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## FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	29 November 2024
<b>Committee Meeting Date</b>	19 November 2024
<b>Chair</b>	Jayne Beeslee

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The board was alerted in September that certain **Key Performance Indicators** were not populated in the Monthly Integrated Quality and Performance Report (MIQPR) for that meeting. Whilst the 111 clinical triage callback times (P1) data issues have now been rectified, data quality issues remain for some metrics. However, members were assured that a 111 Measures Task and Finish Group has been established between WAST, its commissioners and Digital Healthcare Wales with the focus on development of a nationally reportable 111 data set. Additionally, the **Data Quality Internal Audit** report reviewed by members sets out the actions being taken to address data quality issues, including strengthening reporting arrangements and resourcing in this area. This was a reasonable assurance rated audit, with only 2 of the 10 recommendations being high priority. The committee will continue to monitor this cross-cutting issue.
2. Issues of **recruitment to key positions**, particularly for our digital and commercialisation ambitions, was a theme that ran through the meeting. Whilst job evaluation process improvements are now in place and the overall time to hire process is a priority for review by the new Director of People, the committee will continue to monitor recruitment in what is a competitive market at the next meeting.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. An update on the progress of developing the **IMTP for 2025-28** was received detailing the planning cycle and feedback from the Collaborative Planning Workshop event held in October 2024 to finalise priorities. The Committee welcoming the upcoming focus in board development sessions on the IMPT. Discussions with Commissioners will take place once the financial allocations are known, and the draft plan will be presented to the January meeting.



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4. Members received the **Operations Update Q2**, noting it had been reviewed by the Quality, Patient Experience and Safety Committee (QuEST) and the People and Culture Committee earlier in the month. Additional highlights from a performance perspective noted by members were as follows:
- Quality and support days are developing well with a performance focus on multiple attendance ratios and compliance with diesel mitigation outside hospitals.
  - First scoping meetings on electronic timesheets are highlighting potential benefits once deployed.
  - Financial savings are on track for the directorate; however, there is an issue with the overtime budget not being utilised by staff noting overall reasonable production, less reliance on overtime and a stable position for the Trust because of several financial improvements for staff in place.
  - Urgent Care Service transition - monitoring the reduced utilisation of UCS resources and implementing measures to increase this including messaging to EMS staff to request UCS when appropriate.
  - Single allocator model with dispatch boundary changes in the EMSC reconfiguration project shall be fully implemented later this month with staff having periods of time proofing the approach beforehand aiding deployment.
  - Accredited Centre of Excellence remedial status for the Medical Priority Dispatch System (MPDS) has ended having achieved and sustained improvement.
  - The Medical Transfer Protocol Suite is a new MPDS triage approach for interfacility movement and will need time to embed before the non-compliance rate improves with early work showing improvement is occurring.
5. The **NHS Wales Procedure for Recovery of Overpayments (Salary and Expenses)** was adopted, and the amended **Records Management Policy** was noted.
6. Members **reflected** that the hybrid meeting worked well with a different in room configuration and limiting the chat function. The papers were of good quality in both public and private sessions and provided a good level of assurance.

## ASSURE

(Detail here assurance items the Committee receives)

*The following items will also be presented to board at their 26 September meeting however members may benefit from the following points of discussion from the committee:*

### **Financial Position for Months 6 and 7 2024/25**

7. The EMT band 5 business case risks are highlighted, with a reduced residual risk of £500K for the year now being reported due to factors such as education and training requirements shifting to Q3/4, the holding of certain vacancies, over achievement of savings, some slippage in additional spend in year and using overtime budget. The Trust will seek to cover this year's costs with adjusted year-end spending forecasts, but this approach is unsustainable for 2025/26 and beyond.



