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Welsh Ambulance Services
University NHS Trust

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 JULY 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
Bethan Evans	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
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Left meeting during Item 60/24)
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Apologies

Rachel Marsh	Executive Director of Strategy, Planning and Performance
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51/24 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.

Minutes

The minutes of the open session held on 14 May 2024 were considered by the Committee and confirmed as a correct record.

Action Log

Minute 36/24: Digital report: The Committee asked that the next update provide details with progress on staff ICT training. *The following was taken from the action log update: May Numbers: Low NEPTS uptake due to early deployment in the vehicle cohort impacted the original number that we provided. Looking at the current dashboard, this is showing the % increase in May and June, ending June at 64%. Second Issue: Uptake appears low due to reliance on staff self-certification. No automated system to track training completion, requiring manual confirmation in ESR. Following investigation, the actual training completion is very likely higher, as indicated by few user error incidents. - We are looking at options to track completion better.* Action Closed.

Minute 38/24: Information Governance Toolkit: *To provide enhanced reporting on the toolkit for the next report, and potentially to include a Gantt Chart. The report was on the agenda.* Action Closed.

Minute 48/24: Financial Sustainability Programme Update: *The Committee asked that consideration be given in terms of how the report is presented going forward; with details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent. Chris Turley added this would be part of his financial update.* Action Closed.

This Action Item was transferred from the People and Culture Committee (PCC): *Cymru High Activity Response Unit Report. Cymru High Activity Response Unit Report (continued deployment of CHARU, aiming to illustrate progress, activity and deployment) Deferred from May meeting due to some challenges with data and the HI Team (Action Transferred from PCC: Andy Swinburn agreed to take a paper to the Quest Committee around the continued deployment of Charu, aiming to illustrate progress, activity and deployment) Note: This item has been transferred to the FPC following discussion at the Quest ASM on 28 May 2024.* Item deferred to 17 September FPC meeting; Lee Brooks will provide the update. Action to remain open.

RESOLVED: The

- (1) Minutes of the meeting held on 14 May 2024 were confirmed as a correct record; and**
- (2) The Action log was considered and updated as described above.**

52/24 OPERATIONS QUARTERLY UPDATE – QUARTER ONE 2024/25

Lee Brooks updated the Committee on the following points:

1. Manchester Arena Inquiry - Work on the recommendations has continued with the Capability to Prepare, Capability to Respond and Capability of Specialist Assets papers completed. To date, 30 of 68 recommendations have been completed with 20 of those outstanding requiring investment to progress.
2. Operational effectiveness – The Trust has aimed to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work was to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan included identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time that required improvement.
3. The Trust went into remediation with the International Academies of Emergency Despatch (IAED) for the Medical Priority Despatch System (MPDS) following Quarter 4. An action plan has been approved and was submitted to the IAED as per its Remediation Policy. The Trust was required to fall within the specified thresholds of compliance to come out of remediation status. So far for Quarter 1, the Trust has reported compliance within the accreditation threshold, which bodes well for the Trust well to come out of remediation following Quarter 1.
4. The Organisational Change Policy (OCP) consultation for Emergency Medical Services Coordination (EMSC) commenced on Friday 10 May 2024 and was due to conclude on 7 June 2024. In consultation with Trade Union Partners, this was extended for two weeks and therefore closed on 21 June 2024. There were a range of questions raised during the formal consultation period and the formal response to those questions was being finalised.
5. While it was noted that the level of investigation of over two hour end of shift overruns has continued to improve, along with the uptake of utilising the options available to reduce the end of shift overruns, work has progressed on several initiatives to further reduce end of shift overruns to support the wellbeing of staff. Despite the continued level of handover delays, the average length of overrun has remained at levels lower than 12-15 months ago.
6. The 2023/24 Financial Savings Plan (FSP) concluded successfully with original savings assumptions mainly achieved and overtime allocation following suit. In 2024/25, Quarter 1, has been overachieved to date and a performance report reviewing the progress will be submitted to the Senior Operations Team (SOT) on

26 July 2024. The report will incorporate the overtime allocation and savings targets for the full financial year.

7. The 111 Clinical Assessment Software (CAS) replacement system was fully implemented on the expected date of 30 April 2024 and the old system has been taken out of service. Early indications show that more calls were being handled without clinical intervention and there has been a reduction in the time a patient waited for a clinical assessment. The average time speaking to a call handler has returned to similar levels as before as has the average time waiting for the 111 calls to be answered. There were expected to be further clinical and operational improvements to the system throughout the financial year which will be scoped and implemented.

