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Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
University NHS Trust

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 MAY 2024 VIA TEAMS**

**Meeting started at 09:30**

### **PRESENT:**

Joga Singh	Non-Executive Director and Chair of Committee
Peter Curran	Non-Executive Director
Professor Kevin Davies	Non-Executive Director

### **IN ATTENDANCE:**

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Fflur Jones	Audit Wales
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Joined meeting during 37/24)
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

### **Apologies**

Bethan Evans	Non-Executive Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

## **33/24 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 Register of Interests. There were some minor changes being made to the register which were being addressed, but they did not conflict with today's meeting.

## Minutes

The minutes of the open session held on 19 March 2024 were considered by the Committee and confirmed as a correct record.

## Action Log

Minute 24/24: Strategic Demand and Capacity review. *A verbal update would be provided to the Committee on the status of the report.* The Demand and Capacity review is now complete, and the insights gained are being utilised to inform the Integrated Medium Term Plan (IMTP) for this year. However, it is not appropriate at this stage to discuss specific numbers, as they need to be socialised with Welsh Government, Commissioners, and possibly with Board members informally. The full report is on target to be presented to the Committee in July and then to the next Board meeting. Action Closed.

## RESOLVED: The

- (1) Minutes of the meeting held on 19 March 2024 were confirmed as a correct record; and**
- (2) The Action log was considered and updated as described.**

## 34/24 OPERATIONS QUARTERLY UPDATE – QUARTER ONE 2024/25

Lee Brooks updated the Committee on the following points:

The team has made significant progress in developing the Trust's response to the Manchester Arena Inquiry recommendations. It was anticipated that the outputs of this work will be presented in closed session at the next meeting. Prior to that there will be a session during the next Board Development Day to familiarise colleagues with the content. There will be further formal engagement with Commissioners and Welsh Government on the report.

The Accredited Centre of Excellence (ACE) accreditation as a Centre of Excellence for MPDS (Medical Priority Dispatch System) has faced some challenges recently. Unfortunately, the Trust dropped below the minimum standards required to maintain its Centre of Excellence status. However, there is a remediation period in place consisting of two blocks of three months, within which the Trust needs to demonstrate a return to the accreditation standards.

Encouragingly, the Trust has already met the required standards for April. If this level of performance can be maintained for the next two months, then the Trust will be on target to be removed from remediation status and return to accredited standards. The training and call handling teams have been working diligently to achieve this, and their efforts have shown positive results.

Moving forward, the Trust must ensure that it not only meets but exceeds these standards consistently, thereby putting more distance between our performance and the 7% standards mark.

The Trust has now progressed to the next stage of the relief planning pilot, which has been a collaborative effort with Trade Unions to provide staff with more notice of their relief shifts and was a promising development. Additionally, an agreement has been reached that, in some cases, it may be necessary to plan annual leave for individuals who haven't proactively booked it. This will be integrated into the six-week notice period for relief shifts. This arrangement aims to provide better planning and stability for relief workers and call handlers. This initiative has been encouraging, showcasing effective partnership work, the goal is for this system to become a permanent fixture, benefiting both staff and operational planning.

Recruitment has been a topic of conversation for a while, recognising that retention is challenging for 999 call handlers. However, the Trust are currently over-established in this area, which is a positive development. This over-establishment provides a buffer and some relief for our existing Emergency Medical Dispatchers (EMDs). The recruitment pipeline and timeline for this year has been reviewed and there is optimism that that the Trust can maintain a positive position regarding 999 call handlers. This will help with managing workload and reduce stress on our people, contributing to better retention and overall service quality.

The Organisational Change Process (OCP) for the new structure in Emergency Medical Services Coordination (EMSC) has been launched recently. This process leverages additional investment to expand management and support functions. It also involves significant changes, such as the implementation of a single allocator model and adjustments to service boundaries. These changes are considerable for EMSC staff, and gratitude was extended to Trade Union colleagues for their support and collaboration throughout this transition.

The financial savings plan has progressed well. Building on the successes and lessons learned from last year's approach, particularly with the deployment of overtime controls, the Trust has implemented these strategies much earlier this year. As a result, the Directorate is reporting a good financial position as of month one. The overall savings, not just limited to overtime, are favourable and puts the Trust on a positive trajectory for the remainder of the year.

111 has been exceptionally busy, and when comparing current demand to previous periods, it is evident that activity has significantly increased. This trend underscores the necessity of Demand and Capacity (D&C) modelling for 111 in the IMTP this year to accurately determine the establishment requirements for servicing 111 activity. Based on the current establishment it is a challenge to accommodate the extreme peaks in demand, particularly during weekends and bank holidays. The D&C modelling is crucial for the Trust to understand and plan for the necessary staffing levels to effectively manage these peaks. Without this modelling, the ability to service the peaks of activity will remain constrained, highlighting the urgent need for a more flexible and adequately resourced establishment.

