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CYMRU  
NHS  
WALES

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

**MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE  
(OPEN SESSION) HELD ON 17 SEPTEMBER 2024 IN THE CARDIFF MAKE READY DEPOT  
AND VIA TEAMS**

**Meeting started at 09:30**

**PRESENT:**

Peter Curran	Non-Executive Director Chaired Meeting)
Jayne Beeslee	Non-Executive Director (Chair)
Bethan Evans	Non-Executive Director

**IN ATTENDANCE:**

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Fflur Jones	Audit Wales
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
Liam Williams	Executive Director of Quality and Nursing

**OBSERVER:**

Rusna Begum	Graduate Management Trainee
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**APOLOGIES:**

Professor Kevin Davies	Non-Executive Director
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Damon Turner	Trade Union Partner

## 64/24 PROCEDURAL MATTERS

Peter Curran advised the Committee that he was chairing the meeting on behalf of Jayne Beeslee who had recently joined the Trust. The Chair welcomed all to the meeting, particularly to Jayne Beeslee 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 16 July 2024 were considered by the Committee and confirmed as a correct record.

### Action Log

This Action Item was transferred from the People and Culture Committee (PCC): Cymru High Acuity Response Unit Report. *Cymru High Acuity 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. This action was closed as a report was being presented at today's meeting.

### RESOLVED: The

- (1) **Minutes of the meeting held on 16 July 2024 were confirmed as a correct record; and**
- (2) **The Action log was considered and updated as described above.**

## 65/24 FINANCIAL POSITION FOR MONTH FIVE 2024/25

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

The cumulative revenue financial position reported was a small underspend against budget of £0.031m, based on some key assumptions consistent with that within the Integrated Medium Term Plan (IMTP) financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 was currently a balanced position.

In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £3.313m have been achieved against a target of £2.828m.

At Month five, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with Welsh Government (WG) for 2024/25 was £20.977m. This included £15.522m of All Wales Approved schemes and £5.455m for Discretionary schemes.

Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.8% for the number, and 98.4% of the value of non-NHS invoices paid within 30 days.

Whilst the Trust continued to be broadly balanced at this stage of the financial year, it was key to also note there were several assumptions that were made at the outset of the financial year within the balanced financial plan and budget set, in reporting this current and forecast position.

Whilst there was a small surplus reported at month five there were some small variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this was driven by staffing vacancies. These were minor in nature and will be closely monitored throughout the remainder of the financial year.

The total All Wales Capital Programme spend to month five was £0.956m, this was in part in relation to 2023/24 Fleet costs which were brokered internally at the end of 2023/24, and the purchase of the equipment for the EA vehicles. The Trust was expecting the expenditure to increase in month six when the invoices for the EA chassis' were accrued

Risks continue to be reviewed monthly and in reporting through to WG it was considered that there were currently no individual high likelihood risks but over the next few months these will be reviewed to ensure that the level of likelihood was assessed along with the financial value. The biggest single risk related to the costs associated with the business case submitted in respect of the EMT/Technician level posts. Ongoing discussions continued with the Joint Commissioning Committee (JCC) and WG regarding this funding. Currently the in year risk cost was in the region of £2.6m - £3m.

Peter Curran queried if there was any risk involved with regards to the potential rise in the cost of fuel for vehicles. Chris Turley explained that the Trust was able to minimise the risk slightly in that it was given a discount at particular petrol stations.

Peter Curran asked for further information regarding the risk should the funding for the EMT/technician posts not be forthcoming. Chris Turley explained there was a potential deficit of up to £3m if no additional funding was received. There were still several months left in the year, and many variables could change the financial outlook. Earlier in the year, there was a fundamental shift in the financial plan, influenced by negotiations with unions and revised national profiles for roles. Despite the funding uncertainty, the implementation of plans was ongoing, with efforts to confirm payment timelines for uplifts and arrears. The Trust will continue to manage the deficit risk citing potential solutions which included delaying certain activities, the potential for some balance sheet offsets, and ongoing discussions with WG and Commissioners over funding availability.

Following a query in terms of when it was likely to hear about the re-banding of the technician post, Chris Turley advised it was likely to be in the very near future.

