

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 November 2022 VIA TEAMS

PRESENT:

Professor Kevin Davies	Non-Executive Director and Chair of Committee
Joga Singh	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Wendy Herbert	Assistant Director of Quality and Nursing
Navin Kalia	Deputy Director of Finance and Corporate Resources
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
Chris Scott	Audit Manager NWSSP
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES:

Bethan Evans	Non -Executive Director
Damon Turner	Trade Union Representative
Liam Williams	Executive Director of Quality and Nursing

56/22 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 Bethan Evans, Damon Turner and Liam Williams.

Minutes

The minutes of the open session held on 20 September 2022 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered:

Action Number: F and P 1/21-22: Focused review of performance related metrics. Trish Mills explained this action had been reviewed at the Quality, Patient Experience and Safety Committee (Quest) on 10 November 2022 and Quest will undertake a deep dive in February 2023; an update will be provided to the Finance and Performance Committee in March 2023.

Action Number: 34/22b: Post-production Lost Hours – Benchmarking. Rachel Marsh updated the Committee, and it was agreed to close the action.

RESOLVED: That the minutes of the meeting held on 20 September 2022 were confirmed as a correct record; and the action log was reviewed with the following action closed; 34/22b, Post-production Lost Hours benchmarking.

57/22 OPERATIONS QUARTERLY REPORT

Lee Brooks updated the Committee on the following points:

1. 111 call handling continued to meet the required standards of the quality of service notwithstanding the particular challenges in meeting performance targets.
2. Handover delays at Emergency Departments continued to be wholly unacceptable with the continued loss of the Trust's resource capacity.

Comments:

1. Members welcomed the revised format of reporting which summarised the main points in more clarity.
2. It was asked what the position was regarding volunteer numbers. Lee Brooks commented there had been an uplift in the number of volunteers, which will be realised in January 2023. He added that the number of volunteer car service drivers had declined; this was due to the pandemic.

RESOLVED: That the Committee noted the report.

58/22 FINANCIAL POSITION MONTH 7

Chris Turley gave the Committee a presentation for the financial position for month 7 2022/23 and brought the following highlights to their attention; noting that the Board will have a detailed paper on the financial position on 24 November 2022.

1. There was a small underspend as at month 7 of £1K.
2. There had been gross savings of £2.590m having been achieved against a current year to date target of £2.514m.
3. A continued break-even position was forecast for 2022/23, however the outlook for 2023/24 onwards was looking extremely challenging.
4. The Public Sector Payment Policy target for quarter 2 was met with the payment of non-NHS invoices paid within 30 days, which exceeds the target of 95%.
5. An overview of the financial performance by Directorate was provided, noting the variances, and in particular, the known and planned underspend in the Operations

Directorate to offset the overspend (underachievement) in income.

6. In terms of the financial risks the Committee were updated, and these included the exceptional cost pressures, winter pressures and the funding for the additional Bank Holiday. These costs remained volatile, and the total current value was £6.614m.
7. Capital expenditure was planned to be spent; to date the Trust had expended £6.300m against the All Wales Capital Scheme budget of £22.306m. The Committee received an update on changes agreed with Welsh Government on the timing of some capital funding and additional monies being made available in-year.
8. The Committee were advised that Welsh Government guidance on financial planning for the next financial year would become much clearer following the UK Government's Autumn Statement, which was due very soon.

Comments:

The Committee discussed the work underway to ensure that the capital available for the remainder of 2022/23 was spent by March 2023 and were assured by Chris Turley that would be achieved.

RESOLVED: The Committee noted the update.

59/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD – SEPTEMBER 2022

Rachel Marsh presented the Monthly Integrated Quality and Performance Report (MIQPR) for September, and drew the Committee's attention to the following highlights:

1. The indicators continued to show a poor picture in many areas with performance not achieving the ideal outcomes.
2. Lost hours to handover delays at Emergency Departments in October were the highest recorded at 28,940, equating to 36% of the Trust's conveying capacity being unavailable to respond.
3. 999 answering times have been challenging through significant increases in demand. The median and 65th percentile performance remained good; the call answering tail decreased in August 2022 to 52 seconds, however, this remained higher than the Trust would want. In terms of 111 call answering performance, this had improved over recent months and has continued to improve.
4. In respect of the clinical response time, this had significantly improved; the Trust continued to focus on recruitment and retention of clinicians to further improve these times.
5. Red and amber response times remained far longer than expected, with red response below 50% for the first time in October, at 48%. Whilst an improving picture was seen at the start of November, this continued to be a significant area of concern for the safety and wellbeing of patients and staff. The Committee was assured that the Trust had identified and was progressing all strategies and actions to mitigate this position. Lee Brooks added that red performance at the start of November was at 52%.
6. The Committee were asked to note that the performance metrics in relation to Welsh

language would be included in the next report to the Committee.

