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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>	26 September 2024
<b>Committee Meeting Date</b>	17 September 2024
<b>Chair</b>	Peter Curran (as Chair in lieu of Jayne Beeslee)

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The board should be aware, as indicated in their documents, that certain **Key Performance Indicators** are missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics include 111 clinical triage callback times (P1), National Reportable Incidents, timely responses to concerns within 30 days, implementation of the Duty of Candour, successful consult and close outcomes, NHS 111 dental calls, and consult and close volumes for NHS 111.

Identified data quality issues within the 111 system, Advanced Practice Paramedics, and other quality indicators are currently being addressed. Immediate efforts are in progress to resolve these data quality challenges, alongside ongoing recruitment to fill essential roles to further mitigate these issues.

#### ADVISE

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

2. This was the first meeting for **Jayne Beeslee** who will take the chair of this committee from the November meeting. Peter Curran chaired this meeting.
3. Members **reflected** that the papers and presentations demonstrated the transparency, good teamwork and integration across all areas and the good progress being made. The CHARU presentation was particularly welcomed and clear. The potential for committee specific development on the environmental and estates issues will be explored further.

#### 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:*

#### **Financial Position for Month 5 2024/25**

4. Members noted that the outcomes demonstrated strong and robust financial management given the challenging financial savings position.
5. Directorate budgets performance is encouraging with minimal overspends and budgets being closely adhered to across divisions. The financial pressure from fleet maintenance due to reduced capital budgets was noted, and the need for additional funding in the next financial year to address this. There is an Executive Financial Group on 18 September where the importance of reviewing financial forecasts and assumptions will be emphasised.
6. The EMT Band 5 business case has been submitted and the board will be updated on the pathway through external governance (Joint Commissioning Committee (JCC) and Welsh Government) following a JCC meeting that took place in parallel. The risks related to this were highlighted in the financial presentation and the Welsh Government monitoring return, and the committee heard that the cost impact has reduced in year due factors including education and training requirements moving into Q3/4, as well as the holding of vacancies and the use of overtime in those grades where appropriate. The non-recurrent nature of this was stressed and the fact that this would not be sustainable going into 2025/26.
7. Board will receive a request for contract approval in the closed session in September for vehicle conversion, with the committee noting that emergency ambulances and response vehicles have been ordered, including 20 plug-in hybrids and 10 fully electric vehicles. Given the capital funding for fleet this year was half of what was required, the fleet maintenance pressures for next year will be challenging.

#### **Monthly Integrated Quality and Performance Report (MIQPR) for May/June 2024.**

8. The indicators highlight that 111 has stabilised post the 111 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. EMS is stable, but likewise off target 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 evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics. Note the data quality issue set out in the Alert section above which was discussed at this item.
9. Members agreed that the new clinical model transformation is key given the continued handover delays (at 17,000). Assurance was provided on recruitment of clinical navigators and advanced practice paramedics.

#### **IMTP Delivery and Assurance report for Q2 2024/25**

10. Assurance was sought on external scrutiny and evaluation of the clinical model transformation. A new group has been formed to support clinical decision-making throughout the programme, offering



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independent critique and validation of clinical processes. There has also been engagement with external academic support for evaluating the programme, alongside Delphi reviews for clinical algorithms and pathways, involving international clinicians. The International Academy of Emergency Dispatchers ensures oversight of clinical governance for remote care, aligning with the latest evidence and best practices. Additionally, our commissioners via the Joint Commissioning Committee scrutinise the programme and phasing.