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

#### **66/24 FINANCIAL SUSTAINABILITY PROGRAMME POSITION PAPER**

Chris Turley presented the report which set out the month four position for the Financial Sustainability Programme (FSP) and key areas of progress against key schemes within achieving efficiency and income generation. Chris Turley added that the Trust was broadly delivering on the targets set but stressed that next year would be very challenging. He emphasised the importance of the ongoing services review and the need to identify additional efficiencies and future potential income generation opportunities.

In terms of income generation, this has been an area where the Trust has focused on assessing the structures and gaps for delivering on future commercial ventures. Furthermore, the Trust's focus since March 2024 has been on developing a Head of Commercial position, whose responsibilities would include developing a commercial strategy for the Trust. This position will sit under the Strategy, Planning and Performance Directorate's portfolio.

Following a query in terms of recurrent and non-recurrent savings Chris Turley explained that one of the main points highlighted by Audit Wales in their review was the need to ensure that the Trust was not overly reliant on non-recurring savings year on year. He added there were genuine recurrent savings, genuine non-recurrent savings and an element of savings that which were technically non recurring in nature but in reality occur every year. The latter were not the same every year but followed a similar theme. An example was vacancy management within corporate functions, which, while varying in specifics each year, consistently contributed to savings.

**RESOLVED: The Committee noted the Month 4 update regarding the Financial Sustainability Programme.**

#### **67/24 VALUE BASED HEALTHCARE REPORT**

Liam Williams presented the report explaining that it set out the current position of the Value Based Healthcare Working Group, and the progress of the key workstreams encompassed within its portfolio.

He highlighted that a workshop was planned next week in which the Trust will be discussing the next steps. This workshop will be particularly valuable for colleagues who were new to the organisation.

Traditionally, the Trust has not focused on value-based healthcare at a whole pathway level. There was a need to demonstrate how investments in services can be measured, particularly in relation to patient experience and outcomes.

Peter Curan queried how the Trust intended to assess the funding for resources risk in those areas that were not green. Liam Williams explained that the Trust was entering into discussions next week with Digital Health and Care Wales (DHCW) to consider this issue, but that the resource issue was partly due to the capacity required to collate and work with data.

Bethan Evans commented that the paper demonstrates the organisation is at the start of its journey with value-based healthcare. She expressed assurance that the organisation is thinking carefully about its approach and looking at all areas. She looks forward to the next steps and appreciated the comprehensive consideration given to the topic.

**RESOLVED: The Committee noted the current position and intentions regarding the delivery of Value Based Healthcare within the Trust.**

## **68/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Hugh Bennett updated the Committee on the main points from the report:

There were certain Key Performance Indicators missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics included 111 clinical triage callback times (P1), National Reportable Incidents, timely responses to concerns within 30 days, implementation of the Duty of Candour, successful consult and close outcomes, NHS 111 dental calls, and consult and close volumes for NHS 111.

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

Ambulance Response (safety / patient experience): the red 8-minute response performance for August 2024 was 51.75%, which remained below the 65% target however, the Trust was reaching more red patients in 8 minutes, but demand had also increased. The Amber 1 median in August was 1 hour 11 minutes and the Amber 1 95<sup>th</sup> percentile was 6 hours 7 minutes.

Hours Produced: The Trust produced 118,091 Ambulance Response unit hours in August 2024 and delivered an emergency ambulance unit hours production (UHP) of 90%, below the 95% target.

The extreme level of lost hours to handover outside Emergency Departments remained the critical component of long waiting times and patient safety incidents. 17,545 hours were lost during August 2024. Cardiff & Vale University Health Board (CVUHB) handover lost hours continue 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 (BCUHB) remained significantly high and just below its two-year average figure (7,700). Welsh Government have reiterated to Health Boards the critical importance of improvements in this area.

Ambulance Care (Patient Experience): Oncology performance in August 2024 was 76.6%, hitting the 70% target. Renal performance also remained above target at 72.8%.

Trust sickness absence: the Trust's overall sickness percentage was 8.06% in July 2024, an increase on the 7.44% recorded in June 2024.

