

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 JANUARY 2024 VIA TEAMS**

**Meeting started at 09:30**

### **PRESENT:**

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk/Deputy Board Secretary
Colin Dennis	Chair of the Trust Board
Jonathan Edwards	Assistant Director of Operations – Resourcing and EMS Coordination (Deputising for Lee Brooks)
Emma Giles	Audit Wales
Navin Kalia	Assistant Director of Finance and Corporate Resources
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Left meeting at 11am returned at 11:30am)
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

### **APOLOGIES:**

Lee Brooks	Executive Director of Operations
Damon Turner	Trade Union Partner

## **01/24      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. He added that the agenda order was being adjusted to prioritise the presentation of items from Rachel Marsh who needed to leave during the meeting.

### **Apologies**

Apologies were recorded for Lee Brooks and Damon Turner.

### **Minutes**

The minutes of the open session held on 13 November 2023 were considered by the Committee and confirmed as a correct record.

### **Action Log**

The Action log was considered, and the following actions were recorded as follows:

Action Number: 71/23 – To provide an update on the Financial Plan for 2024/25 with a report presenting the approach and assumptions for budget setting for 2024/25. This specific action was marked as closed as it was being addressed under minute number 09/24.

### **Committee Highlight Report – 13 November 2023**

The Committee highlight report from the 13 November 2023 Committee meeting was presented for the Committee's attention.

### **RESOLVED: The**

- (1) Minutes of the meeting held on 13 November 2023 were confirmed as a correct record;**
- (2) Action log was considered and updated as described; and**
- (3) Committee highlight report dated 13 November 2023 was presented for information.**

## **02/24      OPERATIONS QUARTERLY UPDATE**

Jonathan Edwards presented the report and drew the Committee's attention to the following points:

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for six months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorised some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team. It was noted that 27 of the 68 recommendations were complete with several others nearing completion. Work was now focussed on the completion of the assessment of the Trust's capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations. One of the recommendations from the MAI was the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within the Trust with the UK Ambulance Services go-live date set for 1 April 2024.

During Quarter 3, a number of key plans have been refreshed or rewritten as part of the annual review process. These included:

The **Resource Escalation Action Plan (REAP)**. This plan provides the ability to manage the Trust's response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage these demands. The **Incident Response Plan (IRP)**. Following several incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the F&P Committee in its usual annual assurance.

The **Clinical Safety Plan (CSP)**; the CSP provides a framework for the Trust to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024. A more thorough review of the CSP will be undertaken to consider earlier clinical review to the Clinical Service Desk to manage the calls more effectively.

**EMS Coordination and Reconfiguration**, initial work was carried out to progress the boundaries recommendation in early 2023 and it became clear that Project Board were keen to refresh the data to ensure that the original (2017) paper and therefore data remained valid in the current context. As a result, further modelling was carried out by Operational Research in Health (ORH) in September 2023 that considered more recent and up to date data (Sept 2022 to May 2023). The revised Demand and Capacity recommendations (Sept 2023) were considered as part of the wider EMS Coordination Reconfiguration Project and an initial paper has set out a proposed structure that will provide a leadership structure that is fit for purpose but will also address the two outstanding recommendations from the original ORH Report in 2017.

On 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, funding had been set aside from this year's Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board on the 16 November 2023 an options appraisal of three options for potential new locations was undertaken, with Ty Elwy being selected as the preferred relocation site. It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June / July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements.

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,240 in August, 19,602 in September, 23,222 in October, 20,126 in November, and 22,756 hours in December. In addition to the multiple challenges, the Trust declared a Business Continuity Incident (BCI) and moved to Resource Escalation Action Plan (REAP) 4 in early January for a relatively short period, as a result of the significant and continued pressures.

Comments:

The Committee acknowledged the ongoing system pressures and challenges recognising the efforts of all staff in addressing and their endeavours in relieving these issues.

