated plans.

3. In line with the financial plans that support the IMTP, gross savings of £4.392m have been achieved against a target of £4.300m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days.

Comments:

The Committee congratulated the finance team in achieving a small surplus and also all Directorates in achieving the gross savings target.

### **Month One**

In terms of the financial position as at Month one the Committee were given a presentation by Chris Turley who drew their attention to the following areas:

1. The cumulative year to date (M1) revenue financial position reported was a small overspend against budget of £0.008m.
2. The forecast for 2023/24 was one of breakeven.
3. The capital plan was being worked through and expenditure was forecast to be fully spent.
4. In line with the financial plans that supported the IMTP, gross savings of £0.552m has been achieved against a year-to-date target of £0.573m.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.8% for the number, and 99.7% of the value of non-NHS invoices paid within 30 days.
6. There were several key assumptions which Members should be aware of in particular; agreement of funding for the 100 front line Whole Time Equivalent (WTE) and delivery of the £6m in savings. It was noted that the current gap in savings had been reduced with further areas of savings identified.
7. In terms of financial performance by directorate, it was acknowledged that most directorates were broadly in line with the budget plan for Month one. It was noted that savings were underachieved by £21k thus far.
8. In respect of the Financial Savings Programme (FSP), the Committee were updated on progress to date which included updates on recruitment and identification of further savings could be achieved in other areas across the Trust, specifically, the Operations Directorate has tasked itself to identify £2m worth of savings.

9. The Committee were briefed on the overall financial risks which included the challenging savings targets for 23/24 financial year and the impact of any future Industrial Action. Members were also updated on the actions being taken to mitigate risk 139 (Failure to deliver our Statutory Financial Duties in accordance with legislation). Chris Turley added that the Board would continue to receive regular updates through the finance report.
10. Members were informed that the draft accounts for 2022/23 had been submitted to Welsh Government and Audit Wales on 5 May 2023; Audit Wales have confirmed the audit certification deadline of 31 July 2023.

Comments:

1. Given the level of demand and service pressures, the Committee queried the confidence levels in terms of achieving the efficiencies which need to be seen. Chris Turley commented that it would be a challenge, however it was early in the year. .
2. Acknowledging there were financial pressures across the whole NHS, the Committee were keen to understand whether Directors of Finance (DoF) of other Health Boards understood the impact on WAST, whilst appreciating their own challenges. Chris Turley suggested that the DoF's were cognisant of WAST's challenges; however, in terms of their priorities, this was not a top one. He added that the key themes from DoF meetings have focussed on the financial deficits and how, across the whole system, this can be managed.

**RESOLVED: The Committee:**

- (1) Noted and gained assurance in relation to the Month one revenue financial position and performance of the Trust as at 30th April 2023 along with current risks and mitigation plans;**
- (2) Noted the delivery of the 2023/24 savings plan as at Month 1, and the context of this within the overall financial position of the Trust;**
- (3) Noted the Audit Wales extended audit certification deadline to 31 July 2023 for 2022/23 accounts;**
- (4) Noted a detailed paper on the financial position will be presented to the Board at the 25th May meeting.**

**30/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

Trish Mills presented the report which contained details of the nine risks relevant to the Committee's remit, and additionally the Trust's two highest scoring risks which were assigned to the Quality, Safety and Patient Experience (QuEST) Committee.

The report included a new risk 'The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death' with a score of 15 which was still in development.

Comments:

The Committee held a discussion in which they considered where risks were monitored and reviewed on a regular basis.

Trish Mills commented that at each Committee agenda setting meeting, details of the highest rated risks were now included on the agenda as a reminder.

**RESOLVED: The Committee accepted the status of the nine 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.**

### **31/23      INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 AND END OF YEAR POSITION 2022/23**

Rachel Marsh presented the report as read and noted that the Trust continued to progress on the conditions as set out in the Welsh Government accountability letter dated 22 July 2022.

In terms of the Financial year 2022/23 an IMTP delivery tracker had been put in place to map all the priorities and actions; details of those actions and their status were illustrated within the update report.

Comments:

The Committee acknowledged that some of the actions had not been achieved, however despite the ongoing challenges, a significant number had been completed.