Peter Curran sought further information of when the metrics in terms of digital data and analytics were due to be developed. Jonny Sammut explained in addition to the digital plan metrics, the team was developing more operational digital measures, such as uptime and data quality. These measures will be refined over the next two to three months. Jonny Sammut provided additional assurance regarding data quality. The team was currently undertaking tactical work to address immediate data quality issues. Additionally, recruitment was underway for more data quality resources, which will focus on these specific tasks.

Bethan Evans sought an update on the recruitment of staff to bolster the impact on the upcoming winter pressures. Hugh Bennett advised that in terms of the Clinical Navigators it was his understanding that the recruitment of 28 Full Time Equivalent (FTE)s was in progress and were planned to be in place for the winter period. In respect of the Advanced Paramedic Practitioners (APPs): out of the target of 32 APPs, 22 or 23 have already been recruited. The next steps were to ensure that efforts were ongoing to recruit the remainder with a plan to ramp up recruitment in Quarter 4; potentially involving a course at Swansea University to meet the total target by the end of the year.

Lee Brooks added that proactively the Trust increased Clinical Service Desk (CSD) staff numbers in anticipation of a pull from CSD for the Clinical Navigator roles. There was a high level of interest from both CSD and 111 staff in the Clinical Navigator roles, which was positive. The recruitment process for the 28 Clinical Navigator posts was live, with interviews taking place. There were over 70 applications, indicating strong interest in the roles. Despite efforts to grow CSD numbers, there may still be some vacancies to fill after the clinical navigation process. It was anticipated some recovery will be needed for CSD numbers once the final positions were filled.

**RESOLVED: The Committee received the July/August 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the Committee against progress against the performance indicators**

## **69/24 DIGITAL REPORTING – METRICS FOR DIGITAL SYSTEMS INFRASTRUCTURE**

Jonny Sammut provided an overview of the report and drew attention to the following areas.

There was an amber rating for 111 due to an outage in the public services broadband aggregation. This affected the wide area networks, impacting the ability for the public sector to connect to the internet across Wales. The outage was an external issue and not related to any internal systems within the Trust.

The Information and Communication Technology (ICT) Service Desk metrics showed a gap in contribution from the Robotics Process Automation (RPA). This was due to a configuration change within the Service Desk platform (Service Point), which passes appropriate tasks to the robot. The configuration change led to a significant increase in routine tasks, such as password resets, being managed manually. A new IT service management system, known as House on the Hill, was currently in test. The transition from the current platform to the new tool was planned for Q3.

Efforts around Data Sharing, Information Governance (IG) Strategy and IG Improvement were all ongoing and following a successful (third) round of recruitment; two new Data Protection Compliance Managers were expected to join the Trust in November.

The PowerBI migration initiative was the ongoing effort of transitioning the Trust's reporting and dashboards from QlikSense to PowerBI to help modernise, streamline and secure its intelligence. This was on track to complete in September (as per set deadline for QlikSense licensing) despite challenges earlier in the year with the Data & Analytics team's efforts being diverted to 111 CAS reporting.

The installation of the Mobile Data Vehicle Solution across the existing EMS & Ambulance Care fleet was complete, except for a few remaining incoming vehicles.

There has been a positive response to the recruitment efforts, particularly for senior roles, with over 60 applications for the Assistant Director position. Despite the positive response, there has been some slippage in the recruitment process for certain other roles. In the interim and to maintain the progress on key initiatives, the plan was to use agency and contract resources which will help ensure traction on these initiatives while the recruitment process continued.

Finally, the Clinical Model Transformation (CMT) programme will require substantial input from both the IT and Informatics teams. Much of the work involved shaping and building the programme. The specific impacts and mitigations were not yet fully clear. This was an early flag for the Committee to be aware that future discussions around prioritisation may be necessary. The team was working closely with the CMT programme to understand the requirements and how best to mitigate potential impacts. A more detailed update will be provided to the Committee in November.