Members were eager to know if any lessons were learned from the recent visit by the Joint Emergency Services Interoperability Programme (JESIP) and whether there had been any repercussions on the Trust's finance, performance, and interoperability across the other emergency services. Jonathan Edwards explained that any feedback would be contained in a report yet to be published, and this will identify any key lessons learned from a multi-agency approach. Details, once known, will be provided in an update to the Committee.

The Committee sought additional details on the functionality and effectiveness of the Community Welfare Responders (CWR). Liam Williams clarified that the role of the CWR would be below a Community First Responder (CFR) with an emphasis on diagnostic feedback rather than full CFR functionality. CWRs undergo training similar to CFRs, notably though the CWR does not conduct assessments independently; instead, feedback is provided to clinicians at the Clinical Support Desk for further action.

A pilot programme involving CFRs has been underway to explore the effectiveness of the new role. Liam Williams added that the Trust has engaged with Age Alliance who have expressed their enthusiasm for supporting the CWR. The intention is to create a community-oriented initiative with volunteers providing a friendly presence as well as conducting basic clinical observations.

Members noted the positive achievements contained in the report such as progress with the MAI recommendations and improvements in Welsh language performance. Notwithstanding this, two concerns were raised, further information relating to the paramedic recruitment challenges in Powys and the ambitious goal of increasing the number of volunteer car drivers. Clarification was therefore sought on the level of risk in Powys and the feasibility of achieving the volunteer car driver target. Jonathan Edwards was optimistic that the target of 51 additional volunteer car drivers would be achieved by the end of February and agreed to provide further details regarding this during the meeting. In terms of the resourcing of newly qualified paramedics in Powys, although the risk involved has been flagged, it has not manifested itself as a significant concern for the Senior Leadership Team (SLT) at this point. Continuous monitoring will be necessary to address any potential challenges as they arise.

The Committee sought assurance that the ongoing system pressures, coupled with overtime controls in EMS, were not exacerbating the Trust's capacity and ability to respond to emergency requests. Concerns were raised about the potential implications of reducing overtime availability amid persistent system pressures. Jonathan Edwards reminded the Committee that the overtime controls were initially implemented as part of the Trust's savings plan to meet financial obligations. However, with additional funding becoming available since November, there is now flexibility to increase the overtime budget. The Trust ensured there was sufficient and safe ambulance coverage but recognised the need of implementing overtime constraints to meet financial obligations. In addition to the comments made by Jonathan Edwards, Rachel Marsh added that currently staff numbers were very strong with around 97% in post. As well as focusing on managing overtime, the Trust continues to reduce sickness levels. She added that the Trust's resource allocation aligns with commissioning expectations, and commissioners are content with the level of resources dedicated to fulfilling the commissioned responsibilities.

**RESOLVED: The update was noted.**

## **03/24 INTEGRATED MEDIUM TERM-PLAN (IMTP) 2023- 2026 – Q3 DELIVERY AND ASSURANCE**

Rachel Marsh presented the report, which included an overview of programmes which had been given a red, amber, or green (RAG) status. It was hoped that the Committee had the opportunity to review the reports and the detailed appendices. The mix of red, amber, and green indicated there was lots of ongoing work and overall, the achievements aligned with the goals for the year.

In preparation for next year, and as highlighted in the Trust's Structured Assessment, the IMTP deliverables with expected outcomes will be linked to the MIQPR. This will ensure a more comprehensive assessment of the initiatives and metrics undertaken going forward.

Comments:

Members sought an update on the ambulance care eligibility criteria. Rachel Marsh advised that further information would be available following the Strategic Transformation

Board meeting on 15 January 2024 and this would be provided to Members. Jonathan Edwards added that the aim was to balance the numbers by promptly resolving eligible cases initially. Maintaining the balance was crucial, considering there were patients who may not be eligible but still required transportation to appointments and had no other means of getting there, particularly those in more rural areas. He further stated that stricter application of the eligibility criteria would be applied for the current resources to meet the demand more effectively.