The replacement of the CAS system was a significant milestone, and the successful go live of the project was a monumental achievement for all involved. As a result of the system transition, there have been some performance challenges, particularly in terms of call handling times. On average, call handling times have extended by approximately two minutes per call. Coupled with the increased activity during bank holiday weekends, some callers have experienced longer wait times before their calls are answered; however, this was expected and will even out.

#### Comments

Members welcomed the update and were pleased to see that the Trust was ahead in addressing accreditation issues with the Academy and that they have already been provided with our improvement plan.

The Committee recognised that the 111 service plays a crucial role in the healthcare system, often serving as the first point of contact for individuals seeking medical advice and assistance. Its importance is comparable to that of responding to 999 calls, especially considering its role in providing non-emergency medical assistance and directing patients to appropriate care pathways.

Lee Brooks added that the update report serves as a complementary piece to the existing data and reports presented to Committee, offering insights and perspectives that might not be captured elsewhere. This comprehensive approach ensures that the Committee has a well-rounded understanding of performance and risk across the directorate.

Following a query on staff booking leave, Lee Brooks advised there was a focus on ensuring proactive booking of annual leave to facilitate effective planning of relief shifts and avoid gaps in staffing.

In terms of vacancies, Lee Brooks added that the process for monitoring vacancies and their impact on overtime allocation is in place. Given that not all allocated overtime funds are spent, and considering the close monitoring of vacancies, he commented it was reasonable to suggest that there is no adverse impact on patient care due to the approach to overtime controls.

**RESOLVED: The update was noted.**

#### **35/24 INTEGRATED MEDIUM TERM PLAN (IMTP) END OF YEAR POSITION 2023/24 AND FORWARD ASSURANCE PLAN FOR 2024/25**

Hugh Bennett advised the Committee that the Trust has been proactive in submitting the IMTP for the current financial year and is awaiting Welsh Government approval. Routine monitoring and a favourable structured assessment from auditors indicate a strong performance management and planning framework. However, there are still challenges, such as handover delays and several work streams being off track. The three areas in the

IMTP that require attention and resolution to maintain the Trust's ambitious goals and track record of delivery were:

1. NET Centre re-roster, as current funding does not provide a new roster within current operating hours. This rolls over to the new financial year and has been raised with commissioners.
2. Work to increase consult and close rates remains at 14% and did not achieve 17% by Year End. This will be a key focus of our work in 2024/25 on a future clinical service model set out in the IMTP 2024-27.
3. Independent prescribing, due to the lack of supervisory support for TAPPs and APPs, as the APP Clinical Supervision infrastructure remains amber but features as a priority in next year's IMTP

The appendices provide a comprehensive breakdown of RAG ratings across all programs and enablers, offering detailed insights into the status of each initiative. Additionally, they outline the proposed arrangements moving forward and highlight the deliverables expected for Q1.

Comments:

The Committee noted that the current balance of Red, Amber, and Green ratings across the Trust's initiatives suggests a mixed state of progress. While some areas may be performing well (Green), others may be facing challenges or risks (Amber or Red). It's important to assess the reasons behind each rating and whether they align with expectations and objectives. Significant numbers of Red or Amber ratings may indicate areas needing urgent attention or intervention, while an overall majority of Green ratings could signal effective performance and progress. Overall, it appears that the Trust has made substantial progress and is on a positive trajectory.

Members were keen to understand and sought more clarity on the reference within the report to the Trust's inability to draw down previously secured funding for apprenticeship provision. Angie Lewis explained the challenge with accessing this for apprenticeship provision was primarily due to a lower than expected number of individuals ready to participate in the schemes during the year. While this presented a challenge for the Trust in the short term, it is not indicative of a broader recruitment issue or a long-term barrier to accessing external funding for apprenticeship programs in the future.

Chris Turley reassured the Committee that while there may have been a shortfall in the number of participants compared to expectations, that the Trust still received the income needed to support the apprenticeship programs.