Comments:

Following a query on the benefits to staff of teams-based working Lee Brooks commented that the Trust was considering adopting the London Ambulance Service (LAS) teams-based working model (if doable), which could significantly enhance both the welfare of staff and the operational capabilities of the Trust. By fostering better communication, improving resource management, and providing a supportive work environment, such a model can address many of the challenges faced in high pressure, dynamic settings. A visit to the LAS would likely provide valuable insights and practical examples of these benefits in action.

Members queried if there were, from the shift overruns, any cost implications albeit there were factors outside of the Trust's control. Lee Brooks explained that the cost was quantifiable and was being monitored, with the Trust spending less than it has previously. One of the issues was rural crew change overs; the Trust was aiming to promote and utilise the opportunity, particularly for rural crews, to facilitate alternative crew changeovers. Furthermore, Damon Turner added it was important to note that there were other occurrences outside of the financial example, such as staff taking time back as time off in lieu. This created a performance issue later for the Trust, adding to the problem. Additionally, there was the impact on staff morale to consider.

The Committee asked, in terms of the element that was directly attributable to the handover delays, things that were outside of the Trust's control, was that figure used strategically to indicate how it was impacting on the Trust. Lee Brooks added that in the past, the Trust has produced reports on the costs of handover delays and utilised that data in its dialogue and correspondence with commissioners.

In terms of Coroners responses, it was queried if there were any signs of improvement in this area. Lee Brooks explained that the Quality Team has distributed a number of statements for others to finalise, particularly for cases that were less complex and more directly attributable to handover delays. This process was definitely improving and would give the Trust an opportunity to test its potential moving forward. As people gradually filled positions and stability was achieved, it would provide the Trust with a great opportunity to assess the potential for either recovery or maintaining the current standing.

Members recognised that there were pockets of poor culture among EMS staff that required addressing. They questioned whether there was a pattern or trend to these issues or if these pockets were disparate. Lee Brooks explained that the reason this issue was mentioned was due to the number of investigations currently underway. These have increased and were remaining relatively high, which had been anticipated. The Trust was seeing the consequences of the work done to date, where staff feel more comfortable coming forward about their experiences at work. There appears to be an emerging theme around behaviours, which aligned with the ongoing cultural work. There was a correlation between these efforts and the number of issues being reported. Ideally, the Trust had hoped to see a plateau in the number of new issues.

RESOLVED: The update was noted.

53/24 FINANCIAL POSITION FOR MONTH THREE 24/25

Chris Turley gave a presentation on the Month three financial position of the Trust and drew attention to the following areas:

1. The month three reports were submitted to Welsh Government at 12pm, Thursday 11 July 2024;
2. The cumulative year to date (at Month three end of June 2024) revenue financial position reported was an underspend against budget of £0.029m;
3. The Income and Expenditure forecast for 2024/25 was one of breakeven;
4. The Capital plan was being progressed and current planned expenditure of £19.622m was forecast to be fully spent by the end of the financial year, this however did not currently include an additional £0.635m to address backlog maintenance issues, funding for which was confirmed by WG in early July;
5. In line with the financial savings plans that supported the Integrated Medium Term Plan (IMTP), gross savings of £1.967m has been achieved against a year-to-date target of £1.704m;
6. Public Sector Payment Policy was on track with cumulative performance to month three, against a target of 95%, of 97.5% for the number of non-NHS invoices paid within 30 days.
7. In terms of the financial performance by Directorate, most directorates were in line with the budget plan for month three.
8. At Month three, the key assumptions underpinning the year-to-date financial performance, remained broadly in line with that within the 31 March approved IMTP/Trust Board financial plan and budget set.