The Committee were interested in the likelihood of progress regarding the specific action relating to the quality management system, despite the ongoing system pressures. Liam Williams said that progress was being made although there was room for improvement. The formation of the Quality Management Framework Group was playing a crucial role in enhancing the pace and quality of advancements. Work was underway to enhance alignment and coordination at system level. This involved aligning various initiatives within the Trust like service, quality, and operational improvements to better interface with Health Boards. Implementing this consistent methodology will enhance tracking of performance and highlight any variations amongst Health Boards.

**RESOLVED: That the Finance & Performance Committee:**

- (1) Noted the overall delivery of the IMTP detailed in this paper: and**
- (2) Noted the update against the ministerial priorities that are relevant to WAST in Appendix 1.**

**04/24 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2024-27 – PROGRESS IN DEVELOPING THE PLAN**

Rachel Marsh presented the report and drew the Committee's attention to the following: That further to the last Committee update, planning guidance had now been received from Welsh Government which sets out the Trust's and other Health Boards Ministerial priorities.

The Minister has been clear within the Value & Sustainability agenda her expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and
- maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and
- management costs as a proportion of the spend base

The Minister expected that plans demonstrated clear milestones, actions, risks and outcomes set out in a set of consistent templates issued to all NHS organisations across the following areas:

- Enhancing care in the community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including Child and Adolescent Mental Health Services (CAMHS), with a focus on delivery of the national programme.

The Trust is actively developing the plan through engaging with various stakeholders including the public, patients, Trade Union colleagues and commissioners and key partners to identify any emerging priorities. Moreover, the process has involved staff discussions at Chief Executive roadshows throughout the year.

Commissioning intentions for the 111 service and EMS have been received. The Trust was looking to ask for further challenge from the Commissioners which they have agreed to reflect upon and will consider redrafting the intentions going forward. Rachel outlined the key governance routes and timelines of the plan as detailed in the report noting that final submission to Welsh Government (WG) was on 28 March 2024.

#### Financial Plan and Key Budget Setting Assumptions

Chris Turley presented the financial aspect of the report and drew attention to the following:

1. The NHS Wales Health Board Allocation Letter for the 2024/25 financial year was issued by the Minister for Health and Social Services in Wales on 21 December 2023, providing some key insights to the levels of funding our Commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via (currently) the Emergency Ambulance Services Committee (EASC); it does provide some key assumptions for our 2024/25 financial plan.
2. The main headlines within the Health Board (HB) allocations were as follows:
  - a. An additional £330m being allocated to HBs for 2024/25, on top of that recurrently provided part way through the 2023/24 financial year;
  - b. This includes the recurrent impact of current year forecast energy costs being fully funded. This does include an amount for WAST of c£450k;
  - c. On top of this the recurrent costs of the 2023/24 pay award, plus that to be agreed for 2024/25, plus the recently announced changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;

- d. This all results in a residual general uplift for inflationary and other cost pressures for 2024/25 of 3.67%;
- e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

One of the key things to note is that the Trust ensures that the uplift as mentioned is passed on to the Trust by the Commissioners in full and applies to all the funding streams. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:

- a. Ensuring that, as previously indicated and in line with previous financial years, the general uplift for 2024/25, now agreed at 3.67% is fully passed on to us by Commissioners. To help with this the covering narrative which accompanied the allocation tables states *"Health Boards and the Welsh Health Specialised Services Committee are expected to pass on an appropriate level of funding for relevant non-pay inflationary cost increases in the Healthcare Agreements for services provided by other Boards and NHS Trusts, equivalent to the additional funding provided to commissioners"*;
- b. Ensuring such uplifts are applied to all of the Trust's funding streams, including those for NEPTS and 111;
- c. Ensuring that identified within the HB allocations as energy funding for WAST is similarly passed on in full, and
- d. Ensuring in year that the actual costs incurred for pay awards and RLW impacts is funded in full.

Whilst the likely settlement and funding increase for the coming financial year is therefore greater than may have been expected, no financial plan is risk free and there inevitably remains several risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2024/25.