**RESOLVED: That the Finance & Performance Committee noted the overall delivery of the IMTP and noted the approach to IMTP delivery and assurance as set out in the report**

Jonny Sammut provided the Committee with an update on the following points:

1. The average turnaround for non-trivial data requests spiked at 37 days due to the “operational pause and improve” work to focus on the 111 Clinical Assessment Software (CAS) replacement.
2. A high level of records requests received show an increase of 45% on 2021/23 and 2022/23.
3. Full year system availability metrics will be available for the July meeting.
4. The 111 CAS system replacement went live successfully as planned on 30 April.
5. The Data Linkage project continues to progress focusing on the Out-of-Hospital Cardiac Arrest dataset. A joint controller agreement is in development with Digital Health and Care Wales (DHCW) and the Trust to meet the Information Governance requirements.
6. The 111 Website project is underway with a strategy report supporting the development of a longer term business case for this service.
7. The QPMF reporting project has increased to a 100% compliance on 75% reported in the last period with version 1 of the MIQPR successfully delivered.
8. The Digital Experience and Digital Champions initiatives have not progressed at pace, yet supporting activities such as automation of processes, engagement with colleagues internally and digital suppliers are underway which will support the delivery of the People & Culture plan in the coming years.
9. The Mobile Data Vehicle Solutions installation project has been concluded and plans are in place for the project wrap up. The Non Emergency Patient Transport Service vehicle installs have commenced and on target for June 2024 completion. Operational teams are engaging staff to complete training and the dashboard is published on Siren.

Comments:

The Committee commented that it was concerning to see that nearly 50% of staff have not completed the training and were keen to understand the reasons behind this which could be due to various factors such as workload demands, lack of awareness, or other issues. It was requested that this information be available for discussion at the next meeting.

**RESOLVED: The Committee noted the contents of the accompanying report and the trends in metrics presented.**

Jonny Sammut presented the Committee with a refreshed long-term Digital Plan for the Trust, outlining the structure and objectives of the Digital Directorate. The directorate comprises 72.4 WTE (whole-time equivalents) across three core operations, encompassing various technical and non-technical functions. A review of existing WTE and current demand indicated that without further intervention, the function would not have been in a position to facilitate the day to day workload or progress necessary improvements in the digital offer. It was noted that there is an approximate Business-As-Usual resource shortfall of 9.0 WTE.

Global industry benchmarks suggest that investment in digital transformation ranges from 3% to 10% of total revenue across sectors. In the case of WAST, the revenue allocation for the Digital Directorate last financial year was £3,529,759, representing 1.2% of WAST's total revenue (approximately £290 million).

The refreshed digital plan is designed to align with the IMTP, Welsh Government directives, and NHS Wales urgent care strategy. It focuses on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores the Trust's commitment to innovation and excellence, ensuring that its digital infrastructure not only meets current healthcare needs but also remains agile enough to embrace future technological advancements, ultimately improving health outcomes for the communities served.

In the refreshed plan the Trust has adopted the VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework, which ensures strategic alignment across all levels. The plan sets a clear vision as the guiding star for digital transformation, aimed at empowering the Trust with innovative technology to enhance healthcare standards.

This approach is supported by five key pillars:

1. **Everyday Essentials:** Ensuring the reliable operation of digital systems and infrastructure necessary for day-to-day ambulance service operations.
2. **Security, Safety & Cyber:** Prioritising the security and safety of digital systems and data against cyber threats and ensuring compliance with relevant regulations.
3. **Digital Pioneers:** Fostering a culture of innovation and technological advancement within the organisation, encouraging experimentation and exploration of new digital solutions.
4. **Transformation:** Driving significant changes in workflows, processes, and service delivery through digital technologies to improve efficiency and effectiveness.
5. **Data, Information, and Insight:** Leveraging data and analytics to gain valuable insights into operations, patient care, and resource management, enabling data-driven decision-making and continuous improvement.

This comprehensive and balanced strategy aims to drive operational excellence, enhance security measures, foster innovation, and enable informed decision-making through the effective use of digital technologies and data.

To ensure strategic alignment and optimise investment, a structured prioritisation mechanism has been implemented. This mechanism aligns each project with strategic health frameworks and objectives, ensuring that every initiative contributes effectively to the healthcare goals of Wales.

To refresh the digital plan, a 'Digital Tranches' approach has been embraced, facilitating precise resource allocation and strategic investment sequencing. This approach enhances project tracking and return on investment (ROI), ensuring alignment with our objectives for a nimble and impactful digital evolution over the next 5-10 years.

Four options using the 'Digital Tranches' approach were presented to the Executive Leadership Team, The options for strategic sequencing were as follows:

#### Option 1

Address BAU gaps – no strategic growth.

Total Revenue Cost (£000s): 409

Total Capital Cost (£000s): £0

#### **Option 2 (Preferred)**

Address BAU gaps plus, Tranche 1.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 1,376

Total Capital Cost (£000s): 194

#### Option 3

Address BAU gaps plus, Tranches 1 & 2.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 2,416

Total Capital Cost (£000s): 1,121

#### Option 4 (least preferred)

Do nothing.

Total Revenue Cost (£000s): £0

Total Capital Cost (£000s): £0

Option 2 was selected as the preferred option as it struck a balance between operational integrity and digital growth, involving investments in both foundational enhancements and innovative projects.