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

11. There were no escalations from the workstreams of achieving efficiency or income generation in the **financial sustainability report**, which is now divided into recurrent and non-recurrent, allowing better understanding of the year-on-year planning required to achieve the set savings targets. The ongoing work on the services review is expected to yield focused areas for financial savings for the next financial year and beyond. The development of a small team to enhance income generation and commercialisation efforts is underway, aiming to maximise income as a strategy to reduce core costs. There's a slight delay in the process due to job evaluation, but it is progressing and will be a focus in to 2025/26.
12. Members received the **Value Based Healthcare** Working Group report highlighting progress against key workstreams and outlining future plans that emphasise the Trust's desire to work towards a model that focuses on value over volume. The initiative involves collaboration with partners Digital Health Care Wales and will assess the data using the National Data Resource and demonstrate where services can be measured by building capacity and capability within the Trust to address potential resourcing challenges.
13. Lee Brooks provided a comprehensive overview of the **Cymru High Acuity Response Unit (CHARU)**, highlighting its evolution, purpose, and current measurement. The committee found the presentation highly informative and particularly impactful, particularly with respect to utilisation and the cross-over to the clinical indicators being reported in the MIQPR.
  - CHARU was introduced to transition from rapid response vehicles, emphasizing the shift towards a more clinically driven model rather than time-based targets. CHARU was designed to ensure paramedics with additional skills and equipment are dispatched to incidents quickly where they can provide the most clinical benefit.
  - CHARU's contribution to red performance has been significant, often matching or exceeding that of Emergency Ambulances in recent months. The majority of CHARU responses are for breathing problems, cardiac arrests, seizures, severe bleeding, and unconscious patients, when dispatched with CHARU often arriving first on the scene, providing both clinical and time benefits.
  - The operational focus to reduce unnecessary dispatches and stand-downs was discussed, aiming for optimal utilisation without compromising clinical priorities. Lee Brooks explained that ambulance resource utilisation, including CHARU, is an output metric reflecting the extent of resource deployment during service delivery. It is not a performance metric and does not measure the effectiveness or efficiency of that deployment. The primary concern for CHARU is to respond to appropriate incidents as determined clinically. The committee agreed that utilisation rates should not solely drive dispatch decisions and focusing on increasing utilisation as a performance metric could have a negative impact on patient outcomes and potentially performance contribution as well.



14. 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:
- ICT systems availability show good performance across all critical systems for 2024/25 so far. Apart from some issues in August 'up-time' was still above the UK industry standard of 99.9% for the period
  - There is ongoing scoping work for various digital initiatives, including scoping the design requirements of an automated IPC tool and the migration to Power BI. MDVS installations are complete across the fleet, with a few exceptions for incoming vehicles.
  - Recruitment efforts continue for senior roles with good uptake. As set out above, the use of agency is being deployed to mitigate slippage in digital initiatives.
  - Potential impacts on IT and informatics from the clinical model transformation programme was flagged, indicating future discussions on prioritization might be necessary.
15. Under the **HART/SORT Service Level Agreement** with Welsh Government, a report on the activities undertaken by WAST Hazardous Area Response Team (HART) and Special Operations Response Team (SORT) is submitted every quarter, and at the end of the financial year an annual report is submitted that provides an overview of the activities across the year. The Committee reviewed the annual report at this meeting, and it was noted that quarterly data is not meant to be a comparison with the previous quarter or any other quarter and simply demonstrates the activity of the HART team during that period of time which is used to demonstrate how the Welsh Government funding is being spent. HART's deployment has returned to pre-pandemic levels, and SORT staffing has improved from 131 to 138 operatives by Q1 2024/25. Training hours for HART operatives have remained consistent.
16. The **Information Governance Report** for Q2 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:
- Progress is being made towards meeting the "Standards Met" on the IG toolkit by November 2024, with a detailed improvement plan in place. Failure to meet this standard could impact future research projects. This has been added to risk 623.
  - Currently, over 75% of employees are compliant with IG training, with efforts underway to increase this to meet the 85% target. Around 1,000 employees need to complete their training.
  - Significant progress has been made in reducing weak passwords, with less than 20 remaining across the trust, showcasing exceptional performance compared to other organizations.
17. The committee received the bi-annual **Environment, Decarbonisation and Sustainability update**, which included quantitative data on carbon emissions for 2023/24, highlighting challenges in tracking progress due to changing definitions and quantifying factors. Despite this, there's a general trend towards reducing gas-powered heating emissions and increasing electric-based systems, supported by investments in solar panels and PV systems.
18. WAST has been successful in securing a proportionately higher share of government funding for decarbonization projects, demonstrating efficient use of funds and delivery capabilities. Additionally, the service has been re-accredited with ISO 14001, marking it as the only ambulance service in the UK to hold this accreditation, reflecting its commitment to environmental management standards. The importance of continued efforts in decarbonization and sustainability was stressed, despite the challenges in measuring progress due to changing standards and definitions