There is a finance touchpoint meeting with WG and HB colleagues on 2 February 2024 and should the Trust consider itself to not be in a position to balance for 2024/25 then the Trust must write to WG via an Accountable Officer letter by 16 February to explain the position. Chris Turley added there was a clear expectation for the Trust and other NHS Wales organisations to present a balanced financial plan for next year. Despite the uplifts, some work remains to achieve this goal.

#### Comments:

The Committee sought clarity on the percentage of feedback from received from staff following the engagement sessions. Rachel Marsh explained there were several mechanisms for staff to provide feedback including MS Forms, and whilst the one used in the report provided relatively low numbers (MS Forms) other mechanisms such as roadshows, provided higher numbers.

Members were keen to understand, as the Trust was funded via a commissioning framework, whether there would be an impact on the Trust if this framework changed.



Rachel Marsh explained that EASC will continue to develop the plan for next year, however from 1 April 2024, a new Joint Commissioning Committee will come in to effect. As yet there is no further information on the structure of this committee.

The Committee queried if there had been any progress on broadening the groups engaged with by the Patient Experience and Community Involvement (PECI) Team as part of the engagement and consultation for the new IMTP. Rachel Marsh explained that the Trust was in the process of widening the groups being contacted through the Civica platform.

In terms of feedback from the targeted engagement that had been undertaken with patients and the public, Members asked for an update and what the targeted engagement related to. Rachel Marsh explained that the Trust was looking to use Civica as the platform to increase feedback from a larger percentage and patient and the public who use the trust's services. Liam Williams added that there was an issue in terms of Information Governance with the Civica platform which was being addressed and once resolved will improve the overall process.

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

- (1) Noted the overall progress in developing the IMTP;**
- (2) Noted the financial and budget setting assumptions following issuing of the Health Board allocation letters for 2024/25;**
- (3) Noted the approach and timelines set out in the report; and**
- (4) Advised of any further assurance required during the final stages of the planning cycle.**

#### **05/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

The Monthly Integrated Quality and Performance Report (MIQPR) for November 2023 was presented by Rachel Marsh who drew the Committee's attention to the following points:

111 call answering was improving, with the call abandonment target of <5% being achieved again in November 2023 (3.9%) and 61.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with Commissioners have indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies.

With regards to Demand Management the increase in Clinical Support Desk (CSD) capacity has meant that the Trust has been able to increase its consult and close rate over the last 12 months, however, it has declined in recent months, with an upturn to 14% in November (IMTP ambition 17% by quarter 4). The Trust has been asked by senior external stakeholders what it can focus through the winter, with the Trust identifying the 17%

ambition as key, along with ambulance production (linked to targeted overtime and reduced abstractions).

In terms of the December data, Rachel Marsh updated the Committee through a PowerPoint presentation and raised the following.

Demand for 111 as expected has increased and had an impact on performance with the calls abandonment rate going above 5% for the first time in a number of months. The numbers of patient calls answered within 60 seconds had decreased but were much better than this time last year. In terms of response times from clinicians, due to demand, call back times in the two lower priority groups did not meet the target.

With regards to the 8 minutes red performance this was slightly under 50% and similarly there was a slight dip in the Red 9 and 10-minute performance targets.

22,756 hours were lost in December due to hospital handover delays which was an increase from November. In terms of the amber 1 median times, again these had increased slightly in December as a result of both the increases in demand and hospital handover times.

Comments:

The Committee acknowledged that whilst the Red immediate release requests had improved, there was still a concern with the significant number of amber 1 requests being declined by Health Boards.

Members sought an update on the progress of the planned supportive action to address concerns about the welfare of the Putting Things Right (PTR) team. Liam Williams added that with the challenging nature and the high volume of work, the team was still experiencing significant duress. The Organisational Change Policy (OCP) was now complete, with some staff applying for promotion opportunities.

The Trust was focussing on recruiting more staff to work for the team at all levels which would lessen the burden on the team currently. The goal was to have two senior roles in the PTR team filled by March 2024. In terms of the CCC colleagues, changes were being made which would align to the quality work.