If investment in the refresh of the Trust's digital plan were not agreed upon, several risks could arise:

1. **Inadequate Digital Capabilities:** The Trust may struggle to keep up with the necessary digital capabilities to meet both current and future healthcare demands.

2. Cybersecurity Vulnerabilities: Without the implementation of the updated plan, there could be increased exposure to cyber threats and data security breaches, jeopardising patient data and trust in the Trust's services.
3. Operational Inefficiencies: Lack of investment might lead to continued operational inefficiencies and the inability to streamline operations or leverage new technologies for better patient care.
4. Missed Synergies: The absence of a refreshed plan could lead to missed opportunities for synergy between the Trust's digital projects and the broader strategic objectives of NHS Wales.
5. Insufficient Workforce Development: Failure to invest in the digital refresh could result in a workforce that lacks the necessary digital literacy and skills to adapt to new technologies and processes.
6. Non-compliance with IMTP: The Trust risks non-compliance with the which could affect funding and regulatory standing. This includes commitments related to providing the right care and advice, being at the forefront of innovation & technology, enhancing accessibility of services, developing an agile workforce, and transforming information management.
7. Innovation Stagnation: Without a commitment to digital innovation, the Trust might fall behind in healthcare technology, missing out on advancements that could enhance patient care and staff workflows.
8. Resource Misallocation: A lack of strategic refresh may lead to continued misallocation of resources, not aligning with the most critical areas of need within the Trust.
9. Diminished Patient Experience: Without investment in the digital plan, the opportunity to enhance patient experiences through technology may be lost, potentially impacting patient satisfaction and outcomes.
10. Inefficiencies over time: The lack of investment may lead to higher costs, as outdated systems become more expensive to maintain and less effective.
11. Inadequate Response to Demographic Shifts: As the population ages, the Trust might not be equipped to handle the shift in healthcare needs without a modernised digital approach.
12. Loss of Talent: Without investment to attract and retain digital, data, and technology professionals, the Trust risks increased difficulty in recruiting talent to manage core requirements and services, particularly in regions where investment from the UK and Welsh Government is being directed to attract more technology businesses and talent.

#### Comments:

Chris Turley provided an outline of the revenue costs associated with the proposed option, breaking them down to a more granular level. While the specific figure of £1.376 million may not have been explicitly stated in previous documents, the Committee were reassured that it is accounted for in the overall financial plan and budget approved by the Board.

Members noted that attracting the right talent is crucial for the success of any initiative, especially one as transformative as the digital plan. Jonny Sammut added it was understandable to acknowledge the recruitment challenges in the digital market,

especially with its fluctuations. However, the Trust's ambitious IMTP, coupled with the significant digital investment, will serve as a compelling draw for potential candidates.

The Committee queried whether the intended investment for Option 2, and even Option 3, will be sufficient to achieve the desired outcomes, especially considering the current digital investment compared to industry benchmarks. While Option 3 might only take us to 2% of total revenue, there are still uncertainties about whether this level of investment will be enough to address the digital needs comprehensively.

Jonny Sammut commented that the investment allocated for Option 2 strikes a balance between addressing immediate needs, such as regulatory requirements in IG, and progressing exciting new initiatives.

Chris Turley further added there is a consensus that the investment in the digital plan represents a significant commitment for the Trust, perhaps the largest increase in spending in the digital space that has been seen in the past decade. However, it is also recognised that simply increasing the investment at this stage would not be the solution. There is a need to ensure that the Trust is ready to effectively utilise the investment, both in terms of the work program behind it and the ability to implement projects in a timely manner.

Given the complexity and scale of the investment, there is an understanding that there may be some slippage in the timeline for implementation, and adjustments may need to be made to priorities to ensure maximum value is derived from the investment.

The plan was discussed at length, and Members approved option 2 in the plan. Building on the current digital strategy they recognised that the plan prioritises a comprehensive, forward looking approach aligned to the Trust's commitment to serve the people of Wales. They further acknowledged the necessary investment in the plan to ensure that digital, cybersecurity, and operational vulnerabilities and inefficiencies are addressed, and that the Trust's digital innovation aligns to the strategic ambitions in the IMTP and long term strategy to meet the advancements in healthcare and the evolving complexities delivery.

Following a question in terms of training, Jonny Sammut stated that training and upskilling staff are essential components of any digital transformation initiative. It is not simply implementing new technologies but also ensuring that the workforce is equipped with the necessary skills to effectively use them. Moreover, providing comprehensive training demonstrates a commitment to employee development and can boost morale and job satisfaction. It also helps mitigate resistance to change and fosters a culture of continuous learning and improvement within the Trust.