7. Ambulance Care (formally known as Non Emergency Patient Transfer Service) Performance was above target for enhanced renal patient arrivals prior to appointment in September 2022, and has improved for patients requiring discharge; however, overall demand for the service continued to increase.
8. There were several other metrics which the team have been working on which include inclusion and engagement, emissions data, symptom checkers, and consideration of the numbers of staff in post versus the number of staff commissioned to be in post.
9. In terms of staff sickness, staff training and PADRs, the improvements in these area since August 2022 were noted. A specific managing attendance programme had been set up to identify and implement actions to improve sickness absence.
10. The Committee noted that the Trust Board would review progress against the totality of Trust and system actions at its November meeting, and gain assurance on the impact of this activity.

Comments:

1. The Committee asked whether management were satisfied that all mitigating actions within the control of the Trust with regard to handover delays had been considered. Lee Brooks explained that the Trust had taken all the actions possible; further information was contained in the Mitigating Patient Harm Report and Action Plan regularly reviewed by the Board. He added that this winter had all the hallmarks of being the most challenging on record.
2. The Committee commented on the improvements with regard to staff sickness figures and PADRs. In relation to sickness absences, Lee Brooks advised that Covid related absences were beginning to decline. He added there had been a focus on completing PADRs. Liz Rogers gave an overview of the work being conducted by her team to improve sickness levels; this included the effective use of occupational health.
3. In respect of the impact of the impending industrial action on the services provided by the Trust, the Committee recognised this would be varied in terms of the several professions across the Trust.
4. Members also recognised that the All Wales Covid-19 sickness policy was still in place and this could represent challenges for the Trust.
5. The Committee asked of the reasons for challenges in recruiting clinicians. Rachel Marsh advised it was specifically related to the 111 clinicians and in the main regarded nurses; the recruitment of nurses is a UK wide issue. The Trust has been considering ways to improve this situation, which included supporting remote working. Liz Rogers added that the job description was being reviewed and modified. Significant work was also being conducted to enable training to be carried out virtually.
6. The Committee discussed which indicators they would like to see further analysis on, and it was agreed that indicators regarding Ambulance Care would be desirable. Rachel Marsh and Lee Brooks will take this forward and scope out the required detail, and will consider eligibility, inequities, new indicators, and transformation of this service.

RESOLVED: That 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 Our People; Finance and Value; and Partnerships and System Contribution.

60/22 **QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK 2022-2025 - Update**

The report was presented by Rachel Marsh who reminded the Committee that the framework had been approved by the Board in March 2022.

1. The main issue in the first six months of 2022/23 had been the capacity to work on the Framework, as a result of having to recruit to every post in the Commissioning & Performance Team. This recruitment was expected to conclude on the 30 January 2023.
2. The two areas chosen for piloting were EMS Co-ordination and Resource. The initial findings indicated that EMS Co-ordination has developed quality and performance arrangements and there may be opportunities for making these arrangements leaner, but there needs to be a greater connection between Trust-wide strategy, as set out in the IMTP and local deliverables.

Comments:

The Committee recognised this was still a work in progress.

RESOLVED: That the Committee;

- (1) **NOTED that a Quality & Performance Management Steering Group has been established;**
- (2) **NOTED two pilot assessments for the development of “local frameworks” have been conducted;**
- (3) **NOTED that a self-assessment against the “organisational requirements” at a corporate level has been undertaken with the expectation that this will be concluded in December 2022; and**
- (4) **NOTED that the recruitment into the new structure of the Commissioning & Performance Team will be concluded by 30 January 2023.**

61/22 **INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 3 PROGRESS REPORT**

1. Rachel Marsh presented the item which provided progress on the IMTP 2022-2025 Quarter 3 position against the conditions set by Welsh Government (WG) in relation 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.
2. An IMTP delivery tracker was in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.
3. Planning for the 2023/26 IMTP was progressing well with extensive engagement taking place through internal structures which include the recent CEO roadshows, and development sessions with the Board in October and November. The deadline for

submission was now March 2023 rather than January, due to the national requirement for further work regarding the financial outlook for NHS Wales in 2023/24 and beyond, to be undertaken.