9. An update was given on the total assessed risks being reported at Month three and given it was only Month three, there was a balanced IMTP and the risks recorded were all categorised as low or (1) medium risk. However these need to be captured and continually monitored. Now included in the risks was a medium risk around the funding of EMT re-banding, the Trust was in the process of finalising a business case to submit to WG / commissioners for this; further updates will be provided in future months.
10. Members were shown a slide which illustrated the current savings schemes for month three and this also now included the split of recurrent and non-recurrent savings
11. Work continued around the Financial Sustainability Programme including the launch of the Siren page with a number of other objectives set for 2024/25. One area of focus is on the plans around increasing commercial activity.
12. Capital funding at Month three has been confirmed as £19.622m of which £5.455m was via discretionary capital funding with £14.167 via All Wales Capital Funding. (it does not doesn't include the Estates backlog funding confirmed in early July). The breakdown of the month three confirmed All Wales Capital funding now included that which is being funded for the fleet replacement programme in 2024/25. It should be noted that the amount provided was circa half (52.6%) of the amount requested via the submitted BJC (£24.388m), therefore further urgent prioritisation works has now taken place and confirmed via the relevant governance groups.

Comments:

The Committee noted it was helpful to see the savings breakdown in terms of recurrent and non-recurrent savings. Recurrent savings were those permanently delivered within a particular budget area, while nonrecurrent savings were one-offs that cannot be saved going forward. It was encouraging that over 50% of the total was recurrent, which helped to minimise risk. However, a key point about the non-recurrent savings was that developing them into recurrent savings was crucial. There was a nuanced category between recurrent and nonrecurrent savings, particularly with vacancies in corporate functions, where savings arose from gaps in employment but were variable and not fully recurrent. The year-to-date overachievement in savings was more in the recurrent savings area, suggesting a good outlook for future financial sustainability. Nonrecurrent savings were where any underachievement was likely to occur, but efforts were ongoing to manage this effectively.

Regarding the additional £0.635 million capital funding allocated to address backlog issues, the key question posed by Members was whether this amount allowed the Trust to perform extra maintenance or if it served more as a budget-relieving benefit. Chris Turley explained that the additional £0.635 million was additional capital funding. Welsh Government had asked NHS organisations in Wales to submit a range of schemes that could be progressed as capital spend this financial year, for estate backlog maintenance.

The Trust submitted a list of needed maintenance projects, and the first three or four of these projects were supported.

Members asked that given the insufficient funding to replace vehicles and the resulting increased maintenance costs, whether the current budget and forecast outturn accounted for the likely implications of these additional maintenance expenses. Chris Turley explained that in terms of the bottom line forecast for this financial year, it did include the increasing costs of fleet vehicle maintenance, some elements of which were likely to be over and above that identified within the 2024/25 financial plan, which in itself identified a reasonable cost pressure for this. The Trust would however also need to consider these costs in next year's budget, as there were offsets this year to manage some of these expenses.

Angela Lewis advised the Committee that regular quarterly updates to the Executive Leadership Team (ELT) were provided on the recruitment control panel process. For the committee's information, 614 roles have been reviewed in this quarterly period. It was important to remember that this recruitment control process was not necessarily about freezing positions but about cost avoidance. This has been achieved through internal processes creating internal opportunities and using fixed-term contracts where appropriate. Additionally, there has been a need to fill some posts quickly, particularly digital roles, balancing the need for efficiency with necessary recruitment.

RESOLVED: That the Finance & Performance Committee noted the Month three update.