The Chair advised that he had received endorsement and support for the strategy from the Trust Board Digital Champion Ceri Jackson.

**RESOLVED: The Committee**

- (1) Approved the digital pillars outlined in the 'digital vision and pillars' section, as a framework for this plan.**

- (2) **Acknowledged the investment option selected by the Executive Leadership Team and the digital tranche's recommendation provided in the 'recommendation' section.**
- (3) **Acknowledged the additional investment amount to the digital services budget for 2024/25 financial year.**
- (4) **Agreed a commitment to actively engage in discussions about horizon initiatives and the 'art of the possible'.**
- (5) **Supported the Digital Plan for onward review at Trust Board**

## **38/24 INFORMATION GOVERNANCE TOOLKIT**

Jonny Sammut provided a verbal update to the Committee:

The IG toolkit was submitted on March 28, and while the formal report is pending, preliminary findings indicate that out of 11 categories, three exceeded expectations: leadership and oversight, breach response and monitoring, and business continuity. Two areas met the minimum expectations: records of processing and lawful basis, and risks and Data Protection Impacts. However, there were six areas where the minimum expectations were not met: policies and procedures, training and awareness, individual rights, contract and information sharing, Freedom of Information and Environmental Information Regulations, and information security.

An improvement plan has been devised and signed off at the Information Governance Steering Group, which will be presented to the Committee for awareness and assurance.

Comments:

It was agreed that the improvement plan would be presented along with a Gantt chart at a future meeting.

**RESOLVED: The update was noted, and the Committee agreed that a report would be presented at the next meeting illustrating an improvement plan and a Gantt chart to show progress.**

## **39/24 COMMISSIONING INTENTIONS EMS AND NEPTS**

Hugh Bennett explained that the purpose of the update is to provide Committee with a short overview of the 2024/25 commissioning intentions process and how they feed into the Trust's planning cycle, in particular, the IMTP.

The Trust's three main patient pathways (111, 999 and Ambulance Care) are commissioned services and commissioning intentions are provided each year by Commissioners.

He explained there was a robust process in place for negotiating and responding to commissioning intentions, which involves input from across the Trust, including the Executive Leadership Team (ELT). Typically, these commissioning intentions are reviewed and approved at Commissioning Boards, and then reflected in the IMTP for approval at Trust Board. Given the establishment of the new Joint Commissioning Committee, there may be adjustments to this process, but the fundamental steps of negotiation, review, and approval remain intact. It is important to ensure that these commissioning intentions are clearly outlined in the IMTP, along with any associated challenges and opportunities, providing a comprehensive overview for consideration and approval at the Trust Board level.

Comments:

There was a discussion about what level of detail regarding commissioning intentions should be provided to the Committee. The consensus was that presenting the full set of commissioning intentions might be overwhelming and not necessarily what the Committee was seeking. Instead, the focus was on providing assurance that there is a robust process in place for managing commissioning intentions both from a planning perspective and in-year management. Therefore, the intention was to highlight this process through the IMTP, as well as through ongoing IMTP delivery reports throughout the year.

**RESOLVED: That the Committee considered whether the arrangements, as set out, give assurance that the commissioning intentions are being appropriately built into the planning of the Trust and are performance managed in year.**

#### **40/24 FINANCIAL POSITION FOR MONTH 12, 2023/24**

Chris Turley presented to the Committee the 2023/24 Financial Performance Report, as at Month 12 (March 2024) / year end.

Key highlights from the report for the Committee to note are:

- The Trust is reporting a small revenue surplus (£85k) as at M12, and which will be the basis for the draft accounts for the 2023/24 financial year (subject to audit).
- Capital expenditure is fully spent.
- In line with the financial plans that support the IMTP, gross savings of £6.546m have been achieved against a target of £6.000m.
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

The Trust has submitted its draft accounts for 2023/24 to the Welsh Government and Audit Wales in line with the timetable.

Comments:

The Committee noted that there is a slight difference between the income being slightly down in one category while being up in another. Chris Turley explained this related to the previously reported in year change in commissioner funding, plus an overachievement on the savings elements on income generation which was over and above the core income received.

Committee sought clarity on the extent of the year end capital slippage for context and Chris Turley explained that, while it is not extensively detailed in the paper, the team has ensured there are comparisons with previous versions of the table and highlighted specific underspends, particularly on certain schemes like the vehicle replacement program and the Emergency Services Mobile Communications Programme (ESMCP). Any additional year end slippage amounts to around £15 to £20k, primarily related to one Environmental Financial Advisory Board (EFAB) scheme. This value has not been explicitly drawn out in the paper; however, is noted for transparency. Depending on VAT recoveries, it may be necessary to make a small adjustment needed in this year's capital program, which is likely to be no more than £20k.