Comments:

1. With respect to the six goals as set by WG being achieved the Committee asked how confident the Trust was this was being reported going forward. Rachel Marsh advised that the Trust's Strategic Transformation Board has been given more detail in terms of how the 6 goals linked to the reporting process. She gave an outline of how the reporting process was structured.
2. The Committee discussed mental health and mental well-being, recognising that due to funding issues implementation of a mental health faculty was now unlikely. However, the possibility of being able to provide a mental health response in the Betsi Cadwaladr University Health Board area was progressing well.
3. In terms of the 6 goals, members commented on how engaged all the stakeholders were, and recognised the complex nature involved.
4. The red and amber rated priorities were reviewed by members as were the remedial plans in place. The Committee noted the good progress despite the ongoing operational challenges.

62/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch presented the report and updated the Committee on the following:

1. There were currently 17 Corporate Risks on the register, 10 of which were assigned to Committee for oversight; and were described in further detail within the report.
2. Since this report was written, Risk 311, 'sufficient Estate to cope with staff associated with the Emergency Medical Services and Ambulance Care demand and capacity reviews', had been approved by the Executive Management Team for closure, and this will be reflected in the report presented to the Board later in the month.
3. It was noted that risk 244, 'Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service', and risk 245, 'Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations', were both currently overdue in terms of their controls and mitigating actions, and were due for review by the Operations Senior Leadership Team.

Comments:

Risk 139, 'Failure to Deliver our Statutory Financial Duties in accordance with legislation', The Committee asked whether the Trust was still comfortable with the risk rating of 16? Chris Turley explained the risk had recently been further reviewed and was comfortable with the current rating, noting that this didn't specifically relate to the current financial year and in light of the financial outlook for 2023/24 and beyond.

RESOLVED: Members considered the contents of the report and reviewed the Board Assurance Framework, noting the 10 risks assigned to the Committee.

63/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

1. The report was presented by Julie Boalch who explained that its purpose was to provide the Committee with an update in respect of recommendations resulting from internal audit reviews presented to the Committee for oversight.
2. There were currently 2 internal audit reports relevant to the Committee, with a further 14 internal audit reviews which were included in the 2022/23 Internal Audit Plan.
3. The 2023/24 Audit plan was in development and was expected to be presented to the Audit Committee in March 2023 for approval.
4. The Committee's attention was drawn to the 7 high priority recommendations which were reported as being overdue; the report contained details with the expected completion dates.
5. There were 2 recommendations from 2019/20 which were outstanding, and were both due to be completed by March 2023.

Comments:

Members queried why the Clinical Contact Centres Performance Management high priority recommendation had been extended to January 2024. Julie Boalch explained it related to the Salus system.

RESOLVED: The Committee noted the contents of the report and considered the Internal Audit plan activity.

64/22 LEASE CAR POLICY

Chris Turley explained that the purpose of the report was to approve of the All Wales Lease and Pool Car Policy for Trust adoption. He added it had been through all the necessary due diligence prior to being presented at Committee. The main changes to the previous policy were contained within the covering report.

RESOLVED: The policy was approved for adoption by the Trust.

65/22 COMMITTEE PRIORITIES UPDATE

The report was presented for information purposes.

RESOLVED: The Committee noted the report.

66/22 KEY MESSAGES

The Chair advised that the Board Secretary would prepare the update report for the Trust Board, and would include reference to the expected challenges of the winter period and the effect on performance, and that the unavoidable harm as a consequence of hospital handover delays would be the main focus for the Trust.

67/22 ANY OTHER BUSINESS

The Members of the Committee thanked Kevin Davies for his support over the past few

years and wished him well on his departure from the Trust as a Non-Executive Director at the end of the year.

Date of Next Meeting: 16 January 2023