**RESOLVED: The Committee considered the November 2023 Integrated Quality and Performance Report and actions being taken and determined that it report provided sufficient assurance and noted the update on the December position.**

## **06/24 FINANCIAL POSITION FOR MONTH NINE**

Chris Turley provided the Committee with a PowerPoint presentation on the financial position for month nine. Of note for the Committee's attention the following points were mentioned:

- The month nine reports were submitted to Welsh Government (WG) on Friday 12 January 2024.

- The cumulative year to date revenue financial position was an underspend against budget of £0.108m.
- The Income and Expenditure forecast for 2023/24 was one of breakeven.
- The Capital plan was being progressed and current planned expenditure of £21.1m was forecast to be fully spent by the end of the financial year.
- In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £5.181m have been achieved against a target of £4.574m.
- Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days.

In terms of key assumptions/risks which underpinned the year-to-date financial performance, these were as follows:

- The level of funding for the additional 100 front line Whole Time Equivalents (WTE) was now in line with that being received.
- Full delivery of c£6m identified savings now assumed and forecast to deliver this as a minimum in 2023/24.
- Full impact of the residual pay award for 2022/23 and 2023/24 and any recurrent impact for 2023/24 of the 2022/23 elements were assumed to be fully funded by WG.
- Updated estimates submitted for some technical items – impairments and depreciation. The key here being that WG were sighted on any variations as quickly as possible.
- Airwave contract extension fully funded in year (capital requirement). Work was ongoing to confirm how the funding will flow in this area, from a WG perspective.

There are a number of risks that have materialised and have had to be managed in year in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.200m. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has again however been reduced in month to £0.400m.

In terms of the savings performance, the Committee were provided with details of the current schemes. Savings to date had been overachieved by £607k.

With regards to capital, the Trust was online to deliver its capital plan for this year. At Month nine, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £21.139m. This includes £16.818m of All Wales Approved schemes and £4.321m for Discretionary schemes.

Whilst the above values are now fully committed to Month nine, the Trust has expended £6.481m against the current All Wales capital scheme full year budget of £16.818m and £3.471m against the discretionary budget of £4.321m.

Some of the variation in in-year spend for a small number of approved schemes will have an impact on next year's capital programmes in order to ensure these approved schemes can be completed as early in 2024/25 as possible. In particular this includes:

- North CCC works;
- Llangunnor CCC;
- The new Dolgellau ambulance station.

The 2024/25 Fleet Business Justification case was submitted in November asking for just short of £25m for over 150 new vehicles; this was still subject to WG scrutiny and an outcome was expected soon. However recent indications have anticipated that this level of funding will not be agreed in full.

Chris Turley further added that WG colleagues have circulated an e mail across NHS Wales to consider what could be spent quickly in a capital sense between now and the end of March 2024, should money be available with however no guarantees that it would be.

Comments:

The Committee acknowledged the Trust's outstanding financial performance over the years, giving credit to the finance team and managers for their hard work in identifying and delivering savings schemes, especially those requiring immediate action within the year.

Members inquired about the Trust's preference for purchasing vehicles over leasing and sought an explanation for this decision. Chris Turley explained that leasing was indeed an option, and the Trust does currently lease a small number of vehicles on a shorter-term basis. Going forward, the Trust may consider more leasing, however this is not always an option for all vehicle types.

Historically, from a WG perspective, vehicle replacements were through a capital programme rather than revenue costs. One of the challenges going forward is due to the size of the fleet and the ability of the trust to replace and modernise vehicles bearing in mind the need to improve decarbonisation.

**RESOLVED: The month nine financial update was noted.**

## 07/24 FINANCIAL SUSTAINABILITY PROGRAMME

Angela Lewis presented the Committee with an update on the Financial Sustainability Programme (FSP) which set out the current position as at the end of Q3 2023/24. The Committee's attention was drawn to the following areas: Several short-term savings opportunities and schemes were coming to fruition and these included efficiencies on fuel costs and consumable waste.