Following a query from Peter Curran regarding recruitment, Jonny Sammut explained that not only has the volume of applicants been high, but the quality has also been impressive. Feedback from members of the British Computer Society suggested that the Trust was becoming an attractive place for digital specialists due to its ambition and planned work. Some specialist roles, particularly in cyber security, remain challenging to recruit for. However, the overall recruitment effort was progressing well.

Peter Curran sought an update on the use of Drones. Jonny Sammut explained that the Trust was engaged with the Drones Wales Highway Project, which aims to establish a drone network across Wales. Active testing was ongoing at some RAF bases this month.

The establishment of a surveillance drone capability with the Trust's Hazardous Area Response Team (HART) has begun. Furthermore, there has been engagement with suppliers for the purchasing of necessary equipment for the drone projects.

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

#### **70/24 SPECIALIST OPERATIONS KEY PERFORMANCE INDICATORS 2023/24**

Lee Brooks presented the report and explained that under the Hazardous Area Response Team (HART) / Special Operations Response Team (SORT) Service Level Agreement with Welsh Government, a report on the activities undertaken by the Trust's HART and SORT was submitted every quarter, and at the end of the financial year an annual report was submitted that provided an overview of the activities across the year.

The Committee reviewed the annual report, and it was noted that quarterly data is not meant to be a comparison with the previous quarter or any other quarter. It demonstrates the activity of the HART team during that period of time which is used to demonstrate how the Welsh Government funding is being spent. It was noted that HART's deployment has returned to pre-pandemic levels, and SORT staffing has improved from 131 to 138 operatives by Q1 2024/25. Training hours for HART operatives have remained consistent.

The Key Performance Indicator (KPI) report was based on reporting data collated from various sources including staffing, deployment, incident type, vehicle usage and resources. The quarterly reports were submitted through the Senior Operations Team (SOT) with assurance through Senior Leadership Team (SLT), prior to submission to Welsh Government. There has been no significant feedback or concerns received from Welsh Government on the submission.

**RESOLVED: The Committee received and confirmed assurance of the annual HART/SORT KPI reports for 2023/24.**

#### **71/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE**

Hugh Bennett explained that the purpose of the update was to provide the Committee with an update on the Integrated Medium Term Plan (IMTP) delivery and assurance following approval of revised arrangements for 2024-27. The revised arrangements were presented to the Strategic Transformation Board (STB) on 8 July 2024, with approval to transition the existing IMTP Delivery Programmes into the revised structure, distinguishing between the Strategic Transformation portfolio, delivered through a Trust-wide Clinical Model Transformation (CMT) Programme, and the wider Directorate-led IMTP portfolio.

The CMT Programme has been formally initiated and the first CMT Board convened on 29 July 2024 to consider updates against the Phase 1 priorities, and next steps to embed a robust programme delivery and assurance structure. The Terms of Reference for the CMT Board were developed and approved by STB on 19 August 2024, and all former IMTP Programme Board meetings have been stood down. These will be replaced by CMT

Workstream Boards from 9 September 2024, with a strong focus on key intervention points in the patient journey, with objectives aligned to the Trust's overall strategic vision for integrated care. The overall status of the programme was 'yellow' (cautionary), which indicated that the Programme was on track, but that challenges were anticipated in some areas due to the scale and complexity of planned changes.

Peter Curran asked to what extent the Trust was integrating these reports into the Board Assurance Framework (BAF) which could help align operational metrics with strategic objectives and risks being developed. Hugh Bennett explained that there was always a need to align various reports and frameworks. The Trust often has multiple lenses on it, including dual accountability through Welsh Government and the Commissioning process. This report specifically focuses on the IMTP, which was the Trust's corporate plan. It was aligned with the deliverables, measures identified, and the Cabinet Secretary's requirements. Hugh Bennett highlighted the risk of potentially missing lines of inquiry if the report was altered to fit another framework. Therefore, it was important for this report to stand alone while ensuring it dovetailed and aligned with the BAF.

Trish Mills added that the simultaneous maturation of these processes was beneficial. The Trust Board needs to track progress against the long-term strategy, understanding how close or far it is from the 2027 goals, and identifying associated risks. These discussions must be integrated, not separate. The Strategic Transformation Board appears to be the most appropriate governance body to deliver the IMTP and adjust the strategic direction as needed. This ensures that conversations regarding progress and risk were unified and coherent. The aim was to draw these elements together in the coming months, with some external support to facilitate the process.