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

- (1) Noted and gained assurance in relation to the Month 12 (and therefore draft 2023/24 year end) revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> March 2024;**
- (2) Noted the delivery of the 2023/24 savings plan, and the context of this within the overall financial position of the Trust.**

#### **41/24 FINANCIAL POSITION MONTH 1**

Chris Turley advised that the month one position was a lighter touch reporting at this stage due to the timing of the meeting, plus limited reporting requirements from a WG perspective whilst focus remains on finalising the previous year's accounts. Although more detailed information will be provided to the Board at the end of May 2024, several highlights were provided as detailed below:

1. The month one reports will be submitted to Welsh Government at 12pm today, Tuesday 14th May 2024.
2. The cumulative year to date (at Month 1 end of April 2024) revenue financial position reported is an underspend against budget of £0.019m.
3. The Income and Expenditure forecast for 2024/25 is one of breakeven.
4. The Capital plan is being progressed and current planned expenditure of £21.672m is forecast to be fully spent by the end of the financial year (this now includes the recently confirmed c£12.828m of funding towards the 2024/25 Fleet BJC).
5. In line with the financial savings plans that support the IMTP, gross savings of £0.663m have been achieved against a year-to-date target of £0.569m.

6. Public Sector Payment Policy is on track with cumulative performance to month 1, against a target of 95%, of 97.3% for the number of non-NHS invoices paid within 30 days.

In terms of the financial performance by Directorate, most directorates remain in line with the budget plan for Month 01 2024/25; and there were some additional costs as per the IMTP which will be fed into delegated budgets, based on profiling of spend / actual spend incurred year to date.

The Month one key assumptions underpinning the year-to-date financial performance, remain broadly in line with that within the 31 March approved IMTP/Trust Board financial plan and set budget.

The total assessed risks being reported at Month one were presented and given it was only in month one and have a balanced IMTP the risks recorded are all categorised as low risk. However, these need to be captured and continually monitored. It was important to note that the funding for any pay award for the fiscal year 2024/25 is not captured in the current reporting, as it is expected to be funded independently according to government instructions. This aligns with past practices and has been consistently communicated in allocation letters and correspondence with Welsh Government.

The confirmed capital funding amounts to £21.672 million, with £5.455 million provided through discretionary capital funding and £16.217 million through All Wales Capital Funding which includes the fleet replacement program for 2024/25 (confirmed by the Welsh Government last week). It is important to note that the amount provided constitutes approximately 52.6% of the amount requested via the submitted Business Justification Case (BJC) for £24.388m.

Comments:

The Committee sought assurance that given the usual pressures of finalising the previous year's accounts and setting up new budgets, some routine monthly accounting activities, such as recharges and other adjustments, may face delays in month one. Chris Turley explained that most of the work related to management accounts and financial provisions is typically completed by the second or third week of April. This leaves an additional 2-3 weeks in April and the beginning of May to finalise any outstanding tasks. While the process may not be 100% complete by Month one, it is generally in the 90% range, with the remaining tasks often relating to less detailed submissions required by WG, such as certain capital tables. Overall, the headline figures and key financial data are robust and well-prepared for reporting.

Regarding the capital allocation the Committee asked if there were any immediate concerns in relation to the revenue consequences of the allocation. Chris Turley advised the Committee there were no immediate concerns at this stage, with the fleet funding having been confirmed now in line with that expected when the revenue budgets for 2024/25 were set. However this was an area which will need to be continually monitored, with likely additional revenue cost pressures in future years.

**RESOLVED: The Committee noted the financial position as at Month 1**

#### **42/24 FINANCIAL SUSTAINABILITY PROGRAMME UPDATE**

Angela Lewis provided an update on the Financial Sustainability Programme (FSP) celebrating the overperformance of £546,000 against the planned total for the year. This accomplishment underscores the Trust's commitment to achieving efficiency and income generation, showcasing substantial progress in key schemes. Moreover, the targeted savings opportunities, earmarked at £6.4m, position the Trust strongly for the future and keep this at the forefront of the agenda.

Reflective learning has been a cornerstone of the approach, and valuable insights have been gleaned into what has worked well and where we can make improvements. Of note is the simplified process for the ease of submission that colleagues can put forward ideas and submit proposals. This includes a more user friendly interface and clear guidelines on how to participate.

There is a continuous reiteration of the importance of the program's objectives, including income generation and efficiency improvements, which is essential to keep everyone aligned and motivated.

Comments:

Members welcomed the report and congratulated the team on achieving the targets.

The Committee asked that consideration be given as to how the report is presented in future; to include details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent.

Members raised an important point about the balance between recurrent and non-recurrent savings, and the sustainability of cost-saving measures over time.