**Service and Provision Reviews:** This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of service provision across the organisation which will establish the basis for an annual review process. The 22 actions as a result of these reviews were being progressed via the Assistant Director Leadership Team (ADLT). The service review will be reported on by mid-April and this was crucial in identifying any gaps and highlighting areas where the Trust may be exceeding its service expectations.

**Income Generation:** On 6 December 2023, a session was conducted during the Executive Team Away Day, which included a proposal paper outlining four potential commercial options, and a case study presented by North East (NE) Ambulance Service. The case study shared insights into the NE Ambulance Services commercialisation journey and in response the ELT has asked that additional expertise be sought to assess potential markets and options. The aim being to assess the viability of advancing income generation with a more commercial mindset.

Comments:

Members suggested that spectacular success in income generation for a commissioned organisation like the Trust may pose a risk to the commissioning process by potentially affecting funding arrangements. Rachel Marsh acknowledged there would be a slight risk associated with income generation but believed that Commissioners would see income generation as a positive move in helping the Trust, particularly in the absence of any additional funding from Health Boards.

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

## 08/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley presented the report as read and highlighted the following points for the Committee's attention:

Regular review continues on the action plan in response to the generic all NHS Wales report Internal Audit which took place during October 2022. A second Internal Audit started on the 06/07/2023 and the draft report has been received by the Trust. Comments and further documentation are being provided back to the audit team currently in support of the draft review exercise. It is anticipated that the final audit report will be received by the Audit Committee at its 1 March 2024 meeting.

Capital Investment – Estates and Facilities Advisory Board (EFAB) Funding: Delivery is ongoing against a range of WG Estates Funding Advisory Board (EFAB) schemes for

2023/24 and planning has commenced for 2024/25 schemes. As previously noted, the Trust was awarded a proportionally significant amount of the total funding available, with a 30% contribution by WAST within the Capital Expenditure Limit. Schemes range across decarbonisation and infrastructure and an update by scheme is provided below:

- a. AFSRC Wrexham – Decarbonisation: a tender specification for a scheme including PV arrays is now out to tender and closes on 8<sup>th</sup> December. Previous discussions had also referenced the ability to bid for Asset Collaboration Funding for this scheme given the shared site nature with North Wales Fire Service. Further consideration will be given to this once the costs are received.
- b. Blaenau Ffestiniog Decarbonisation: this scheme is now underway, with a contractor appointed and pre-start meetings having taken place on site.
- c. Cardiff Ambulance Station Decarbonisation: a tender specification for this scheme including PV array is now out to tender and closes in late December.
- d. Glynneath – infrastructure and decarbonisation: a tender specification for this scheme including re-roofing and PV array is out to tender and closes in late December.
- e. Bryncethin – infrastructure: this re-roofing scheme is out to tender and closes in late December.

Chris Turley added that financial constraints will pose challenges in the Trust implementing further initiatives in the Decarbonisation Action Plan (DAP).

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

## **09/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the eight risks that are relevant to Committee's remit for oversight and additionally the Trust's two highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight. The following highlights from the report were brought to the Committee's attention:

In terms of the Trust's two highest scoring risks, 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), these were constantly being reviewed by the risk leads to ensure there was synergy between the two risks and that the actions from the avoidable harm paper were reflected.

Furthermore, the Trust was seeking consultant advice to assist in the Trust being able to apply the risk appetite methodology for a more efficient internal risk management approach. Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation). This risk has successfully reached its target score of eight, down from 16 in the reporting period. While it will persist at an elevated level in the current financial

climate, it will be consistently monitored on the Corporate Risk Register (CRR) and subject to regular reviews as scheduled.

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). This risk has increased in score from 15 to 20, primarily as a result of Health Boards where plans for releasing ambulances in mass casualty exercises were untested. Additionally, it takes into account the fact that the Trust was unable to meet a recommendation from the Manchester Arena Inquiry (MAI) which attributed to ambulances being delayed outside hospitals and Health Boards unable or unwilling to release them.

Risk 424 (Prioritisation or Availability of Resources to Deliver the Trust's IMTP). The title has been amended to factor in revenue, capital and staff capacity related to the IMTP. Ongoing efforts during this reporting period will address these changes.