In terms of the compassionate training for staff, the Committee noted this had been paused due to Industrial Action, and queried if there were any updates on recommencing the training. Liz Rogers advised the Committee that three sessions had been rescheduled in the next few months. Following these sessions, it was estimated that 150 staff will have been trained face to face in the compassionate practices element. There were virtual sessions planned later in the year and depending on attendance could boost those numbers up to 250.

**RESOLVED: The Committee noted the update against WAST's IMTP accountability conditions and the overall delivery of the IMTP.**

Rachel Marsh gave a presentation which gave details on how the Trust measured its performance through the use of key metrics underpinned by the Quality and Performance Management Framework.

The Monthly Integrated Quality Performance Report (MIQPR) provided a narrative on the metrics at Board level in which there were 37 headline metrics agreed at Board. The narrative sets out analysis of the data and the actions taken to continue to provide a good level of performance or how to improve that level.

Each metric was assigned to one or more of the committees and they then have primary and regular oversight of that quality or performance area.

The MIQPR also includes additional data on patient safety indicators and this sets out a series of more detailed measures on quality.

The Committee were then presented with slides which provided in more detail the dashboard metrics which had been agreed by Board; these metrics were contained under the headings of; Our patients, Our people, Value and Partnerships and system contribution. There were several metrics which were yet to be completed and processes were in place to report on these in the near future. Rachel Marsh outlined each one of these in more detail.

In terms of the metrics listed under the four headings, the Committee were shown slides which set out the current and proposed new metrics to be added, replaced or removed.

The Committee was asked to consider whether there was the right balance, appropriateness and allocation of metrics and to note that the Executive Management Team (EMT) will review in early June. A further review will be undertaken virtually by the People and Culture Committee and QuEST Committee with a final review by this Committee on 17 July in readiness for approval at Board on 27 July 2023.

Comments:

In terms of the process involved the Committee felt it would be useful for EMT to review the effects of the Duty of Quality and the Duty of Candour and how that could be measured. There were several other metrics which the Committee asked for to be reviewed at EMT and these included; Respect and resolution cases and Immediate Release Directives. The Committee were apprehensive that consideration was being given for the IRD metric to be removed.

If possible, the Committee felt it would be beneficial to have a broader conversation on metrics at a future Board Development Day. In the meantime it was agreed that Members would provide direct feedback on the presentation to Rachel Marsh.

Wendy Herbert added that the national quality and safety advisory forum met on a quarterly basis and looked at standard metrics from a patient outcome and quality

measures perspective; which will include the Duty of Candour. This information would be captured in the MIQPR.

A discussion ensued in which Members considered, and on the whole were very supportive of the new metrics as illustrated in the presentation. They also were of the opinion that it was important to have metrics which measured the impact of the Duty of Candour and the Duty of Quality. Other topics discussed included the requirement to have sufficient resource for example, to capture and respond to calls in welsh.

It was agreed that the presentation would be circulated to Members and any comments to be sent to Rachel Marsh in advance of the next meeting.

**RESOLVED: The Committee reviewed the metrics and it was agreed Members would provide feedback on the presentation prior to the next meeting.**

### **33/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD**

The Monthly Integrated Quality and Performance Report (MIQPR) was received.

Rachel Marsh advised the Committee on the following areas for noting:

1. It was noted that the call answering times for the 111 service during April had improved slightly from previous months. Further work was still required to reduce capacity lost through sickness absence, and aligning capacity with demand and improving the efficient use of resource. A priority now was to re-roster the 111 service, which will involve a further consideration of the required number of staff to meet demand.
2. In terms of the ambulance response times, the Red 8 minute response for April was 53% and whilst an improvement when compared to March was still below the target of 65%. The Trust continued to deploy several actions to improve Red performance and this included the roll out of Cymru High Activity Response Units (CHARU).
3. One of the key factors in relation to response times was the capacity lost to handover outside Emergency Departments. 23,082 hours were lost in April 2023, a decrease compared to the 28,620 hours lost in March 2023. The levels remain so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss.
4. Hours Produced: The emergency ambulance unit hours production (UHP) was 98% in April and was above the target of 95%.
5. Personal Appraisal Development Review (PADR) rates had fallen slightly in March to 72.1%, still below the 85% target. Compliance for Statutory and Mandatory training had also fallen below the target and for March was 73.69%; the reason for this decline was under review.