54/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT INCLUDING ANNUAL REVIEW OF METRICS

Hugh Bennett provided the Committee with an update on the following points:

1. 111 call answering performance has improved over recent weeks, although the call abandonment performance was at 11.9% in June and off target (5%). One of the key issues has been the reduction of call handling staff in post as recruitment was paused during preparation for the new CAS system. Recruitment was now underway and it was anticipated that the full complement of funded staff will be in post by September. It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year compared to last year (-4%).
2. 111 Clinical response: clinical ring back times for patients with the highest priority remained above target at 98.7%. Response times for lower priority calls, although remaining below target, have improved significantly over the past three months, with P2CT and P3CT calls achieving 83.7% and 85.5% respectively in June 2024. This was despite continued high levels of clinician sickness absence, which was at 16.86% in June 2024.
3. Ambulance Response (safety / patient experience): the red 8-minute response performance for June 2024 was 46.6%, remaining below the 65% target; however, the

Trust was reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in June was 1 hour 29 minutes and the Amber 1 95th percentile was 7 hours 6 minutes.

4. The one area of particular focus for recruitment was Cymru High Acuity Response Unit (CHARU) with the Trust looking to recruit up to the modelled 153 Full Time Equivalents; and connected to this a focus on CHARU productivity, with on-going analysis work on their contribution.
5. The extreme level of lost hours to handover outside Emergency Departments remained the critical component of long waiting times and patient safety incidents. 22,229 hours were lost during June 2024. Cardiff & Vale's handover lost hours continued to remain low, due to an organisational focus within the Health Board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr University Health Board remained significantly high and above its two year average figure (8,001).
6. Oncology performance in June 2024 was 76%, achieving the 70% target. Renal performance also remained above target at 72%. Advanced discharge & transfer journey performance decreased compared to the previous month to 72% and remained below the 95% target. Overall demand for Non Emergency Patient Transfer Services (NEPTS) continued to increase but remained below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which included delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. The Trust was expecting to re-roster NEPTS transport in 2024/25 which would better align capacity with demand patterns.
7. National Reportable Incidents (NRIs) / Concerns Response: the Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and three serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, an improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remaining complex. The Trust was currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, who has now arrived.
8. In June 2024, 9,737 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of the Clinical Safety Plan levels to approximately 488 callers. The Trust believed that 50% of this combined number is unmet demand and was likely to be showing up elsewhere in the system.
9. Trust sickness absence: the Trust's overall sickness percentage was 7.55% in May 2024, a minimal increase on the 7.56% recorded in May 2024. Actions within the IMTP concentrated on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% was above the 2023/24 IMTP ambition of 6% but was a good improvement.

10. Staff training and Personal Appraisal Development Review (PADR) rates did not achieve the 85% target in June 2024, but have been steadily improving (77.53%). Compliance for Statutory and Mandatory training increased to 84.05%.

Overall, most performance metrics were stable, and ambulance care was performing well, meeting key metrics above target. The Trust was doing everything within its power to maintain this performance. However, the high level of demand, particularly for red calls, and the extended handover times were significant challenges that impact on the Trust's ability to deliver the level of patient safety and outcomes aimed for.

Comments:

The Committee recognised that the Trust was doing everything within its power to manage the situation. However, the high level of demand, particularly for red calls, and the handover delays remained significant challenges.

Annual review of Metrics.

Hugh Bennett in providing the update advised the Committee that ELT had reviewed and considered information provided by the Performance team on potential areas of change. The only change was to the falls metric.

The following observations were made:

1. **WG or Commissioner Targets:** All WG or commissioner targets were included in the MIQPR key metrics, with no additional metrics needing to be added from that perspective.
2. **Operational Highlights:** The team highlighted some areas of the Trust's business that were not routinely highlighted through the MIQPR, such as volunteer contributions, fleet, capital and estates, mental health, falls, digital, and research. However, the ELT felt that these were too operational and not required at a Board level. Information on these issues was provided through other channels and reports at regular intervals, ensuring the Board and Committees remain aware.
3. **Focus on Outcome Measures:** There was an ongoing need to improve the focus on outcome measures as opposed to input or process measures. This was difficult to achieve at present due to limited linked data. However, it was agreed that an indicator on the length of lie for falls would be developed as a proxy for outcomes.
4. **Duty of Quality Metrics:** Potential metrics associated with the Duty of Quality will be developed over the next year in parallel with those being developed nationally.
5. **Operational Metrics:** While there was a general sense that many MIQPR metrics were operational, it was agreed that a smaller number of metrics related to the Trust's strategic ambition would be highlighted in a visual report provided twice a year.