#### Comments:

The Committee sought clarification whether the Trust would face a penalty should it be in breach of risk 594, breach how does that risk. Trish Mills confirmed there was no financial penalty for any breaches of the Civil Contingencies Act in terms of risk 594. Jonathan Edwards confirmed that this risk has been raised at Chief Executive level at each Health Board and has been agreed to be incorporated into their policies. The Executive Director of Operations will be emphasising to Health Boards the importance of including the requirement to release ambulances into their internal policies.

The Committee queried why risk 594 was not given a higher score from the current score of 20, as the outcome of the risk was similar to risks 223 and 224 which were given scores of 25. Trish Mills explained that the scoring matrix identified risk 594 as the likelihood being that it will probably happen/recur but would not be a persisting issue as opposed to risks 223 and 224 which will undoubtedly happen/recur, maybe frequently. She added that the Board would still have sight of risks that scored 20. Liam Williams added that in the event of a major incident there is an expectation that the Trust would receive a more effective response from Health Boards in releasing ambulances compared to when operating under normal system pressures.

In terms of risk 223 and specifically in relation to access to Same Day emergency Care (SDEC) for paramedic referral, the Committee noted noting that less than 1% of paramedic referrals were accepted, which seemed very stark. Rachel Marsh clarified that it was not 1% of referrals but 1% of demand. Current modelling suggests that projected demand suitable for SDEC was 4% when in actual fact it was less than 1%.

#### **RESOLVED: The considered the contents of the report and:**

- (1) Noted the reduction in risk score of Risk 139 to the target score of 8:**
- (2) Noted the increase in risk score of Risk 594 from 15 to 20; and**

**(3) Noted the amendment to the title of Risk 424.**

**10/24 AUDIT RECOMMENDATION TRACKER**

Trish Mills presented the report which provided the Committee with the current position in respect of the management actions for audits within the purview of the Committee.

The Audit Tracker has been updated in Quarter three following its complete revision in Quarter two again there has been excellent engagement from Directorates. Around 17% of audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed, many of which are due to be closed in Quarter four or Quarter one of 2024/25.

Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Q4 with a view to closing down or revising as many as possible.

Good progress was being made on Tracker 3.0 with Digital Health and Care Wales (DHCW). The positive engagement also with Internal Audit colleagues, especially regarding historical actions is a valuable part of the overall process.

There were two Internal Audit reports being presented to the Committee for their consideration:

**1. Estates Condition Internal Audit**

Chris Turley explained that the report had been discussed in some detail at the last Audit Committee meeting whereby assurance was gained that the recommendations within it had been accepted by management and that progress on the actions were on track. There were some actions that were not wholly under the Trust's control and once those elements that are within the Trust's control that part of the action will be closed off from the Trust's perspective.

**2. WAST 111 Commissioning Final Advisory Report**

Rachel Marsh explained that the advisory audit, which did not include a score rating, examined the Trust's commissioning arrangements for 111. The Trust has control over certain aspects as a provider, but there are other elements which are affected by the mechanisms and processes implemented by Commissioners. The actions and recommendations have been agreed by management.

**RESOLVED: The Committee:**

- (1) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -**



- **Estates Assurance – Estates Condition;**
- **111 Service Commissioning Arrangements (advisory);**

**(2) Noted the management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

## **11/24 DIGITAL REPORTING: 1 APRIL 2023 TO 30 NOVEMBER 2023**

Jonny Sammut provided the following key highlights for the Committee's attention:

Mobile Data Vehicle Solution (MDVS) rollout for EMS is on track and approximately 25% complete, with the NEPTS pilot commencing in January (slightly later than planned).

Automation was not separately funded in 2023/24, and as such, progress has been limited to smaller requests. However, it is likely that a more detailed plan along with dedicated resources, will feature in the 2024/25 WAST plan, allowing for faster paced progress. A further update will be provided to the Committee at its March Meeting.