Jayne Beeslee asked whether there were any arrangements in place for any peer reviews of such programmes, given their extent of reporting and inquiring whether the Trust used Gateway or a similar process for this purpose. Hugh Bennett advised that there was an action to procure a third party, likely from the academic sector, to evaluate the Clinical Model Transformation (CMT) Programme. This evaluation would probably be phased over two to three years, providing assurance that the programme was delivering patient benefits.

Liam Williams provided additional assurance on the four phases being worked through to ensure correct alignment. These phases included clinical screening, navigation, remote integrated care, and subsequent steps. The CMT Programme Board, led by Jason Killens and other Executive colleagues, was providing strong scrutiny to ensure sufficient resources for delivery. The clinical governance aspect, overseen internally, was a significant area of focus for confirmation and challenge. Liam Williams explained that much of the work was being done remotely in partnership with Priority Solutions and as part of the International Academy. This partnership provides external scrutiny of clinical processes and governance. The innovative approach to pre-hospital urgent and emergency care was being evaluated through clear programme milestones and gateway reviews in collaboration with Commissioners.

**RESOLVED: The Committee:**

- (1) Noted the CMT Programme delivery and assurance arrangements and progress update.**
- (2) Noted the Directorate-led IMTP delivery and assurance arrangements and progress update.**
- (3) Noted the reporting against performance and outcomes measures linked to IMTP delivery.**
- (4) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

**72/24 CYMRU HIGH ACUITY RESPONSE UNIT REPORT**

Lee Brooks provided a comprehensive overview of the Cymru High Acuity Response Unit (CHARU), highlighting its evolution, purpose, and current measurement. CHARU was introduced to transition from Rapid Response Vehicles (RRV), emphasising the shift towards a more clinically driven model rather than time-based targets. CHARU was designed to ensure paramedics with additional skills and equipment were dispatched to incidents quickly where they can provide the most clinical benefit.

CHARU's contribution to red performance has been significant, often matching or exceeding that of Emergency Ambulances in recent months. The majority of CHARU responses were for breathing problems, cardiac arrests, seizures, severe bleeding, and unconscious patients, when dispatched with CHARU often arriving first on the scene, providing both clinical and time benefits.

The operational focus to reduce unnecessary dispatches and stand-downs was discussed, aiming for optimal utilisation without compromising clinical priorities. Lee Brooks explained that ambulance resource utilisation, including CHARU, was an output metric reflecting the extent of resource deployment during service delivery. It was not a performance metric and does not measure the effectiveness or efficiency of that deployment. The primary concern for CHARU was to respond to appropriate incidents as determined clinically.

Lee Brooks added it was important to understand the nuances of the delivery model. Utilisation should not be used as a performance target, as it could have adverse effects on overall performance. The focus should remain on ensuring CHARU responds to appropriate incidents to improve patient outcomes.

Peter Curran asked, in terms of the Clinical Model impact of CHARU, about the key long term benefits. Lee Brooks added that if the Trust successfully delivered the proposed model, there will always be patients requiring an immediate response. The focus should be on providing a response that positively impacts patient outcomes. CHARU was powerful in this regard and should remain a part of the model. Returning to a "stop the clock"

approach would be detrimental, and maintaining a clinically focused CHARU was imperative for appropriate patient care.

Bethan Evans noted that utilisation figures have decreased by around 20% in every Health Board except Powys, indicating success in using CHARU as designed. This approach was about transforming how the Trust works, and the presentation shows the journey and progress made. The focus on clinical indicators justified the transformation and supported the continued development of this model.

The Committee noted that given the diversity in the nature of the Health Boards, expecting parity in response percentages across all of them can indeed be challenging. Each Health Board has unique characteristics, such as population density, geographic spread, and specific healthcare needs, which can significantly impact response times and resource utilisation. It was important to consider these factors when evaluating performance metrics.

The Committee agreed that utilisation rates should not solely drive dispatch decisions and focusing on increasing utilisation as a performance metric could have a negative impact on patient outcomes and potentially performance contribution as well.