6. Evolution of Clinical Model: As the clinical model evolves, some metrics currently included in the MIQPR may change over the course of the year. This will require consideration by commissioners and was currently under discussion.

The Committee recognised that the Trust Board would receive an update on the metrics at its next meeting.

RESOLVED: The Committee

- (1) **Considered the May/June 2024 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.**
- (2) **Received the annual review of metrics and endorsed them for Board approval.**

55/24 DIGITAL REPORTING

Jonny Sammut explained that this was the regular digital report. Before delving into the details of it, he highlighted two changes this cycle:

1. ICT System Score: The Committee will notice that the report now included this year's and the previous financial year's results. This was beneficial as it provided a baseline of performance comparison between the two years.
2. Key Projects: The report now outlined some of the key projects under each of the new strategic pillars, offering a clearer view of progress and priorities in the digital domain.

In terms of highlights from the report the Committee were updated on the following points:

3. Data & Analytics metrics, the average turnaround time for non-trivial data requests saw a record spike in March 2024 due to the pressures of demand and the commencement of the "pause & improve" initiative, whereby the team operated with a "pause" on all new non-essential requests for a period of six weeks, focusing instead on the 111 Clinical Assessment Software (CAS) replacement programme along with a small list of other key priorities and improvements.
4. Records Requests continued to be received at a sustained high level – progressing the trend of Q4 2023/24. Investment has been received which will allow the Health Informatics Team to increase the number of Records Officers from 1.8 Whole Time Equivalent (WTE) to 3.8, and recruitment process has commenced. However, due to long term sickness within the Records team, compliance to the target was at risk, and many broader records management activities are currently on hold.
5. The ICT System Availability Metrics showed that almost all systems exceeded the 99.99% industry standard of availability or 'up-time' in Q4 of 2023/24 and Q1 of

2024/25 so far. This was in all areas except for the Ambulance Care CAD – Cleric, where for a short period on 17 April the South East region was not able to radio NEPTS vehicles due to an issue with call sign visibility in the LifeX system. However, this still resulted in more than 99.9% availability for the month.

6. The Drones initiative has seen the Drone Wales Highway Project commence in Q1 2024/25.
7. *111 Wales Website*: Initial work was underway on defining the scope for a short-term solution for this winter and a long-term strategic solution to develop the 111 Wales website. A cross-Directorate group will now develop a business case.
8. The PowerBI migration initiative was the ongoing effort of transitioning reporting and dashboards from Qlik to PowerBI to help modernise, streamline and secure the Trust's intelligence. This had a deadline of September due to licencing constraints with QlikSense, but this timeline was at risk due to the Data & Analytics team's effort being diverted to (and sustained on) the 111 CAS implementation.
9. The installation of the Mobile Data Vehicle Solution across the existing EMS & Ambulance Care fleet was now complete. There was successful installation of 501 EMS vehicles and 256 Ambulance Care vehicles - a huge milestone for the project, and the result of great collaboration between Digital, Operations and Fleet.

Comments:

The Committee asked whether there were any barriers to the success of the Drone initiative and whether there were any legal requirements. Johnny Sammut advised that there was a legal requirement to retain a visual line of sight of drones. To address this, the Future Flights Programme had been implemented. This programme aimed to provide sufficient evidence that the Trust can operate drones safely beyond the visual line of sight, ensuring compliance with regulatory requirements and enhancing the operational capabilities of the drone initiative.

It was queried in terms of records requests, why it was high and was there a reason for this. Jonny Sammut explained there was no particular trend, it was just a higher hunger for data but not of a trend and was just a sustained pattern of data enquiries.

RESOLVED: The Committee noted the report and the trends in metrics.

56/24 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE - PROGRESS UPDATE

Hugh Bennett updated the Committee on the headlines from the report:

The only deliverable significantly off track (Red) continued to be the introduction of Independent Prescribing as a core requirement within the Advanced Paramedic Practitioners (APP) job description. Independent Prescribing was included within the

generic job description for APPs and will subsequently need to be incorporated into the academic education plan for new and existing APPs.