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

#### **43/24 POLICIES FOR APPROVAL**

Julie Boalch advised the Committee that the suite of policies being presented today include the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy and as Chair of the policy Group, gave assurance that the policies have successfully navigated the Trust's governance processes and have undergone an Equality Impact Assessment (EQIA) without any notable issues.

##### **1. Purchase Card Policy**

Chris Turley commented that formalisation of this policy marks a positive step towards enhancing the Trust's procurement processes and governance. While the policy itself does not change the way purchase cards have traditionally been managed, it provides a structured framework that ensures their effective and secure use.

## 2. Waste Management Policy

Chris Turley commented that this policy has been a crucial development in response to a recommendation from a limited assurance Internal Audit Report on waste management. By finalising the recommendations from the internal audit report and incorporating recent legislative changes, the policy not only enhances regulatory compliance but also promotes operational efficiency, environmental sustainability, and health and safety. Approval and implementation of this policy will ensure that the Trust is well prepared to manage waste effectively and sustainably.

## 3. Data Quality Policy

Jonny Sammut commented that this policy addresses common pitfalls through the inclusion of industry standard dimensions of data quality and establishing strong links to key regulations. By integrating these elements into the digital plan and increasing resources for monitoring and adherence, the Trust is well positioned to maintain high data quality standards.

### Comments

The Committee approved the three policies as stated.

**RESOLVED: The Committee approved the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy.**

## 44/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley explained that the paper presented Members with an update on the work being undertaken in support of the Trust's Environmental, Decarbonisation and Sustainability work programme; and an update on the Decarbonisation Action Plan (DAP). Further information was provided in the following areas:

1. Decarbonisation Programme Board and other wider governance.
2. WAST Decarbonisation Action Plan update and NWSSP Decarbonisation Co-ordination Reporting (DCR).
3. Internal Audit – Decarbonisation.
4. Welsh Government reporting – development of the Qualitative report template for submission 14.04.24 and Quantitative Reporting.
5. EFPMS Reporting.
6. Capital Investment – Estates Funding Advisory Board (EFAB) Funding.
7. Future Car Based Response Vehicle specification design.
8. Wider Environmental Considerations.
9. Adaptation Planning.

In terms of the DAP, it should be noted that the number of amber actions has decreased, with a corresponding increase in green actions, except for one action which has moved

into the exempt category. Consideration of both red and amber actions continue to further explore the ways in which these can be accelerated. Several challenges still remain regarding estates and infrastructure actions which require investment, alongside fleet (including EV charging) requirements and limitations of All Wales Capital (AWC) vehicle replacement funding.

At the end of last week, the Trust applied for one of the NHS Wales sustainability awards which demonstrates the Trust's commitment to sustainability and innovation, and it would be significant to see the Trust recognised at the awards ceremony in mid June.

Comments:

Members discussed that the Trust had received an overall limited rating on the All Wales Decarbonisation Internal Audit. Chris Turley commented that it is understandable that the team might feel disappointed with a limited assurance rating, especially considering the considerable work and efforts that has been undertaken to move this key project forward. However, it's positive to hear that there were some aspects highlighted in the report that demonstrated areas of strength and success. This has also been discussed in some length at the Audit Committee meeting on 1<sup>st</sup> March 2024.

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

#### **45/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett explained that the purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for March/April 2024.

Key highlights included: Red performance at 48% in April acknowledging that red activity continues at rates higher than previous years with the highest red activity week of the year last week which is impacting capacity due to higher attendance rates, Amber one median was one hour and 8 minutes, Abandonment rate for 111 was 5.5%, Sickness rate was 7.67% in March, Abstraction rate was 32.5% in March, and Handover delays were 23,620 hours lost in April.

Comments:

Lee Brooks commented it was encouraging to acknowledge the improvements made by Cardiff and the Vale University Health Board, but it's equally important to recognise that there is still work to be done.

Furthermore, in relation to 999 call answering, it is crucial to note that the actual pickup rate within six seconds is at 91.5%, close to the target of 95%. Additionally, the continued high levels of red activity, even surpassing previous years, are impacting capacity due to the higher attendance rate associated with such cases.

Members recognised that while some aspects of handover delays may be within the Trust's control, such as optimising internal communication and documentation procedures, there may also be dependencies on other health boards or external factors to mitigate and reduce these. It would be worthwhile to explore avenues for collaboration and communication with other stakeholders to address any challenges in obtaining relevant information for smoother handovers. Hugh Bennett agreed to raise the issue at the next Joint Commissioning Committee meeting advocating that he did not expect handover delays to improve anytime soon given the challenges in the system.