The Committee agreed that utilisation rates should not solely drive dispatch decisions and focusing on increasing utilisation as a performance metric could have a negative impact on patient outcomes and potentially performance contribution as well.

The Committee found the presentation highly informative and particularly impactful, particularly with respect to utilisation and the cross-over to the clinical indicators being reported in the MIQPR.

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

## **73/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE**

Chris Turley updated the Committee on the report advising that it also provided an update on the detailed reporting against the Trust's Decarbonation Action Plan.

Following the Internal Audit report, which was formally considered at Audit Committee on 1 March 2024, work has been ongoing to close three of the recommendations with a fourth not due until March 2025. The report outlined a limited assurance supported by three reasonable and two limited objective assurance ratings.

It was acknowledged that the funding strategy was partially outside of the Trust's control, given the limited availability of All Wales Capital funding to support decarbonisation initiatives, and some recent bids have been unsuccessful due to rigid criteria associated with schemes.

The overall headline reported emissions for 2023/24 have decreased from 773,379 tCO<sup>2</sup>e to 33,097 tCO<sup>2</sup>e. However, some of the factors reported need to be taken into

consideration in reviewing these figures and the significant medical gas reporting variation noted.

A Sustainability Report for 2023/24 has continued to be drafted for internal reporting purposes and sets out in detail further narrative in support of several aspects. Some headlines from this for noting were as follows:

- a. Electricity use/emissions- Electricity emissions have increased by 15% on last years. This is not unexpected due to increased numbers of electrically fed heating systems, and plug in EV vehicles, increase electricity use across the Trust. This has been offset by 193k kWh of renewable energy generated by PV arrays on Trust premises.
- b. Heating emissions – due to increase low carbon heating retrofits and closure of inefficient estate, especially Blackweir Station, heating emissions have reduced by 23%.
- c. Water – Water use and therefore emissions have seen an increase on last year’s figures. Two major leaks at Newtown and Cardiff have contributed to this situation, however more work was required to understand why the rest of this increase has happened.
- d. Fleet – There was an increase in fleet emissions, due to an increase in diesel use (1%).

Following a rigorous process, the annual reaccreditation for ISO14001 has been successful and it has been confirmed that the Trust has retained its status. The Trust continued to be the only UK ambulance Trust with this status.

Following a query from Peter Curran regarding any grants that were available, Chris Turley explained there were public sector grants available outside of NHS Wales core capital funding. These can be very specific and often required careful alignment with the grant criteria. Many grants required match funding, meaning the Trust would need to invest its own capital to attract additional funds. Not all grants will be applicable due to specific criteria. Moving towards electric vehicles (EVs) was a great step towards sustainability, this aligned with broader environmental goals and can attract specific funding aimed at green initiatives. There was also the Environmental Financial Advisory Board (EFAB) Funding which was a separate capital funding stream.

Trish Mills suggested that the Committee should consider dedicating more time to environmental matters, possibly through a full board session or a specific Committee focus. She emphasised the importance of promoting and escalating these issues, given that they were currently reviewed annually. Following a further discussion, it was agreed that the Chair of FPC, Trish Mills and Chris Turley would discuss how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.

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

## **74/24 WASTE MANAGEMENT UPDATE – SEPTEMBER 2024**

Chris Turley explained that this report presented the Committee with the annual Utility and Waste Management Report 2023/24 for review on the back of recent Internal Audit reports and has heightened the Trust awareness in such matters.

It also included an update on the 1<sup>st</sup> quarter review of the Trust compliance to the April 2024 changes in waste management legislation, along with an update on the waste internal audit recommendations to update the Waste Management Policy, plus an amended service level agreement (SLA) with Health Courier Service (HCS) regarding collection of clinical waste across the Trust.

Following an internal audit (Limited assurance opinion) on waste management processes in 2022 a Waste Management Policy has been rewritten and approved. Plus, negotiations were ongoing to amend the current clinical waste Service Level Agreement (SLS) with NHS Wales Shared Services Partnership (NWSSP), for collection of clinical waste across the Trust and provide robust legislative compliance and training.