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8. The in year financial planning and forecast position assumption remains that the impact of the pay award costs for this year for NHS Wales bodies will be covered in full by Welsh Government. The executive will keep a close eye on the modelling work and any risks this may bring to covering the entirety of the pay award and will escalate where necessary. Assumptions are that the increase to employer National Insurance will be covered by the Welsh Government and details will be included in next year's plan.
9. Members noted that the outcomes continue to demonstrate strong and robust financial management given the challenging financial savings position. The Audit Wales Review of Cost Savings Arrangements relates to this and is shown below.
10. An update on the 2024/25 capital programme was discussed in more detail in private session, with no issues to escalate to board.
11. The Chair's Action recently approved by the board with respect to works at Ty Elwy was noted.

#### **Monthly Integrated Quality and Performance Report (MIQPR) for September/October 2024.**

12. The indicators highlight that NHS 111 Wales has stabilised post the CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system.
13. The 5% NHS 111 Wales abandonment rate was achieved in October, and clinical response times for P1 and P2 achieved targets this month, with P3 slightly off target at 87% against a 90% target.
14. EMS is stable, but likewise off target for Red performance with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on clinical model transformation.
15. Ambulance Care is stable; however, dialogue has commenced with commissioner on future demand and recovery of planned care. Recent investment announcements to improve planned care does need transport to be factored into plans.
16. **The Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** included the confirmed end of Q2 2024/25 position. The Board will receive the assurance report at its November meeting; however, committee noted as follows:
  - The Clinical Model Transformation program is progressing well and moving to the next phase, focusing on five core workstreams and integrating governance structures.
  - Urgent Community Response Service has a cautionary status due to implementation challenges; however, the Executive Director of Operations offered assurances that the Organisational Change Process (OCP) for the Advanced Paramedic Practitioner and their clinical leadership will support the work back on track early in the new year.
  - There is a significant amount of directorate-led IMTP priorities being developed to ensure structured planning outside of the Clinical Model Transformation programme.



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- Progress was noted against the Cabinet Secretary's priorities for NHS Wales, with specific milestones for primary and community care, urgent and emergency care, planned care, and mental health.
- The NHS Wales allocation letter is expected in late December 2024 and the importance of having agreed planning assumptions was emphasised to develop plans through Q4.

*The following items were only presented to this committee and assurance is provided to the board as follows:*

17. The **Audit Wales Review of Cost Savings Arrangements**, which was carried out across all NHS bodies, looked at their approaches to identifying, delivering, and monitoring sustainable cost savings opportunities. Overall, Audit Wales found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. The committee commended the teams on a positive report and noted that opportunities exist to reduce reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine savings reporting to the board.
18. The Internal **Audit on the Quality and Performance Management Framework** follows the Audit Wales Review of Quality Governance in 2022/23 which focused on quality governance arrangements, with this internal audit looking at embedding of the framework. The review returned an overall reasonable assurance rating, and one high priority recommendation related to the work programme and local frameworks. The Audit, Risk and Assurance Committee has been overseeing the implementation of this framework during 2025/26 and will consider this review at this meeting on 21 November.
19. The **Internal Audit on Overtime Controls** related to the process adopted for the allocation of planned overtime and returned a reasonable assurance rating across all objectives and no high rated recommendations.
20. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and progress against the recently refreshed Digital Plan were presented. Of note:
  - The simplicity of the visual presentation of the digital KPIs was appreciated.
  - The CMT is the Trust's priority currently and whilst risks to the Digital Plan are not fully known at this stage given the pace of that programme, the committee was assured that there are monthly planning meetings to manage this and there are no escalations to the board at this point.
  - The average turnaround time for non-trivial requests to the IT service desk has increased to 40 days. Recruitment for four end-user support roles is imminent to bolster support desk provision.
  - High volume of records requests continues. Two new records officers will join in December and January to help manage the workload.
  - Good system availability performance was reported, with minor issues in September but generally above the UK industry standard of 99.9%.
  - Scoping is underway to devise and build a more automated tool for conducting IPC audits.
  - SMS cancellation functionality for Ambulance Care and EMS was discussed. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to our CAD supplier, with work scheduled to commence in early 2025.



