

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 May 2022 VIA TEAMS

Chair: Professor Kevin Davies

PRESENT :

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| Professor Kevin Davies | Non Executive Director |
| Bethan Evans | Non Executive Director |
| Ceri Jackson | Non Executive Director |
| Joga Singh | Non Executive Director |

IN ATTENDANCE:

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| Julie Boalch | Head of Risk and Deputy Board Secretary |
| Lee Brooks | Director of Operations |
| Dr Catherine Goodwin | Interim Director of Workforce and Organisational Development |
| Rhian Davies | Graduate Trainee, HEIW |
| Andy Haywood | Director of Digital Services |
| Navin Kalia | Deputy Director of Finance and Corporate Resources |
| Rhian Lewis | Internal Audit NWSSP |
| Rachel Marsh | Director of Strategy, Planning and Performance |
| Trish Mills | Board Secretary |
| Steve Owen | Corporate Governance Officer |
| Hugh Parry | Trade Union Partner |
| Chris Turley | Executive Director of Finance and Corporate Resources |
| Jonathan Turnbull-Ross | Assistant Director of Quality Governance |
| Damon Turner | Trade Union Partner |
| Keith Williams | Head of Operational Communications Programme |

APOLOGIES

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| Wendy Herbert | Interim Director of Quality and Nursing |
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30/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interests in respect of Professor Kevin Davies as a Trustee of St John Cymru and Ceri Jackson as a Trustee of the Stroke Association were noted.

Minutes

The minutes of the open session held on 17 March 2022 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered: There were no actions due for this meeting

RESOLVED: That

- (1) the Minutes of the meeting held on 17 March 2022 were confirmed as a correct record; and**
- (2) the declaration of interests as stated were noted.**

31/22 OPERATIONS QUARTERLY REPORT

Lee Brooks provided an update to the report and drew the Committee's attention to the following:

1. The Committee were updated on the project to implement a new Control Room solution for Integrated Communication Control Systems. Due to an issue within the system, the implementation will now be delayed with potential for a go live on 30 September 2022.
2. The new Emergency Communication Nurse System (ECNS) was due to go live on 17 May 2022.
3. In terms of the Mobile Testing Unit (MTU), closure of this programme was expected by 30 June 2022. However this may continue beyond that on a limited scale.

Comments:

Members welcomed the report recognising it had previously been discussed at the recent Quest and People and Culture Committee meetings.

RESOLVED: That the Committee noted the report.

32/22 FINANCIAL PERFORMANCE YEAR END 2021/22

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

1. The Trust had reported a small revenue surplus (£75k) for the 2021/22 financial year (subject to audit)
2. Capital expenditure was fully spent in line with updated plans.
3. In line with the financial plans that support the Integrated Medium Term Plan (IMTP) gross savings of £2.861m have been achieved against a target of £2.800m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

Comments:

1. The Committee recognised and congratulated the work of the Finance Team for their work in delivering a balanced budget during this challenging year; notably the short

turnaround of projects.

2. In respect of spending by directorate which was variable, going forward should this continue there may be challenges? Chris Turley explained that there would be more focus on the savings delivery at a directorate level.

RESOLVED: The Committee reviewed, noted and received assurance on the financial out turn position of the Trust for 2021/22, subject to audit and ahead of the Trust Board presentation of the 2021/22 accounts in June 2022

33/22 FINANCIAL POSITION FOR MONTH 1

The Committee were provided with a presentation on the month 1 financial performance position of the Trust adding that a more detailed report would be submitted to the Board next week; of particular note were:

1. The Month 1 revenue financial position reported was a small underspend against budget of £0.004m.
2. The forecast for 2022/23 was currently one of breakeven.
3. Capital expenditure was forecast to be fully spent.
4. In line with the financial plans that supported the Integrated Medium Term Plan, gross savings of £0.342m have been achieved against an initial monthly target of £0.371m.
5. Public Sector Payment Policy was formally reported quarterly but monitored by exception in conjunction with the Trust's shared services partners in month.
6. In terms of financial performance by directorate, there was one level of income which had not yet been confirmed and this was the £1.84m in regards to the backfill costs to cover the additional 36 clinicians in the Clinical Support Desk. This was being offset by the underspend of holding 46 WTEs ACA2 vacancies in the operations directorate.
7. The Trust is assuming, as confirmed by WG as part of the 2022/23 financial planning guidance that the additional costs as a result of exceptional cost pressures and some of the continuing costs of Covid; a current estimated total annual cost of £6.833m, would be funded.
8. There were several financial risks to the year-end balanced position which would be revised and monitored through the approaching months.