### **RESOLVED: The Committee**

- (1) NOTED the Utility and Waste Management annual report 2023/24.**
- (2) NOTED Waste legislation changes – first quarter review.**
- (3) NOTED that an amended SLA with NWSSP HCS is in the process of being finalised.**

## **75/24 ESTATES CONDITION AND BACKLOG MAINTENANCE UPDATE**

Chris Turley explained this was the first report on the annual Estates and Facilities Performance Management System (EFPMS) report for 2023/24, along with an update on outstanding Backlog Maintenance.

In November 2023, an Estate Condition Internal Audit was undertaken by NWSSP. The resultant classification was limited assurance as this was an all Wales audit of backlog maintenance across all NHS Wales; with a classification of medium priority and nine recommendations.

Five of these recommendations have now been completed, with two addressing the need to update the Estates Strategic Outline Plan (SOP), this update was currently scheduled for the end of this financial year, although following recent discussions with Welsh Government colleagues this timing will be at least in part determined by when an ongoing review of capital prioritisation across the NHS in Wales can be completed, as this could significantly impact on this.

The remaining two recommendations were related to communicating levels of backlog maintenance within the Trust's estate to this Committee.

Physical condition surveys were completed every five years, and updated annually after completion of essential works, or disposal. These surveys determined building condition, including compliance with fire safety requirements and statutory safety legislation, and presented those findings in condition ranking, A-DX, and produced risk rankings of Low, Moderate, Significant and High.

It was important to note that a building will always have some level of backlog maintenance cost assigned if over 12 months old for new builds and even earlier for refurbishments. This was associated with statutory requirements and general wear and tear.

Backlog maintenance has reduced over the past five years because of the disposal of several high risk backlog sites, such as Blackweir, HM Stanley and Cefn Coed, and the substantial capital investment at Vantage Point House, Ty Elwy and Cwmbwrla and the acquisition of new estate and investment in Cardiff, Aberaeron and Merthyr. There has also been an increase in the leased estate at Matrix One, Beacons House and Bennett Street Bridgend, plus additional estate since COVID at Phoenix Business Park Newport, Botanic Gardens, Brecon Police station, Abercarn Fire station and NRW facility in Llandarcy.

Chris Turley proposed that there might be a need for a focused induction or development session for committee members to better understand the complexities of the estates condition and backlog maintenance. This was supported by Trish Mills who further explained that the Trust was aiming to streamline the reporting process to make it more efficient and meaningful for the Committee. Focusing on reporting by exception and reducing the volume of reports would help in providing clearer and more actionable data.

Peter Curran noted that maintaining estates can be high risk if not managed properly. It was great to hear that efforts were being made to reduce these risks. The benefits of a well maintained and modern facility go beyond just numbers, improved facilities can significantly boost staff morale and satisfaction, which in turn can enhance productivity and overall workplace culture. Keeping an overview of the estate strategy and its direction was crucial.

Bethan Evans added it was key to Identify and flag the key risk areas related to estates as this would help the Committee focus on the most critical issues without getting bogged down in operational details. The Committee should also maintain a high-level strategic oversight rather than delving into the minutiae.

**RESOLVED: The Committee:**

- (1) NOTED the Estates and Facilities Performance Management System Return for 2023/24, and**
- (2) NOTED the plan for further reducing backlog maintenance**

## **76/24 EMS OPERATIONAL TRANSFORMATION PROGRAMME**

Hugh Bennett advised the Committee that this was a highly complex and significant programme with many moving parts and substantial achievements.

The EMS Operational Transformation Programme has been delivered, closed and evaluated. The Committee should note that this was a significant initiative driven by the 2019 Demand and Capacity Review. The full report will be presented to the Trust Board at its September meeting after which it will be submitted to Welsh Government and Trust Commissioners.

The scale of the programme, with 343 additional staff and 1615 elapsed days, highlighted the extensive effort and coordination required. The extensive stakeholder engagement, including 29 briefings and negotiations with Trade Unions, underscored the importance of communication and collaboration in such large-scale programmes. The Chief Executive's desire to publicly demonstrate the programme's success was a great way to build trust and transparency with stakeholders. Despite the challenges, the programme has delivered its outputs.

