

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 20 September 2022 VIA TEAMS

Meeting Chaired by Bethan Evans

PRESENT :

Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Lee Brooks	Executive Director of Operations
Ross Hughes	Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Edward Roberts	Head of Financial Business Intelligence (for agenda item 12)
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES

Julie Boalch	Head of Risk and Deputy Board Secretary
Professor Kevin Davies	Non Executive Director and Chair of Committee
Damon Turner	Trade Union Representative

56/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Apologies were received from Kevin Davies and Julie Boalch.

Minutes

The minutes of the open session held on 18 July 2022 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered:

1. Action number: F&P 1/21-22. The Quality, Patient Safety and Experience (Quest) Committee was to undertake a focused review of performance related to clinical outcome metrics. The Committee noted work was still ongoing, action would remain open.
2. Action number 34/22b. Deep dive report on Post Production Lost Hours. Work was ongoing in terms of Benchmarking against the best performing service and their reporting process. To remain open.
3. Action number 49/22. Escalate messages and concerns to Chair of the Board, action completed and to be closed.
4. Action number: 51/22. Audit Tracker – to include information on Taking care of the Carers National Audit review, action completed and closed.

RESOLVED: That

- (1) the Minutes of the meeting held on 18 July 2022 were confirmed as a correct record; and the action log was reviewed.**

57/22 OPERATIONS QUARTERLY REPORT

Lee Brooks verbally updated the Committee on the following points:

1. The Trust's involvement following the passing of HM Queen Elizabeth II and the proclamation in Wales of HM King Charles III.
2. The Business Continuity Incident in relation to the issues affecting the IT system Adastra was stood down on 15 September; several lessons had been learned and the Trust was considering new tactics in liaison with the 111 programme team.
3. Support from the Operations Directorate was provided to events on the Isle of Man, which included the TT and the Manx car rally.
4. The Emergency Medical Services (EMS) roster review remained on track with the first new rosters being deployed on 26 September in Ceredigion, and then Cardiff on 3 October 2022.
5. There had been a short period where the Trust had escalated to Recourse Escalation Action Plan (REAP) 4 in response to the heatwave.

Comments:

What had been the impact of the roster review? Lee Brooks commented that the overall message from staff had been a positive one; Hugh Parry added, that from a TU perspective, the whole process had been challenging but rewarding. He further commented that some staff had queried why the new rosters couldn't start until after the Christmas period.

RESOLVED: That the Committee noted the report.

Chris Turley gave an overview of the report and brought the following highlights to the Committee's attention:

1. The year to date month 5 revenue financial position reported a very small deficit of £2k, effectively a breakeven position. The year end forecast position also remained one of breakeven.
2. The current position continued to assume income assumptions to cover spend being incurred, which included some of the exceptional cost pressures, particularly energy costs.
3. Some additional funding, which had been held as a contingency by the NCCU, had been discussed with the Commissioner in order to seek to continue to establish how this can be accessed. This should help to offset some of the costs in the savings delivery, especially around overtime and also fund some of the schemes being progressed ahead of this winter.
4. It was recently confirmed by Welsh Government that an additional £3m of funding would be available in year for emergency ambulance capacity. This is funding an additional 100 WTEs front line staff due to be operational by mid January 2023.
5. In terms of other cost pressures, for example the additional bank holiday, conversations were ongoing on a national basis whether any funding would emerge.
6. The Committee were updated in some detail on the 2022/23 capital programme and Chris Turley gave an outline of the estates schemes that were now planned on being delivered from the discretionary programme.
7. Chris Turley commented on the delivery of savings and drew the Committee's attention to the table in the report which illustrated the savings performance by each Directorate, along with the detailed savings monitoring re-introduced for this month's reporting.