Comments:

1. In terms of holding vacancies as an effectiveness measure, was this efficient? Chris Turley explained that the vacancies were being held until the funding became available. Lee Brooks advised there would be consequences should the funding not materialise as the workforce plan would have to be re-evaluated. He added that the 'shift' of personnel to the Clinical Support Desk offered a more enhanced opportunity for managing demand and sat well with the Trust's ambition of shifting left by doing more up front for patients.
2. Were there any lessons to be learned with Personal Protective Equipment (PPE) in a post Covid environment? Chris Turley commented there would be a continuing cost of

approximately £1m per annum for increased usage of PPE.

3. Was there any impact on the Same Day Emergency Care Appointments implementation in the Hywel Dda area? Lee Brooks advised it was too early to indicate if there was any impact thus far.

RESOLVED: That the update was noted.

34/22 POST PRODUCTION LOST HOURS (PPLH) – DEEP DIVE REPORT

1. It was recognised that the Committee had requested a deep dive on PPLH (the number of hours lost due to ambulance vehicles being unavailable to respond to an incident due to a variety of reasons) at this meeting to ensure the efficiencies to be gained by some of the initiatives to reduce PPLH were balanced and proportionate.
2. Recent dialogue with Trade Union partners had raised a concern in respect of data accuracy; further work was therefore undertaken to resolve this issue which was still continuing.
3. Lee Brooks explained that PPLH was complex; there were 16 different reasons or codes for PPLH, many of which were unavoidable e.g. traumatic incident stand down, and not all of which were considered to contribute to PPLH.
4. The PPLH module within the Computer Aided Dispatch system had been used and it has been identified that should there be a quick status change in resource, a code change could be missed and therefore there were long episodes of the last code identified. Following this, the Health Informatics team have now deferred to use the resource log data; this has now enhanced the accuracy and quality of reporting. It should be borne in mind that this was a temporary fix until such time the PPLH module issue was resolved. A new Standard Operating Procedure was being developed which will set out the application of the codes which have since been refined. It was anticipated that the final solution would be completed soon.
5. The most significant loss of PPLH were the return to base rest breaks. Returning to base for a rest break which was extended beyond the rest break window (two periods of break in a 12-hour shift) was counted as PPLH and the system pressures meant that many crews were unable to return to base for their set rest break due to handover delays. Often once they had handed over their patient at the Emergency Department they were immediately stood down for a rest break, becoming unavailable to attend any incident. The average time to return to base for the rest break was 18 minutes 51 seconds, which was not felt unreasonable given the geography of Wales.
6. The Committee noted that PPLH in April was 7-10% of produced hours (appreciating that not all of this is avoidable as many of these hours are operationally legitimate and necessary) as compared to 30% of conveying resources lost to handover delays. Whilst reducing handover delays will have the biggest impact on efficiency it was recognized that the Trust must continue to do all it can to gain efficiencies in this area, however small.
7. In terms of benchmarking it was recognised that when compared to other services the Trust was performing favourably in respect of the proportion of vehicle hours unavailable. This had been based on figures provided by the Operational Research in Health (ORH).

8. The Trust had undertaken some modelling which considered the impact on PPLH of crew returning to the nearest ambulance station for their break as opposed to returning to base. The findings had indicated a small reduction in lost hours.
9. Rachel Marsh added that it was important for the Committee to understand the background with PPLH; recognising the Commissioner's and the Health Ministers interest in this topic. She recommended and agreed to take a similar presentation to the Emergency Ambulance Services Committee (EASC) and/or the Quality Delivery Group in due course.

Comments:

1. The Committee found the presentation of the complex matter of PPLH extremely helpful, noting that the ambulance service's logging of lost hours in this way was in place to demonstrate availability of a resource, in circumstances where hospitals do not log similar lost hours such as recording medical notes, changing PPE, debriefing etc..
2. Following a query in terms of the rest break arrangements, Lee Brooks explained that rest breaks took into consideration several aspects which included regulations, recognising the concerns for example taking a break in public view. Several discussions with TU partners have taken place and continued to do so focusing on the current rest break arrangements. Rachel Marsh added, when updating EASC, there were broadly 3 areas of efficiencies the Trust was focusing on; staff sickness, the roster review and working with TU partners.
3. From a Trade Union partner perspective Damon Turner championed the willingness of crews especially in rural areas to be interrupted to attend serious calls during their breaks. He added that should the pressure start to ease from the system there would be more opportunities for staff to take their break more flexibly.
4. In terms of the benchmarking of PPLH against other services was the Trust being compared on a like for like basis? Rachel Marsh advised the Committee that details and the reporting process of the best performing service would be provided at the next meeting.
5. In terms of crews returning to base for their breaks had the environment been considered? Rachel Marsh advised it had been noted and was a balance against service provision and carbon emissions.

RESOLVED: That the report was discussed and noted.