Comments:



The Committee, whilst acknowledging there were some positive trends in the report, expressed their concern with the staggeringly high number of hours lost due to hospital handover delays; and as a consequence avoidable harm to patients was occurring. It was similarly acknowledged that although Immediate Release Directives had improved for Red, there had been 72% declined for Amber one.

A Member raised a concern that the Trust was still not achieving the target for 111 call answering times; accepting the challenges and demands on the service. Rachel Marsh outlined the efficiency measures the Trust had in place to improve these times which included reducing staff sickness and re-rostering with the aim being to re-align capacity at busier times.

**RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 26 key performance indicators detailed, which demonstrate how the Trust was performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.**

## **34/23 DEMAND AND CAPACITY PLANS**

At a previous meeting, Rachel Marsh advised that the Committee requested a report which detailed matters relating to demand and capacity.

Whilst the focus of the report was on forecasting and modelling, the Trust has also made significant progress in the workforce planning, recruitment & training and rostering.

It was noted that the Trust had undertaken strategic demand and capacity reviews for each of its three main patient pathways: Emergency Medical Services (EMS), Non-Emergency Patient Transfer Service (NEPTS) and the 111 service.

The responsibility for forecasting and modelling in the Trust was discharged through the Forecasting & Modelling Group. The Group involved colleagues from across the Trust, but also the NHS Executive (Delivery Unit). The Forecasting & Modelling Group was currently modelling the following areas; EMS strategic demand and capacity, unscheduled care service, proposed national discharge and transfer service, end of shift modelling and seasonal modelling.

Going forward the Trust would ideally like to record data in a formal forecasting and modelling framework which would provide the Committee with formal assurance of this business critical process; however, at this time, the Trust does not have the sufficient resource capacity to implement it.

Comments:

In terms of the forecasting and modelling framework, the Committee asked if it would be possible to re-align resources to develop the framework. Rachel Marsh commented that at this stage it was not realistic due to the paucity of current resource available within the team and the competing range of priorities. She added that consideration would be given as to whether the framework could be aligned to the Quality Performance Management Framework.

The Committee recognised that the 111 Demand & Capacity Review had a less successful outcome and queried whether the Trust had lost the opportunity to apply any lessons learned. Rachel Marsh explained that the review had highlighted areas where the Trust can work differently and improve on.

**RESOLVED: The Committee noted the work being undertaken in relation to forecasting and modelling.**

### **35/23 QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK (QPMF) UPDATE**

A verbal briefing was provided by Trish Mills who advised that the QPMF would, as it was a framework for assurance it was suggested that it would be more appropriate for it to be reviewed and endorsed by the Audit Committee. The Finance and Performance Committee would continue to monitor performance, however the Audit Committee will oversee the implementation of the Framework

Comments:

The Committee discussed the suggestion in more detail and it was agreed that Trish Mills would converse with the Chair of Audit Committee and speak with Committee Members offline prior to any formal decision being made. In the meantime should there be any other comments it was requested they be circulated to Trish Mills.

**RESOLVED: The Committee noted the update.**

### **36/23 VALUE BASED HEALTHCARE (VBH) UPDATE**

Chris Turley gave a verbal update in which it was noted a VBH workshop had been scheduled at which Non-Executive and Executive Directors will focus their attention on ideas for VBH. The workshop will also look at the wider engagement and education across WAST and to build a framework which outlines how to achieve VBH.

**RESOLVED: The update was noted.**

### **37/23 DECARBONISATION UPDATE**

Chris Turley presented the report as read and drew the Committee's attention to the following areas:

1. As part of the capital structure a Decarbonisation Programme Board has been established with one of its main tasks to review risks.
2. Going forward the Committee noted there would be more updates on waste management.
3. Members were advised that funding from the Welsh Government Estates Funding Advisory Board had been confirmed for 2023/24 and 2024/24; with a range of schemes receiving support.