Comments:

1. The Committee recognised the ongoing challenges facing the Trust and complemented the team and the wider staff on their efforts in maintaining financial balance.
2. In terms of some of the capital update, what was the Trust's approach in terms of prioritising estates work and how were staff updated with ongoing work? Furthermore, what were the health and safety aspects in terms of the estates? Chris Turley advised that the priorities were defined in the Trust's Strategic Outline Programme endorsed by Welsh Government. He added that in terms of updating staff, this was also conducted at CEO Roadshows. Lee Brooks added that health and safety inspections on the Trust's estate were carried out on a regular basis.
3. Chris Turley explained that the Trust was continuing its work to develop more savings efficiencies through ADLT colleagues and the Financial Sustainability Workstreams will be keen to seeking financial balance from 2023/24 onwards.

RESOLVED: The Committee

- (1) Noted and gained assurance in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31st August 2022 along with current risks and mitigation plans;**
- (2) Noted the delivery of the 2022/23 savings plan as at Month 5, and the context of this within the overall financial position of the Trust;**
- (3) Noted the Months 4 and 5 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG); and**
- (4) Noted the establishment and continuing work of the Financial Sustainability Work streams, and the detailed savings delivery now provided in Appendices 5 & 6.**

59/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh presented the report and drew the Committee's attention to the following highlights:

1. 111 call answering performance had seen an improvement in May but had deteriorated during June and July; the Trust was considering ways to improve the capacity by looking at shift patterns and improving sickness absence. It was noted that no further funding would be available to support any additional capacity.
2. In terms of 111 clinical response call back times for the highest priority calls, this continued to be achieved. The Committee noted that recruitment for additional clinicians was ongoing.
3. Ambulance red response times had declined in August despite a reduction in patient demand; there had been an improvement in amber however there will still some long response times. In order to improve these response times, particularly for red, the Trust continued to implement initiatives within its control; this included recruitment and improving staff sickness levels.
4. The Ambulance Care (Formally NEPTS) performance was above target for renal patients and had improved for patients requiring discharge. It was noted that overall demand for this service had increased, although not yet at pre-Covid levels.
5. With regard to sickness absence, overall sickness in July was at 10.32%; this was improving throughout August and was hoped to continue through September.
6. There was an improvement with statutory and mandatory training and a steady increase in the completion of staff Personal Appraisal Development Reviews (PADR's).

Comments:

1. Lee Brooks expressed his serious concern in terms of red performance which had the potential to worsen going forward. Early indications were that flu would be resurging this winter and with the combination of Covid-19 were very likely to have a significant impact. There were several initiatives in hand which were designed to improve performance but unless there was a significant improvement in hospital handover delays these initiatives would be futile. In terms of staff attendance it was unlikely this

would improve back to pre-pandemic levels without more clarity being provided by Welsh Government to the Trust on managing episodes of Covid sickness levels.

2. Members discussed the importance of recognising that the Trust was doing everything in its control to mitigate the associated quality and safety risks for patients and were reassured by the Executives this was the case.
3. What was the timescale involved in terms of the point of recruitment to starting the role? Rachel Marsh explained there were different training times for different roles. Liz Rogers added that work was ongoing to shorten the timescales; training time for EMT was 19 weeks, ACA 2's and 1's were 5 weeks, newly qualified paramedics had a short period of training time. The training team continued to review the training requirement times on a regular basis.
4. With respect to the sickness management plan, how was the response from staff being monitored. Lee Brooks commented this had received a mixed and broad spectrum of response; this ranged from being unreasonable and insensitive, with concern about the length of time taking to implement the plan.
5. There had been two National Reportable Incidents (NRI) in July compared to ten in August and the reason for this was queried. Liam Williams added that the process had been reviewed on a national basis. The majority of NRI's have been exclusively related to hospital handover delays. He added that the Quest Committee would be looking at the themes and trends of the NRI's focusing on the impact of handover delays.
6. Following a query on the capacity to support and respond to complaints and ongoing investigations, Liam Williams commented that additional resource was being made available going forward.
7. The Committee queried which forum the summer modelling would be discussed at and it was agreed it would be presented in the private session of the Board in 2023.