The Trust will continue to deliver core business and tactical change and service improvement through existing forums such as the Senior Leadership Team/Assistant Directors Leadership Team, and Corporate Boards, with assurance through traditional delegation of authority through hierarchy.

The update included a focus on the clinical model transformation and provided an update on the changes to the governance around the IMTP delivery structures. The Committee took assurance from the detail regarding the revised structures, which consolidated the existing programme structures into a broader programme, framed around the revised clinical transformation model. This structure included five constituent elements and aimed to streamline efforts and improve outcomes. The only deliverable significantly off-track was the introduction of the independent prescribing as a core requirement within the Advanced Paramedic Practitioners' job description and the associated challenges around implementation.

Comments:

Kevin Davies commented on the IMTP delivery / assurance report, specifically addressing the red rating for independent prescribing for APPs. He highlighted the exponential rise in prescribing opportunities and capabilities against community demand. Kevin pointed out that the challenge was not solely organisational but also involved external factors, such as the availability of supervisory support and training placements for APPs. He emphasised the importance of understanding the context behind the red rating, suggesting that the underlying reasons were broader than just an organisational challenge.

Trish Mills highlighted the shift in focus of the Strategic Transformation Board towards transformation and noted the alignment with the Quality and Performance Management Framework (QPMF). Furthermore, the integration of Local Directorate Plans into the QPMF was crucial for ensuring that local efforts contributed effectively to broader enabling programs. She added that the Audit, Risk, and Assurance Committee would be reviewing the implementation of the QPMF in-year. And finally, the contributions of Alex Crawford and Heather Holden in developing the revised structure this was acknowledged. They have simplified a complex process whilst ensuring it is accessible / presentable.

RESOLVED: The Committee:

- (1) Noted the revised arrangements for IMTP delivery and assurance.**
- (2) Noted the IMTP 2024-27 Q1 position.**

Jonny Sammut provided an overview of the report and drew attention to the following points:

1. The purpose of this update was to present the Refreshed Digital Plan to the Finance & Performance Committee, for endorsement for Board approval.
2. The Digital Plan emphasised using digital tools to improve responsiveness and patient safety, such as employing predictive analytics and digital platforms to streamline patient flow and decision-making. Furthermore, it aimed for better integration across primary, secondary, and tertiary care, leveraging real-time data and telehealth solutions to enhance care coordination, reduce bottlenecks, and improve overall service delivery.
3. Following a comprehensive review of digital demand and global sector benchmarking, the plan was produced using a VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework.
4. There have been two updates and improvements to the plan. Enhanced Narrative on System and Partnership Work: There has been an addition of improved narrative that focused on system and partnership work within the wider health system. This likely meant that the documentation now better explains how the Trust collaborated and integrated with other entities in the health system. A FAQ Guide Development which following a useful trade union session, has been implemented. This guide will supplement the go-live communications package and address key topics, including artificial intelligence (AI). The aim was to provide clear answers and guidance on FAQ's that may arise, particularly in relation to AI and possibly other areas of interest or concern.
5. This plan was designed to be agile and dynamic in nature, with actions for years 2-5 to evolve as it progressed, with the year one projects outlined in the plan document as part of the commencement of this digital journey.
6. A "rich picture" has also been developed, with the aim of bringing to life the digital vision and how this will look and feel for the Trust. This picture was currently in final stages of design and will supplement the plan as it was published.
7. The Equality Impact Assessment was included for review by the Committee.
8. Pending endorsement by the Finance and Performance Committee & Trust Board, the plan will be officially launched in August 2024

Comments:

The Chair commented that Ceri Jackson as the Digital Lead firmly endorsed the plan which the Committee also endorsed.

Following a query in terms of whether the investment was secure and, in the budget, and deliverable, Jonny Sammut confirmed that was the case, and was comfortable it was deliverable with a slight risk on recruitment which was being managed.

RESOLVED: That the Committee endorsed the digital plan for Board approval.

