

**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 17 March 2022 VIA TEAMS**

**Chair: Emrys Davies**

**PRESENT :**

|                        |                        |
|------------------------|------------------------|
| Emrys Davies           | Non Executive Director |
| Professor Kevin Davies | Non Executive Director |
| Bethan Evans           | Non Executive Director |
| Ceri Jackson           | Non Executive Director |

**IN ATTENDANCE:**

|              |   |
|--------------|---|
| Julie Boalch | Head of Risk and Deputy Board Secretary               |
| Lee Brooks   | Director of Operations                                |
| Andy Haywood | Director of Digital Services                          |
| Fflur Jones  | Audit Wales   |
| 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                          |
| Chris Turley | Executive Director of Finance and Corporate Resources |

**APOLOGIES**

|            |                        |
|------------|------------------------|
| Joga Singh | Non Executive Director |
|------------|------------------------|

**14/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He advised the Committee this would be his last meeting adding that Professor Kevin Davies would chair subsequent meetings. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite, Ceri Jackson as a Trustee of the Stroke Association and Professor Kevin Davies as a Trustee of St John Cymru was noted.

**Minutes**

The minutes of the open session held on 20 January 2022 were considered by the Committee and agreed as a correct record.

**Action Log**

The action log was considered:

Action Number 05/22a – Further details in respect of Ombudsman investigations. Details were provided, Action closed.

Action Number 05/22b – A deep dive was requested into the performance relating to the Trust's 'Shift Left' activity. A report was on the agenda, Action closed.

Action added from previous meeting: 05/22c, the Committee formally requested that the issues of performance relating to PADR's and Ombudsman cases were referred to the People and Culture Committee and Quest Committee respectively for further analysis. Action was forwarded to the respective Committees.

**RESOLVED: That**

- (1) the Minutes of the open and closed meeting held on were confirmed as a correct record;**
- (2) the declaration of interests as stated were noted; and**
- (3) the action log was considered and updated as described.**

**15/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks provided a verbal update and drew the Committee's attention to the following:

1. In terms of pandemic related demand, Protocol 36, which was being used as the pandemic protocol for 999 call handling had been removed in its entirety - the emerging infectious disease protocol tool was now being used to track any potential cases.
2. The Trust will be transitioning from the response phase monitor position to the recovery phase from Monday, recognising there had been a slight increase in Covid cases, however at this stage it was not suggested this was creating further direct pressure for the Trust.
3. The extraction of military support commences from Monday 21 March and by the end of March support will have fully concluded. At this stage the Trust was not considering any further military support from April. It was highly likely that pressures on the system would continue in turn with impact for WAST for the next 8 weeks. The Trust continued to have dialogue with the Commissioner to consider other schemes that could be initiated in order to mitigate the pressures, such as St John and cohorting.
4. The EMS roster review continued to progress with good engagement between staff and project teams.
5. 111 went live in Cardiff and the Vale on 16 March 2022 and the data had already shown a positive response.
6. Progress on recruitment to support the Clinical Support Desk (CSD) continued at pace. At least of 18 of the 36 posts were operational with the remainder scheduled to be operational by the end of this month.
7. The roll out of the Emergency Communication Nurse System (ECNS) continued to progress well with a 'go live' date anticipated for by the middle of May. This will replace the existing Manchester Triage Tool System currently being used by CSD staff. The

ECNS is designed to work alongside the Medical Priority Despatch System and should reduce demand.

8. The Trust was currently engaged in a system wide NHS reset, part of this included the reduction, where safe to do so, of pressures the Trust might add at Emergency Departments. At this stage no tangible difference could be seen from the Trust's perspective in respect of improving pressures at the Emergency Departments.
9. Mobile Testing Units, it was unlikely this would continue beyond June and the Trust will look at redeploying those staff involved.
10. Business Continuity planning; the Trust was in the process of reviewing its current arrangements in light of the situation in Ukraine

Comments:

1. Abstraction of military assistance, was there still the same sense of risk from an Executive perspective in managing the demand from 1 April 2022? Lee Brooks was confident the Trust was alert to the risk, and also the Commissioner was clearly aware. In the meantime, the Trust would be moving to Resource Escalation Action Plan (REAP) level 4 on Friday 18 March.
2. Following a query in terms of the internal messaging around recovery, Lee Brooks gave a detailed explanation in which the aim was to transition into a business as usual position, recognising that this position currently was one of high pressure. He advised the Committee that a clear message would be relayed to staff going forward.
3. There appeared to be an increase of Covid in parts of Scotland and England, and the Committee noted that the Trust was aware to this and should it have to move out of position of recovery, plans were in place to implement this.