**RESOLVED: The Committee considered the March/April 2024 Integrated Quality and Performance Report and noted it provide sufficient assurance**

#### **46/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch updated the Committee on the report commenting that whilst there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024 including:

1. Two new risks will be included on the Corporate Risk Register – Risk 623 (Data Protection Legislation) scoring 15 (3x5) and Risk 542 (Decarbonisation) at a score of 16 (4x4).
2. Risk 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning) will be closed from the CRR on the basis that this was specifically in relation to the 100wte and the overlap with Risks 424 and 139.
3. Two risks will be de-escalated from the CRR to the Directorate Risk Registers as the actions have been completed and mitigated to target score. Risk 283 (Failure to implement the EMS Operational Transformation Programmes) has reached target of 8 (2x4) from 12 (3x4) and Risk 543 (major disruptive incident resulting in a loss of critical IT systems) has reached target of 10 (2x5) from 15 (3x5).
4. Risk 424 (prioritisation or availability of resources to deliver the Trust's IMTP) will reduce in score from 16 (4x4) to 12 (3x4) given the funding allocated within the IMTP financial plan to support key areas of work agreed with Commissioners.

Furthermore, Risk 594 (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) remains static at 20 (4x5) reflecting continued challenges across the unscheduled care system.

Risks 260 (a significant and sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) remains at a score of 15 (3x5).

Risks 100 (Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience) and Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) remain unchanged currently.

Comments:

The Committee felt apprehensive about cyber threats given the rapidly evolving landscape and the potential consequences of a breach. Jonny Sammut explained that in the current digital landscape, cyber risk remains a persistent and evolving threat, especially within the healthcare sector. He added that the Trust continues to improve its cyber posture and outlined the initiatives in place which included aligning strategies and enhancing solidarity in addressing cyber risks across Wales.

The Committee were keen to ensure that staff receive the right training and addressing any gaps in their knowledge is crucial for mitigating the risk of cyber-attacks, especially considering that targeting staff through phishing attacks is a common tactic. Jonny Sammut advised that efforts are underway to enhance the effectiveness and accessibility of training materials, particularly by exploring options like utilising the Learning 365 platform to deliver more digestible content. Ensuring that training is engaging and easy to understand is essential for effectively educating staff on cybersecurity best practices. Additionally, providing regular technical training for relevant teams is crucial for staying updated on emerging cyber threats and technologies. The planned board development session in the summer is also a valuable initiative to ensure that all stakeholders, including board members, are equipped with the necessary knowledge and awareness to address cybersecurity challenges. Overall, maintaining a proactive approach to training and awareness-building will be essential in keeping pace with the evolving cybersecurity landscape.

**RESOLVED: The report was noted.**

#### **47/24    AUDIT TRACKER**

Alex Payne updated the Committee advising there had been significant progress in closing internal audit actions, with 64 actions closed, representing 40% of all internal audit actions and 57% of those due in the quarter. Additionally, 33 internal audit actions relevant to this Committee have been closed in the quarter, accounting for 60% of those due in the quarter. It's also noted that some action due dates have shifted, with 26 actions having revised dates and five actions on revised dates.

Regarding external audit actions, it seems that fewer actions are relevant to this committee, with only a few being closed in the quarter.

The ongoing work with Digital Health and Care Wales Centre of Excellence on the development of the SharePoint solution for Tracker 3.0 is progressing well, with testing underway. The transition to the new tracker is expected to occur in the coming weeks and

months. Given this progress, the recommendation for the committee is to receive the tracker as presented.

Members acknowledged the work undertaken by the team with the tracker.

**RESOLVED: The Committee monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

**48/24 CYCLE OF BUSINESS FOR 2024/25 AND CYCLE OF BUSINESS MONITORING REPORT**

Julie Boalch advised that the purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process.

The CoB for 2024/25 was approved noting that there are areas that will be dynamically developed throughout the year in relation to Cyber and Commissioning reporting and the Annual Sustainability Report.

**RESOLVED: The Committee**

- (1) Reviewed and approved the 2024/25 cycle of business at Annex 1; and**
- (2) Noted the cycle of business monitoring document at Annex 2.**

**49/24 COMMITTEE HIGHLIGHT REPORT – MARCH 2024**

**RESOLVED: The report was received.**

**50/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

The Chair thanked Executives and their teams for the effort in preparing well written papers supporting good opportunities for scrutiny, challenge, and support. Members felt it is easy to ask questions given the openness and transparency of the papers and agreed that the time went by quickly despite the lengthy Agenda. The hybrid meeting model will be given consideration after the success of this in other Committees. Thanks was given particularly for the time on the Cyber discussions and to the Chair for steering the meeting.

**Meeting concluded at 12:46**

**Date of Next Meeting: 16 July 2024.**