58/24 INFORMATION GOVERNANCE REPORTING

Jonny Sammut drew the Committee's attention to the following areas:

1. Information Governance (IG) Toolkit 23/24: The IG Toolkit for 2023/24 was submitted on time with some areas exceeding the minimum expectations standard (namely: Business Continuity, Breach response & monitoring, and Leadership oversight). However, provisional results show that the Trust did not meet the minimum expectations across a significant number of categories in the Toolkit, including Information Governance training compliance, and so was showing an overall "Standards Not Met" position.
2. IG Training: the Trust was not compliant with its mandatory IG training requirements and missed the 75% target (as it was) in 2023/24. The target has increased to a minimum of 85% across the Trust for 2024/25.
3. Meeting Etiquette: A Task and Finish Group (TFG) has been established by the Information Governance Steering Group (IGSG) to ensure the Trust has articulated its approach to, and expectations for, staff regarding meeting conduct, etiquette, and use of technology to record and support virtual meetings.

Comments:

The Committee Chair asked if there were any sanctions imposed on failing to meet the statutory mandatory target. Jonny Sammut confirmed that the Confidentiality Advisory Group was involved in reviewing approvals. They have taken a stance on ensuring that mandatory training requirements were met. There was a clear deadline set for November 2024 to ensure that all necessary training was completed, and standards were met.

In summary, while reminders and notifications were being sent out, Jonny Sammut emphasised it was crucial to confirm any sanctions for non-compliance, ensure specific targets for Directorates were clear, and consider additional enforcement measures to meet mandatory training standards effectively by the November deadline.

RESOLVED: The Committee received the report.

59/24 ANNUAL EMERGENCY PLANNING AND RESILIENCE REPORTS

Lee Brooks provided an update to the Committee on the following reports:

Business Continuity Annual Report 2023/24

The Business Continuity (BC) Annual Report was provided to Committee for assurance and information on all BC related activity for the previous year as part of Committee's work plan. This report highlights that although the Trust met its obligations under the Civil Contingency Act 2004, there were challenges within this area to ensure cross directorate working is achieved.

The report detailed the new BC structure that will be introduced to allow for more robust senior management overview of the BC planning within the Trust, with the Assistant Directors Leadership Team (ADLT) providing support and direction for BC planning, to reiterate the importance of BC and embed BC across all areas of the Trust.

The introduction of the new structure will not alter the current BC plans in place and therefore the Trust's adherence to the Civil Contingency Act will remain unchanged, but it will build and strengthen the BC planning across all departments of the Trust. Additionally, new BC software was currently in a procurement process following the prioritisation of funding by the Trust. This would also strengthen and support BC reporting and planning for all directorates.

NHS Emergency Planning Annual Report for Welsh Government 2023-24

On an annual basis the Trust was required to provide assurance to Welsh Government that it has plans in place to meet its obligations under the Civil Contingencies Act 2004.

This year's return looked at the activities across 2023 and included activities up to May 2024. The Trust was asked to give assurance against five key areas within the report:

- Mitigation, where possible, for the risks identified within the National Security Risk Register (NSRA).
- Having robust emergency plans in place for major incidents including our response to Chemical Biological Radiological Nuclear (CBRN), terrorist attacks, major power outages, high consequence infectious diseases and cyber-attacks.
- Having appropriate business continuity arrangements in place.
- Regular testing of emergency plans through training and exercising.
- Ensuring staff were appropriately trained in command and control processes and maintain their skills and knowledge.

The Trust has been able to provide good assurance, although capability gaps were found through the Manchester Arena Inquiry work. The Trust has also highlighted those areas that will continue to remain challenging without the additional funding set out through the MAI recommendations being progressed by commissioners.