The Committee recognised the significant input and role of Hugh Bennett as the Senior Responsible Officer in its successful delivery.

### **RESLOVED: The Committee:**

- (1) Noted the successful delivery of the EMS Operational Transformation Programme.**
- (2) Noted that whilst the programme achieved its deliverables it has not delivered the intended benefits to patient safety. The primary cause was the extreme levels of handover lost hours.**

## **77/24 INFORMATION GOVERNANCE REPORT**

Jonny Sammut updated the Committee on the following areas from the report:

IG Toolkit 24/25: Following the previous annual submission (with an outcome of "standards not met") an improvement plan was developed to support achieving the "Minimum Expectations" standard across all categories this financial year. To satisfy the Confidentiality Advisory Group (CAG) this position needed to be achieved by November 2024.

Information Governance (IG) Training: the Trust was not compliant with its mandatory IG training requirements against the minimum 85% target across the Trust for 2024/25. Approximately 1000 individuals were identified as non-compliant, some with expiration dates of more than six years.

Significant progress has been made in reducing the number of weak passwords, with less than 20 remaining across the Trust, down from around 2,500 a year ago.

Risk 623 (Failure to comply with Data Protection Legislation): a risk to Data Protection Compliance was included on the Corporate Risk Register in April 2024 and has since been received by the Trust Board. Progress of the actions for this risk: the Data Protection Officer Job Description has been evaluated, and the recruitment process will begin. Two Data Protection Compliance Manager vacancies have been through recruitment, with two offers made, and candidates were due to join the Trust in November 2024.

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

## **78/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT**

Julie Boalch highlighted the following areas for the Committee:

Risk 424: Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP) has reduced in score to 8 (2x4) and this will now be de-escalated to the Directorate Risk Register for ongoing management.

Risk 619: relating to the replacement CAS System from all registers. This risk was reported in closed sessions of the Finance & Performance Committee and Trust Board; however, the risk has been mitigated in full and therefore closed.

Trish Mills added that the Trust has made significant progress in integrating enterprise and corporate risk management with strategic delivery through the IMTP. The strengthening of governance around risk articulation was a crucial step and moving towards a strategic BAF. The Board's role in overseeing strategic direction, holding the executive accountable, and ensuring well-articulated risks was vital for maintaining alignment and achieving the Trust's strategic goals.

The Trust was on a comprehensive journey to refine its risk management framework, especially with the development of Risk Appetite Statements. The involvement of an external provider such as BDO, and the collaboration with peers in Wales and England will provide valuable insights and best practices. The integration of digital tools to ensure that enterprise risk management and the BAF were aligned will enhance transparency and efficiency in the risk management processes.

Lee Brooks updated the Committee on 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) advising that a revised approach was endorsed, and the document was now live and therefore might warrant a review of the score.

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

## **79/24     **AUDIT TRACKER 2.0 – JUNE 2024 (Q1)****

Trish Mills presented the report and of those internal audit actions relevant to this Committee, 24 actions which were due in quarter have been closed in quarter of a total of 49 due (49%). There were two actions closed in quarter which were not due in quarter. Of the actions relevant to this Committee 23 (47%) have been given revised dates in quarter and of these three were on their third revised date.

There was only one external audit action relevant to this Committee, action reference 121 regarding the Emergency Medical Services Clinical Contact Centre (EMSCCC) Patient Safety Review. This action was due in April 2024 and has been closed in quarter.

Trish Mills commented that the Trust was making solid progress in ensuring that changes and actions were well-justified and aligned with Specific Measurable, Achievable, Relevant and Time-Bound (SMART) criteria. The Audit, Risk and Assurance Committee (ARAC) was actively involved and that there was a clear focus on evidence and accountability.

**RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 1 2024/25) update report.**

## **80/24     **COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT****

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

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

## **81/24     **REFLECTION: SUMMARY OF DECISIONS AND ACTIONS****

Trish Mills explained what detail would be contained in the Committee AAA report for the Board's attention.

**Meeting concluded at 12:37**

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