35/22

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh presented the Committee with the March/April 2022 Monthly Integrated Quality and Performance Report (MIQPR). The Committee noted:

1. The challenges around 999 call answering times due to significant increases in demand remained.
2. 111 call answering performance saw a slight decline in April and was linked to increasing demand. Actions to improve call answering times in 111 were underway and the Committee noted that during the pandemic, additional resources to recruit call handlers was available and now an exercise was underway to determine the baseline staffing requirements.

3. Whilst clinical response times for call backs in one hour continued to perform well, improvements were now being seen for other categories of callers. However calls for the lower priority calls had deteriorated during April; in mitigating this, the Trust continued to recruit new staff.
4. The 111 work has now completed and work was underway to consider commissioning 111 as a National service; through establishing a new Board focusing on the specific commissioning of the service from the Trust's perspective.
5. Red and Amber response times had declined in March caused by an increase in patient demand and the extreme number of hours lost to hospital handover delays. Red performance had slightly improved in April, but Amber continued to deteriorate. This and other Committees would continue to monitor the capacity and efficiency actions to improve the current position. It was noted that funding had been received to support cohorting at the Morriston and Grange University hospitals and also some resource to support St John Cymru for several months. Cohorting allowed for temporary units to create additional space where ambulance staff can safely care for multiple patients. This will enable patients to be offloaded from ambulances before being transferred into the main emergency department and allow ambulance vehicles to be released to respond to calls in the community.
6. There was a significant reduction in staff abstraction levels (the % of EMS staff unavailable for rostered duties due to reasons such as annual leave, sickness etc...) in April 2022, however, they remained very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). It was noted that Workforce fatigue was also an issue.
7. The Trust reported 3 National Reportable Incidents to the Delivery Unit in April 2022, compared to 7 in March 2022; and 19 patient safety incidents were referred to health boards under the "Appendix B" arrangement, compared to 7 in March 2022.
8. Despite all the efforts, initiatives and good progress within the Trust's gift, patients were still coming to harm as a result of the extreme hospital handover delays.

Comments:

1. Following a comment regarding the commissioning on the 6 goals for urgent and emergency care, Rachel Marsh commented that all Health Boards have been asked to include WAST as part of that structure. She further outlined the work of the Chief Ambulance Services Commissioner in order to reduce handover delays and make improvements.
2. Where does cohorting feature on risk registers? Lee Brooks explained it would feature as a treatment to existing risks. A Standard Operating Procedure was in existence between the relevant Health Boards and WAST in terms of the cohorting arrangements; this included a clinical sign off procedure.
3. The Chair of the Quality, Patient Experience and Safety Committee gave an overview of the discussion at the recent meeting of that Committee in regards to the current system pressures. She sketched out details of the conversation which focussed on the issues affecting both patients and staff and how the Trust could escalate this further; and equally how this would be reported to the Trust Board.
4. The Committee recognised the issue of moral injury generally and also the

consequences of clinicians seeing patients deteriorate; and the tragic outcome following a red request refusal. This was very impactful on staff and WAST need to be very mindful of this.

5. The Committee noted that the combined committee escalation report for the attention of the Board would elaborate on the discussions held at the three Committees (i.e. this Committee, Quality, Patient Experience and Safety Committee, and People and Culture Committee) and express their concerns on the gravitas of the current situation in relation to system pressures and its effect on patients and staff alike.

RESOLVED: That the March/April 2022 Integrated Quality and Performance report was considered; and

- (1) the report provided sufficient assurance;**
- (2) further remedial actions were to be undertaken through Executives**

36/22 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY

Rachel Marsh explained that the report confirmed the final year end position of the IMTP delivery noting it had been presented at previous settings.

RESOLVED: The Committee noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary

36/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch gave an overview of the report and drew their attention to the following:

1. There were currently 9 of the 17 corporate risks currently assigned to this Committee and they were described in detail within the report. These 9 risks had all been reviewed and rearticulated as part of the transformation programme of work.
2. Following this review, one of the risks 283 (Failure to implement the EMS Operational Transformation Programme), had increased in risk score from 12 to 15.
3. Members noted that the Trust's 2 highest scoring risks 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (significant handover delays outside A&E impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service), whilst assigned to the Quest Committee for oversight, would be included in the next report for information, given the breadth and scope of these risks.
4. It was noted that the Executive Management Team had reviewed the risks that were being presented to the Committee.

Comments:

1. The Committee recognised that the Transformation Programme was one of the more significant risks and being escalated to a higher score was of significant relevance.
2. A minor point was raised on risk 311 (inability of the Estate to cope with the increase in FTEs) would it be preferable to use the word accommodate as opposed to cope. Julie Boalch advised this would be considered going forward.