**RESOLVED: That the Committee noted the update and acknowledged the work of the Operations Directorate.**

16/22

## **QUALITY AND PERFORMANCE FRAMEWORK UPDATE**

1. Rachel Marsh informed the Committee that the purpose of the framework was to deliver the appropriate patient care and staff well-being through the application of quality and performance management practice; this framework provides that assurance and was for the Committee to endorse and recommend for approval by the Board.
2. The framework was built upon five component parts which were outlined below:
  - a. Setting aspirational and stretching objectives for the Trust
  - b. Developing a coherent set of performance measures
  - c. Implementing rigorous assurance and review mechanisms
  - d. Enabling positive ownership and accountability throughout the Trust
  - e. Providing resources and techniques to support individual and team achievement
3. The framework was designed to be dynamic and ensure that quality and performance management practice was continuously being improved.

Comments:

1. The Committee welcomed the framework acknowledging the work undertaken and looked forward to see the impact of its implementation and tangible improvements going forward.
2. The Committee noted that it had been engaged throughout the development of the framework as had the rest of the Committees and the Board as a whole through Board Development.

**RESOLVED: That the Committee:**

- (1) Endorsed and Recommended the Quality and Performance Management Framework 2022-2025 for approval by Trust Board; and**
- (2) Agreed to review the impact and implementation of the Framework after six months.**

**17/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD**

Rachel Marsh presented the Committee with the February 2022 report and drew their attention to the following highlights:

1. Call answering times – this was measured by how fast the Trust was able to answer a 999 or 111 call. 999 call answering times remained a challenge and 111 call answering times had seen an improvement; the latter being linked to increased capacity and a focus on improving efficiency. Furthermore several actions were in place to improve these targets including the recruitment of additional call handlers.
2. 111 Clinical response – It was acknowledged that the clinical call back times continued to achieve the target for the higher priority calls, however there had been a decline in performance in December with the lower priority calls; it was noted that there were improvements to this in January and February.
3. Ambulance response times – Red and amber response times had improved in January/February, however the number of lost hours at hospitals remained extreme, which severely hampered the Trust's overall ability to respond. The Trust continued to work on initiatives to improve its performance through increasing capacity.
4. Hours produced – 115,339 EMS ambulance unit hours had been produced in February 2022 which equated to 110%.
5. Staff abstraction – abstraction levels had decreased in February, however, they remained very high at 41% against a benchmark was 30%.
6. Post Production Lost Hours – The Trust continued to work on improving this, accepting there were many reasons for the figures to vary. Andy Haywood added that further work was ongoing to ensure that the data was as accurate as possible.

**Comments:**

1. Members noted that an initial report on the workforce modernisation agenda had been presented to EMT in February and the Committee awaited any updates on progress in due course.

2. With respect to post production lost hours, Members sought to receive a breakdown to better understand the component parts at its next meeting. Rachel Marsh advised that the report contained a graph which provided the breakdown in respect of the hours used. Lee Brooks added there were avoidable and unavoidable reasons for lost hours; the cleaning of vehicles was used as an example. Rachel Marsh added that this Committee was responsible to monitor this particular indicator and Trish Mills concurred that it rightly sat with this Committee as opposed to the Quality, Patient Experience and Safety Committee where a similar discussion had taken place on post production lost hours.
3. Following a question regarding the 999 call handlers attrition rate was there any further information on this? Lee Brooks explained that generally, there were high attrition rates in Clinical Contact Centres (CCC), due to the high pressured environment; however not all staff leave the organisation, some move on to other internal posts.
4. In respect of the new rosters being based on a 30% abstraction rate, but with the abstraction rate currently at 41% what was the risk in implementing the new rosters if that abstraction rate would continue to be around 40%? Lee Brooks remarked that the risks would be that the roster would run short or by adding more overtime to mitigate the rates, costs would increase; neither of which scenario would be ideal. He added that the relief gap (the gap between the number of full time equivalent (FTE) staff budgeted to fill its Response rosters and the FTEs required to fill the rosters) was closing and should the Trust achieve all the measures it was expected to, 100% of the roster would be reached. He added it was crucial that the Trust continued to reduce its rates of staff absence.