19. The annual **2023/24 Estates Backlog Maintenance update** demonstrated a significant reduction in backlog maintenance from over £15 million a few years ago to the current levels, with a focus on reducing high and significant risk areas.

There are plans to continue targeting resources to areas of greatest need, including further investments in estate improvements and maintenance to reduce backlog maintenance further.

20. The **Waste Management Update 2023/24** included compliance with changes to waste legislation in Wales (April 2024) require the Trust to recycle into four segregated waste streams, a move from two previously. Challenges with the requirements of the new Act were noted, including issues experienced with the contractor in the roll-out. These are being resolved but have impacted on the ability of the team to provide a national picture of compliance with the new legislation thus far in the year.

An enhanced service level agreement with Shared Services has been established, improving compliance and futureproofing in waste management.

21. The Committee were assured that the **EMS Operational Transformation Programme** purpose has been delivered, closed and evaluated. The Committee noted that this was a significant initiative driven by the 2019 Demand and Capacity Review. The full report is before the Trust Board at its September meeting after which it will be submitted to Welsh Government and Trust Commissioners. The Committee recognised the significant input and role of Hugh Bennett as the Senior Responsible Officer in its successful delivery.

22. The Committee received the report on Q1 2024/25 of the **Audit Tracker**. It was noted that of the internal audit actions relevant to the Committee 24 of a total of 49 due in quarter were closed in quarter. Of the internal audit actions due in quarter 23 have been given revised dates. The importance of scrutinising the reasons and rationale for change where revised dates are proposed was noted. There was only one external audit action due in quarter which has been closed in quarter.

23. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations.

24. In **closed session** members received an update on the cyber KPIs and audit recommendations, as well as a Special Operations Response Team business case approval.

## RISKS

**Risks Discussed:** Members noted the risk activity this quarter which included:

The de-escalation of Risk 424 to the Directorate Risk Register for ongoing management, having achieved target from 12 (3x4) to 8 (2x4). This risk is linked closely with financial duties outlined in Risk 139 and a separate capital risk may be developed in the future.

The closure of Risk 619 from all registers having been fully mitigated. The risk had previously been reported in the closed sessions of Committee and Trust Board.



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Committee acknowledged the positive risk culture enabling discussions on specific risks throughout the agenda particularly in relation to Risks 223 and 224 and noted additional mitigating actions on Risks 623 and 594 which may result in reductions in risk scores in the next round of governance.

Members received a brief update on the direction of travel of the next phase of the Risk Management Transformation Programme which was fully outlined at and supported by the Audit, Risk and Assurance Committee. This included the development of a strategic Board Assurance Framework, risk appetite statements and a suite of strategic risks against the Trust's strategic objectives enabling progress against these to be clearly articulated.

**COMMITTEE AGENDA FOR MEETING**

Financial position Month 5 2024/25	Financial sustainability position paper	Value based healthcare
Monthly Integrated Quality and Performance Report	Digital reporting – metrics for digital infrastructure	Specialist Operations KPIs 2023/24
IMTP Delivery/Assurance progress update	Cymru High Acuity Response Unit (CHARU) report	Environment, Decarbonisation and Sustainability Update August 2024
Waste Management Update - September 2024	Estates condition and backlog maintenance update – September 2024	EMS Operational Transformation Programme
Information Governance Report	Risk Management and Board Assurance Framework Report	Audit Tracker 2.0 - June 2024 (Q1)
Committee Priorities and Cycle Monitoring Report		

**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			
Lee Brooks						
Liam Williams						
Angie Lewis						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member



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