- The procurement of surveillance drones for the HART team is underway, with training for pilots scheduled in the coming months. Committee members noted that the Academic Partnerships Committee reviewed this programme in closed session the previous day due to its commercial sensitivities and it was well received and a good example of collaboration with industry partners.
- Members commented on the criticality of recruitment to key posts in the digital team. This theme ran through this report as well as the Data Quality Internal Audit. Members were assured that recruitment is progressing well, with excellent interest and quality of candidates for many of the roles advertised. Work with the People Services Team on inclusive recruitment has been particularly welcomed. The new Chief Clinical Information Officer and Assistant Director of Digital Transformation roles have been filled.

21. The **Information Governance Report** for Q3 highlighting ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:

- Issues related to data quality and the Data Quality Internal Audit is shown in the alert section above.
- On the IG toolkit the organization is at a "standards not met" status, however the committee was assured there was an improvement plan in place.
- IG Training compliance rate is 76.5%, an improvement from the previous year's 75% target. The new target is 85%, and there is ongoing debate nationally on about whether this is an appropriate target.
- In August, 21 freedom of information requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements are expected following an OCP and process review.
- Progress has been made on the records improvement plan, but timelines are impacted by long-term sickness in the team. A re-baseline of the plan will occur in the next Information Governance Steering Group meeting.
- Recruitment is under way for the Data Protection Officers, with two new data protection managers are joining this month.

22. In July 2024 the **Mobile Data Vehicle Solution** (MDVS) Project Team shared a survey with all operational colleagues to gather feedback about the solution. The Ambulance Radio Programme (ARP) which sits under the auspices of AACE, engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed. For some areas the new solution had been in situ for some time and in other it was still very new. Feedback highlighted key issues such as routing, graphical user interface design, mapping, incident management, and voice notifications and was not overall positive of the solution. These were shared and whilst many of these were already on their long-term plan as being common issues across all Trusts, this feedback has helped move this at pace with a focus on issues at WAST. ARP will work with WAST to prioritise and implement the top 10 feedback items in future deployments, with an action plan for future developments. A training package highlighting agreed product features through communications and video demonstrations will also be completed; noting however that some changes, such as screen visibility over 7mph, remain constrained by legislation. Further discussions are to be held with Trade Union Partners on this issue and any improvement plans.



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23. The Committee received the report on Q2 2024/25 of the **Audit Tracker**. It was noted that of the internal audit actions relevant to the Committee 67% due in quarter were closed in quarter, with 5 actions on third and final dates. The importance of scrutinising the reasons and rationale for change where revised dates are proposed was noted.
24. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations.
25. In **closed session** members received an update on the cyber KPIs and audit recommendations, as well as an update to the 2024/25 capital programme.

## RISKS

**Risks Discussed:** Members received assurance on the risks within the Committee’s remit as well as the Trust’s two highest scoring risks within QuEST’s remit for oversight, noting that the data is the same as that presented to Trust Board in September 2024.

Risk 594 has reduced in score in the latest review and will be drawn out in the reporting to ARAC and Board in November 2024.

Members were informed of the next phase of the Risk Transformation Programme, overseen by ARAC, noting an initial workshop is planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

### COMMITTEE AGENDA FOR MEETING

COMMITTEE AGENDA FOR MEETING		
Operations Update Q2	Financial position Months 6 & 7 2024/25	Monthly Integrated Quality and Performance Report
Digital KPIs	IMTP Delivery/Assurance progress update IMTP 2025-2028 update	Information Governance Report
Risk Management and BAF	Audit Tracker Q2 Data Quality Internal Audit Overtime Controls Internal Audit Integrated Quality and Performance Management Framework Internal Audit Audit Wales Review of Cost Savings Arrangements	Mobile Data and Vehicle Solutions Feedback Initiative
Records Management Policy NHS Wales Procedure for the Recovery of Overpayments	Committee Priorities and Cycle Monitoring Report	



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COMMITTEE ATTENDANCE						
Name	14 MAY 2024	16 JULY 2024	17 SEPT 2024	19 NOV 2024	16 JAN 2025	18 MAR 2025
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		
Lee Brooks						
Liam Williams				From Item 7		
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member