Comments:

The Committee asked if there was any shared learning that the Trust took advantage of and was there any feedback from WG. Lee Brooks commented that the Trust has the

opportunity to engage in shared learning through various mechanisms. This included participating in platforms such as the UK Ambulance platform and Joint Emergency Services Group (JESC) meetings. These platforms provided a venue for sharing best practices, lessons learned, and improvement strategies with other organisations. Lee Brooks indicated that WG consolidated feedback and learning into an all-Wales return, which was a broader summary of findings and recommendations from across Wales. The Trust has not received any negative feedback from WG in the past. This suggested that the Trust's performance and compliance has been satisfactory or that any issues have been addressed effectively.

Incident Response Plan (IRP)

Lee Brooks advised the Committee that the IRP set out the framework for the Trust to respond to a range of incidents within Wales, including major, mass casualty incidents and incidents which required a specialist response. The plan was subject to annual review. The key principles of the IRP have not altered in this annual update. The previous V2.0 of the IRP was rewritten in October to consider the recommendations from the Manchester Arena Inquiry and to reflect learning from internal debriefs.

Since the rewrite of the IRP, in April 2024, the Ten Second Triage (TST) and Major Incident Triage Tool (MITT) algorithms went live across the UK and needed to be reflected in a new version of the IRP.

RESOLVED: The Committee

- (1) Received the Business Continuity Annual Report 2023/24, the Annual Emergency Planning Report (inc. self-assessment against WG Framework) and endorsed for Board Approval.**
- (2) Received the Incident Response Plan for assurance.**

60/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

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 those that were relevant to the 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: Risks 223 (the Trust's inability to reach patients in the community causing patient harm and death) and Risk 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), remain static at the highest score of 25.

Key highlights:

A detailed discussion took place at the May Board in relation to Risk 424 (Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated

Medium-Term Plan (IMTP)) which has reduced in score to 12 (3x4) and which was closely linked with Risk 139 Failure to Deliver our Statutory Financial Duties.

Two risks have achieved their target score and have been de-escalated to the Directorate Risk Registers (DRR) for monitoring. These were Risk 543 (Major disruptive incident resulting in a loss of critical IT systems) from 15 (3x5) to 10 (2x5) and Risk 283 (Failure to implement the EMS Operational Transformation Programmes) from 12 (3x4) to 8 (2x4).

Two new risks have been assessed and approved for inclusion on the Corporate Risk Register and Board Assurance Framework (BAF); these were Risks 542 (Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan) at a score of 16 (4x4) and Risk 623 (Failure to comply with Data Protection Legislation) at a score of 15 (3x5).

A summary of these risks was set out in Annex 1 with a detailed description contained within the BAF in Annex 4. The more detailed description contained within the BAF provided the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls, where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2 of the report.

Comments:

Chris Turley commented that the decarbonisation risk was complex with many facets. This complexity made it challenging to capture and detail all aspects effectively in risk assessments. It was a Trust-wide responsibility, as decarbonisation was a broad issue affecting various parts of the Trust. The risk has been assessed and scored at a certain level, reflecting the current understanding and management of the risk. The risk will continue to be monitored to ensure that the management strategies remain effective and that any changes in the risk profile were promptly addressed.

In addressing Risk 542 and its implications regarding non-organisational compliance due to system-wide failures, Trish Mills commented that by splitting the BAF document, similar to the approach taken with Risks 223 and 224, this would distinguish between what can be managed internally and what needs to be monitored externally. This would help in clearly delineating responsibilities and expectations. Trish Mills indicated that the Trust was developing a new strategic BAF. This new framework will better reflect and address the risks, including those related to external factors.

Jonny Sammut updated on Risk 623 and drew several key aspects related to recruitment, data protection, and data sharing agreements.

RESOLVED: The Committee took assurance from the update given the relevant risks and noted the contents of the report.

61/24 COMMITTEE HIGHLIGHT REPORT

The 14 May 2024 highlight report was received.

RESOLVED: The Committee received the 14 May 2024 highlight report

62/24 CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES

Trish Mills commented that while it was important to note there were two deferred items, none of these were currently placing any significant risks. Additionally, the priorities were progressing as planned and remained on track.

RESOLVED: The Committee noted the update.

63/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Trish Mills commented on the succinctness and quality of reports.

Meeting concluded at 11:55

Date of Next Meeting: 17 September 2024.