Comments:

It was queried how staff were being informed of any updates. Chris Turley advised that the Decarbonisation Programme Board will see this as one of their priorities going forward.

**RESOLVED: The Committee:**

- (1) Noted this update, specifically in relation to the Decarbonisation Action Plan reporting and establishment of programme management arrangements;**
- (2) Noted annual waste reporting requirements, changes to waste policy & upcoming changes to waste legislation.**

**38/23 ELECTRONIC PATIENT CARE RECORD (ePCR) BENEFITS REALISATION**

The report was presented by Duncan Robertson who drew the Committee's attention to the following key points:

1. The aim of the benefits realisation process was to ensure that the ePCR system delivered and would continue to deliver tangible improvements in service efficiency, patient care, and operational cost savings. The process also provided a framework for learning and continuous improvement, informing future technology investments by WAST.
2. Following a review of the original benefits, 31, a change in the approach was undertaken to test each benefit and that resulted in reducing the number to 12.
3. The revised set of benefits were successfully mapped to the investment objectives and a final report was received in April 2022.

Comments:

With regards to benefit number one, 'Improved Quality of Clinical Informatics', the Committee noted that as the target had been missed queried the scope and timing into investigation. Duncan Robertson explained that the investigation had already commenced which was looking into the auto-closure aspect of ePCR which may have led to the initial issue.

Members queried why benefit number four 'Improved Patient Experience' had been postponed. Duncan Robertson explained that as part of the ePCR closure this would be addressed through liaison with the Patient Experience and Community Involvement team.

**RESOLVED: The report was noted.**

### **39/23 DIGIPEN CLOSURE REPORT**

Duncan Robertson reminded the Committee that the Digital Pen was the means of collating the WAST PCRs from 2015 until the deployment of ePCR. An initial contract extension had been agreed in March 2021 via a Chair's Action to enable the system to be used until such time as ePCR was ready for operational use.

The ePCR was deployed into operational practice in December 2021, and phased into each Health Board area, with the final Health Board becoming operational on 30 March 2022; work had commenced in summer 2021 to plan the decommissioning of the Digital Pens as part of the overall ePCR Programme.

Digital Pen docking systems were deactivated on 4 April 2022 with the exception of the Clinical Intelligence Team who required to retrieve Patient Clinical Records from returned Digital Pens.

A lessons learned exercise was held with members of the Clinical, Digital and Strategy & Planning Directorates where several key lessons were learned; these included the need to have improved reporting mechanisms between the Trust and the supplier and the late adoption of the ePCR by Health Boards as part of their Emergency Department handover processes.

**RESOLVED: The Committee noted the report.**

### **40/23 INTERNAL AUDIT TRACKER REPORT**

The report was presented by Trish Mills who informed the Committee there were 23 internal recommendations assigned to the Committee for oversight which were overdue. It was noted there were no external audit reports that were overdue.

Members noted that the Audit Tracker would undergo a revision in the next few months with a recommendation to the Audit Committee to approve a revised process and format.

Comments:

It was asked when there would be an update on the digital strategy. Leanne Smith explained that the timelines were currently being worked through.

**RESOLVED: The update was noted.**

#### **41/23 COMMITTEE CYCLE OF BUSINESS**

Trish Mills presented the updated cycle of business as the final step in the 2023/24 effectiveness review process.

The Committee noted that the cycle of business was a maturing document and would inevitably change throughout the year.

#### **RESOLVED: The Committee:**

- (1) Reviewed and approved the 2023-24 cycle of business; and**
- (2) Noted the cycle of business monitoring document.**

#### **42/23 MARCH COMMITTEE AAA REPORT**

The report was presented for information.

#### **43/23 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

The Committee acknowledged it was starting to see those areas reflected in the Committee terms of reference being presented, for example the demand and capacity review and the benefits realisation.

Members welcomed a varied agenda which gave a fuller picture of the overall situation.

Should there be a lengthy report on the agenda more time should be allocated to that particular item.

**Meeting concluded at 12:45**

**Date of Next Meeting: 17 July 2023**