RESOLVED: The Committee considered the July/August 2022 Integrated Quality and Performance Report and actions being taken and determined whether:

- a) the report provided sufficient assurance;**
- b) whether further information, scrutiny or assurance was required, or**
- c) further remedial actions are to be undertaken through Executives.**

**60/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 2
PROGRESS REPORT**

1. Rachel Marsh gave an outline of the report and drew attention to the following:
2. The Committee were reminded that the IMTP was approved by Welsh Government (WG) on 13 July 2022 subject to several conditions as detailed in the report and which progress and feedback was provided to WG.
3. Members were advised and agreed that going forward, an item on Health Board service changes would be presented at the next Committee meeting in November and subsequently to the Board.

Comments:

Members welcomed the reference to value based healthcare within the report particularly in regard to the pilot scheme in Aneurin Bevan in relation to Patient Reported Experience Measures from the Grange Hospital Transfer Service.

RESOLVED: That the Committee;

- (1) Noted the update against WAST's IMTP Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in the report, the IMTP Delivery Assurance Report and updates against Amber rated priorities;**
- (3) Agreed to include an item on Health Board service changes at the next Committee closed session and Trust Board meetings in November.**

61/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills presented the report and updated the Committee on the following:

1. Nine risks were assigned to the Committee for oversight, noting that the Quest Committee had oversight of risks 223 and 224.
2. The highest scoring risks for the Committee were 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning); both with a score of 16, noting that these may change going forward due to ongoing pressures and challenges. Two further scores of 16 were risks 244 and 245 which both relate to Emergency Medical Services (EMS) Clinical Contact Centre (CCC) accommodation limitations and capacity.
3. A new risk has been added to the register, risk 543 (major disruptive incident resulting in a loss of critical IT systems) with a score of 15.
4. One risk had reduced in score, 311 (inability of the estate to cope with the increase in full time equivalents), from 16 to 12.
5. There were new risks emerging which were still in the process of being articulated and these related to Salus and decarbonisation.

Comments:

Members acknowledged that risks 139 and 458 posed a more significant challenge than previously as they affected the Trust's ability to reach a breakeven position.

RESOLVED: Members considered the contents of the report and:

- (1) Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 were described as further mitigations against Risks 223 and 224;**
- (2) Noted the decrease in score of Risk 311 from 16 to 12;**

- (3) Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**

62/22 ENVIRONMENT AND SUSTAINABILITY UPDATE

The Committee were updated by Chris Turley who drew their attention to the following areas:

1. Ongoing work continued to deliver the 106 actions as set out in the Trust's Decarbonisation action plan in response to the WG NHS Wales Decarbonisation Strategic Delivery Plan.
2. The Committee noted some positive aspects of the action plan which included the increase in installation of Electric Vehicle pod point chargers.
3. Members also recognised that the annual reaccreditation for ISO14001 (an internationally agreed standard that sets out the requirements for an environmental management system) had been successful

Comments

1. The Committee welcomed the report, noting that this was a first attempt at presenting some of the progress of this in a detailed level and asked that a more succinct report be provided, where possible, going forward. Chris Turley suggested it may also be worthwhile to include an update on the decarbonisation action plan (DAP) at a future Board Development Day.
2. What was the risk for the Trust in missing some of the action deadlines? Chris Turley advised that at this stage it was not known what any penalty would be. He added that meeting many of the target deadlines would be challenging and resource dependant, although this was no different to anywhere else in the NHS.

RESOLVED: The Committee

- (1) NOTED the update provided specifically in relation to the DAP reporting and work which will now commence on programme management arrangements in support of further progress;**
- (2) NOTED the initial quantitative report submission to WG, and the context and caveats with which this was currently provided, and**
- (3) NOTED the ISO14001 reaccreditation and the requirements for further work on non-conformities and preparation for future reviews.**

63/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

Trish Mills, in giving the update advised the Committee of the following highlights:

1. There were currently 22 audit recommendations under the remit of the Committee that were overdue; the majority of these had revised dates, with the three higher priority due for completion by the end of the calendar year.