RESOLVED: That the Committee receive assurances on the report and specifically noted:

- (1)the rearticulating of the 9 Corporate Risks assigned to the Committee for oversight; and**
- (2)the increase in score of Risk 283 from 12 to 15.**

38/22 PROJECT ASSESSMENT REVIEW REPORT – MOBILE VEHICLE DATA SOLUTION

1. A presentation was given by Andy Haywood and Keith Williams which updated the Committee on the current status with the Mobile Data Vehicle Solution (MDVS).
2. The MDVS full business case which sought to replace the Ambulance Mobile Data Terminals was submitted to Welsh Government and following ministerial advice recommending approval, the Trust was awaiting ratification of formal assent.
3. In parallel a formal Project Assessment Review (PAR) of MDVS was commissioned by Welsh Government and the Trust to provide assurance in relation to the 'funding decision' with a further PAR on 'readiness for service' due to take place in July.
4. The review team had identified six key recommendations in which Keith Williams outlined;
 - a. Resource Planning - the SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery.
 - b. Welsh Government scrutiny grid - the SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile.
 - c. Detailed planning - The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required.
 - d. Contingency planning - The SRO should undertake a contingency planning session and build this into requisite plans.
 - e. Documentation - The Project Team should finalise the Project Initiation Document and other supporting project documentation.
 - f. Benefits management - The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan.
5. The Committee reviewed the action plan against the six key recommendations from the review and were assured on progress.

RESOLVED: The review and progress was noted.

DECARBONISATION AND SUSTAINABILITY UPDATE

1. Chris Turley explained that the Decarbonisation Action Plan was approved by the Committee in March 2022 and updated on progress against the plan. In updating the Committee the following points were highlighted:
2. Some of the environmental and sustainability projects had been completed with others due for completion soon
3. The delivery of the action plan presented cost pressures which would need to be considered. With the exception of a small amount of Welsh Government funding (up to £60k which will be bid for), financial support from Welsh Government was currently limited, and the Trust's financial position was recognised. There was clear risk that the Trust would not be able to support the levels of investment required to achieve sufficient carbon reduction and this would need to be managed by the Programme Board.
4. The Trust is the only Ambulance Service in the UK to have ISO14001 (Environmental Management Systems) accreditation and the annual audit would take place in August, with some minor non-conformities from last year to be progressed prior to that audit taking place.
5. Furthermore, Members were directed to a presentation on the Dobshill Carbon Neutral station which was available through ibabs.

Comments:

Was the Trust adequately prepared for any future legislation and organisationally resourced to meet the challenge? Chris Turley stated that it was difficult to judge at this stage whether WAST was ready for any future legislative changes adding that the resourcing issue had been previously well highlighted but that work was underway to recruit additional resource, again within the current financial outlook.

RESOLVED: The report was noted.

INTERNATIONAL FINANCIAL REPORTING STANDARD (IFRS) 16 - LEASE ACCOUNTING

Chris Turley presented the report and drew the Committee's attention to the following:

1. After significant delays partly due to Covid-19 the UK Government was implementing the transition for public bodies to IFRS 16 for financial years 2022/23 onwards
2. The overall funding impact following transition is intended to be neutral. Formal clarification over how this will be achieved and when transition will actually take place is still awaited from the WG.
3. There will be an impact on many activities across the Trust including estates, procurement, IT and finance functions.
4. IFRS 16 will be included as a regular agenda item within key internal meetings such as Estates/ Fleet SOP and ICMG as the Trust works through the initial transition stages until a business as usual situation was reached and these discussions would be led by

Finance.

RESOLVED: The Committee noted the update.

41/22 INTERNAL AUDIT TRACKER REPORT

Julie Boalch raised the following key points for the Committee's attention:

1. There were currently 5 high priority recommendations showing as overdue, they related to the 20/21 Clinical Contact Centres Performance Management review and the 21/22 Asset Management RAM System review. They were due to be completed between June and December 2022.
2. 6 limited assurance recommendations were overdue on the tracker, 2 had been completed, 3 were not yet due and the overdue one related to the ICT Disaster recovery review
3. The finalized internal audits in relation to the Cardiff Make Ready Depot (reasonable assurance); NEPTS Transfer of Operations – Benefits Realisation (limited assurance); and Digital Governance (reasonable assurance) were reviewed. .

RESOLVED: The Committee:

- (1) Noted and consider 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 the Committee, and**
- (3) Received the 3 Internal Audit Reports that were presented to the Audit Committee in March 2022.**

42/22 KEY MESSAGES

The Chair advised that the Board would be apprised of, but not limited to the following:

1. Return to efficiency.
2. Risk to moral harm and moral injury on staff in witnessing avoidable harm.
3. Post Production Lost Hours, detailed discussion and recommended EASC was sighted
4. Acknowledging the financial position.

Date of next meeting: 18 July 2022