The Data Linkage project has progressed following receipt of a letter from Welsh Government stating support for the sharing of information between Health Boards and Trusts and DHCW. The first WAST use case for the National Data Resource (NDR) is the Out-of-Hospital Cardiac Arrest dataset which will be consumed via the NDR analytics platform by the NHS Wales Executive on behalf of the Cardiac Network.

The 999 Upgrade, as agreed, is now scheduled for late February 2023 and on track for this revised plan.

The Digital Experience initiative has made small improvements this year (slower pace is largely linked to the lack of resourcing support for automation), however, will be considered as part of the Digital Plan Refresh and likely feature more heavily and realistically in the 2024/25 IMTP.

The Digital Plan refresh is expected by end of Q4 2023/24. This will refresh the existing Digital Plan and align it with the Digital Strategy and this will enhance the Trust's digital initiatives for more effective outcomes.

Staffing/resourcing continues to be under pressure, particularly in the areas of Information Governance, Records Services, analytics, web development and ICT engineering. This results in risk to existing/planned projects as new in-year tasks materialise.

Additionally, the closure of 111 Integrated Information Solution (IIS) programme (aka SALUS) and initiation of the CAS replacement project has adjusted Q4 Digital priorities.

There has been some significant progress being made responses to request for information.

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

## **12/24 FIRE SAFETY COMPLIANCE – JANUARY 2024**

Chris Turley explained that the report provided the Committee with an update on the work being undertaken in support of ensuring and significantly improving fire safety compliance across the Trust's estate, including since the appointment of a more dedicated facilities team, focussing specifically on this. It is the first of what will now be planned to be annual reports on such matters to Committee.

This report has been developed in part as a result of previous internal audit reviews and recommendations to provide a minimum of an annual update of compliance to the appropriate fire group and onward to the Committee, for which such issues are devolved from the Trust Board.

For the Committee's attention the following points were raised:

Emergency lighting is provided to illuminate evacuation routes should the main building lighting fail. Chubb Fire are our appointed contractor to maintain the Emergency Lighting systems throughout Wales at all premises, where it falls within our statutory obligation to maintain. It is noted that in the past remedial works for some of our premises had not previously been fully completed, leaving, at some times in the past, up to 2/3rds of sites without fully adequate provision of emergency lighting. However, as of November 2023, it is pleasing to report that all the remedial works have been completed across all sites.

Fire risk assessments have been carried out to assist the site 'Responsible Person' of the Trust's statutory obligations. It also seeks to address relevant issues relating to business, property and environmental protection.

Fire Marshalls: A suitable number of persons should be trained in order to ensure that adequate cover is provided in the event of an evacuation for "every operational hour" and available 24 hours a day. A full list of trained site-specific Fire Marshal's should be prominently displayed on site. As has been noted previously however given the spread, size, occupancy, and type of some of the Trust's buildings this is always going to be challenge to evidence 100% coverage at all times (and in some instances there is little or no need for such coverage in this way). Whilst there was good coverage of fire marshals in the higher risk sites, the Trust will be ensuring that there was coverage of the lower risk sites when required.

### **Comments**

The Committee agreed and recognised the progress being made in fire safety compliance and were mindful that the work completed had not been a strain on the Trust's finances.

**RESOLVED: The Committee:**

- (1) **NOTED** contents of the report;
- (2) **NOTED** the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;
- (3) **NOTED** the appointment of a new Fire safety advisor, namely Anolex Fire, and
- (4) **NOTED** the changes made to the training of fire marshals through Thomas Carroll Management Services.

**13/24 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES**

The report was noted for information.

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

**14/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

The Committee recognised this was the last meeting that Martin Turner would attend and a note of thanks was recorded for his contribution throughout.

Martin Turner recalled some of his experiences during his time with the Trust and noted the positive progress that had been made in the organisation. He thanked the Chair and other Members for their support.

The Chair thanked the Committee for being flexible with the changes to the agenda.

**15/24 ANY OTHER BUSINESS**

None

**Meeting concluded at 12:35**

**Date of Next Meeting: 19 March 2024.**