2. In terms of the audit plan, the Decarbonisation audit is now due in Quarter three and the EPCR audit is due in Quarter one.

Comments:

1. The Committee noted that the two related audits, Fleet Maintenance and Major Incidents had been reviewed at the last Audit Committee meeting and did not raise any specific comments on these audits.
2. Members expressed their disappointment with the pause in work regarding the Clinical Contact Centre reconfiguration which was due to a funding issue.

RESOLVED: The Committee;

- (1) Noted and considered the contents of the report;**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee;**
- (3) Received the 2 Internal Audit Reports that were presented to the Audit Committee in September 2022; and**
- (4) Considered the Internal Audit plan activity.**

64/22 COMMITTEE CYCLE OF BUSINESS

Trish Mills outlined the report explaining it was a maturing and iterative process and had been developed in parallel with the duties outlined in the Committee's terms of reference.

Comments

1. The Committee welcomed the report and found it very helpful and valuable going forward as it informed them of upcoming matters both in the public and private session.
2. Members queried whether Salus would come under the Digital systems and strategy title. Trish Mills advised that any similar digital business cases would be covered under this title.
3. Following a query regarding the waste management audit review, it was noted that any updates would be provided through the Trust's Audit tracker and would be presented in September 2023.
4. With respect to Value Based Healthcare (VBH), was it automatically assumed that this was driven primarily by finance or should it sit under a different heading? Chris Turley agreed that it spanned across all the headings. Trish Mills added that the cycle of business continued to be developed and that in conjunction with the Committee's effectiveness reviews will provide opportunities to consider where VBH would sit.

RESOLVED: The Committee reviewed the cycle of business and approved it as a first version.

65/22 DELIVERY OF VALUE BASED HEALTHCARE VIA PATIENT LEVEL INFORMATION COSTING SYSTEM

The Committee were shown a presentation in which Edward Roberts drew the Committees attention to the following areas:

1. Patient Level Information Costing System (PLICS) combines healthcare activity with financial information; it provides detailed information how resources are used at patient level, for example staff.
2. Improving value was a high priority in healthcare and this ensured that resources were used in the most effective way as possible.
3. PLICS will be able to provide an accurate way of determining the costs of each individual incident; for example, hear and treat and see and treat.
4. There were several benefits to using PLICS, these included learning lessons through obtaining better intelligence and data on costs, i.e. why a certain incident type would have different cost amounts.
5. It was anticipated that PLICS, following the mapping of data, reconciliation and error correction and sense checking, would be rolled out in 2023/24, however this would be heavily reliant on operational availability.

Comments:

1. The Committee welcomed the presentation on PLICS noting it will be critical in guiding the Trust's decision making process going forward and what the impact will be once it was rolled out.
2. Chris Turley commented that PLICS had several benefits from a value for money perspective. Also the Trust will be able to identify the variation in costs in different areas in Wales of each incident and once known this financial intelligence would be vital going forward.
3. Liam Williams added that PLICS was an enabler which will add to the outcome of the particular incident by knowing the financial cost base of each intervention. It will be extremely useful to understand the level of detail as a see and treat incident may differ in costs to a hear and treat incident due to the level of skill involved. This will be critical to align with the Electronic Patient Care Record in terms of outcomes and care bundles.
4. Navin Kalia added one of the key benefits of PLICS was that the Trust would be able to identify areas where it could improve its resource allocation.

RESOLVED: The Committee noted the update and looked forward to receiving regular updates.

55/22 KEY MESSAGES

The Chair advised that the Board Secretary would prepare the update report for the Trust Board.

56/22 COMMITTEE PRIORITIES 2022/23

RESOLVED: The report was noted.

Date of next meeting: 14 November 2022