**RESOLVED: That the Committee considered the February 2022 Integrated Quality and Performance Report and actions being taken and determined that the report provided sufficient assurance.**

18/22

#### **RED ACTIVITY REVIEW**

1. Lee Brooks explained that the report had reviewed the drivers which had caused the increase in red demand and the actions taken to understand and respond to this increase. It was noted that red acuity incidents had increased in proportion to total verified incidents from 5% to 10% since November 2017.
2. As a result of a change in guidance from the International Academy of Emergency Dispatch (IAED), there had been a 1% increase from June 2019 with activity associated with ineffective breathing. The Trust therefore undertook a focussed audit in October 2020 to ensure that the red demand linked to ineffective breathing was still correctly prioritised in the Medical Priority Dispatch System (MDPS).
3. Lee Brooks advised Members that a further focussed audit on the application of breathing problems had been conducted and assured the Committee that the manner in which MDPS was being applied was correct.
4. Members were informed that breathing problems could be associated with other chief complaints such as falling; adding the seasonal impacts and Covid, had all contributed to the increase.
5. The audit had also shown an increase in breathing problems for patients aged between 0 and 4.

6. Other increases in red demand related to incidents involving overdose and poisoning falls associated with unconscious patients and cardiac, and patients with prolonged fitting.
7. Broadly speaking, Lee Brooks commented that these levels of red activity would continue for the foreseeable future.

Comments:

The Committee welcomed the informative and concise report

**RESOLVED: That**

- (1) the outcome of the analysis of the red activity review was noted, and some additional work which included:**
  - a. 111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.**
  - b. A clinical review of Red demand is commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.**
  - c. EMS Coordination continue to use focussed audit to explore areas identified for potential EMD learning.**
- (2) there was no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity was likely to reduce to levels seen pre-IAED process change in 2019 was noted.**

## **19/22 DEEP DIVE ON SHIFT LEFT ACTIVITY**

Hugh Bennett gave an overview of the report which was to inform the Committee of how the Trust was developing its shift left activity and drew attention to the following points:

1. The Trust continued to exceed the benchmark of 10.2% for the hear and treat rate.
2. The Trust had recently invested another 41 staff into the Clinical Support Desk (CSD) essentially doubling the current establishment of the CSD.
3. Around 50% of hear and treat has avoided a conveyance to hospital.
4. See and Treat, progress was being made with very low re-contact rates.
5. Senior paramedics were providing clinical ride outs in support of clinical practice and the positive impact on the reduction of conveyance.
6. The new Electronic Patient Clinical record will provide for a significantly improved clinical tool for response staff.
7. Current modelling has suggested that a combined shift left activity could reduce hand over lost hours by 8,000 per month.

Comments:

1. The Committee recognised the positive impact the Advanced Paramedics Practitioners were having on the shift left focus.
2. In response to the Trust's external communication messaging around the shift left initiative, Hugh Bennett explained that it was important to convey the message to the whole NHS system.

**RESOLVED: That the report was noted.**

## **20/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2021-2024**

1. Rachel Marsh provided the Committee with an outline of the plan, recognising that it had been developed against the backdrop of the pandemic and that staff continued to work at pace. It was important to emphasise staff well-being and support going forward.
2. The IMTP illustrated several significant achievements during the last year which included; the uplift in frontline EMS staff, increasing the Clinical Support Desk (CSD) capacity by 50%, the roll out of the 111 service and completing the transfer of work in respect of Non Emergency Patient Transfer Service (NEPTS)
3. The IMTP sets out the mechanisms showing how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions which will be monitored through the Strategic Transformation Board.
4. It was of significant importance that the IMTP was mindful of the Commissioner's intentions and these were addressed within the plan.
5. Within the IMPT the feedback received from staff and patients and analysis of performance data had clearly shown that the long waiting times were having an effect on patient safety. The plan sets out a series of actions to address this issue. These were but not limited to; stabilising and sustaining the core 111 service, roll out of the 111 press 2 service, implementation of the new software system within 111 and maximising the impact of the additional number of clinicians with the CSD.
6. In terms of Emergency Medical Services, the immediate priority was to stabilise the service and improve response times to patients and reducing patient harm.
7. The Trust will also continue to work to reduce staff sickness levels to around 6% which was in line with the original demand and capacity review.
8. Work was also continuing with health boards and Welsh Government to increase the alternative pathways available which could provide care to patients closer to home and where appropriate avoiding hospital attendance or admission.
9. In respect of NEPTS, the Trust was continually working to improve productivity and efficiency and develop improved quality assurance mechanisms.
10. Another important element within the plan related to the Trust's work on being able to deliver its contribution to carbon neutrality by 2030.

Financial plan to support submission of the IMTP.

11. Chris Turley updated on the current position in relation to the continuing development of the 2022-25 financial plan. The Executive Management Team had again recently met to consider all actions to manage the current deficit forecast for 2022/23 and how to manage the costs in the context of the current resource envelope and that which is now expected to be funded going forward.,
12. Discussions continued with the Commissioner and Welsh Government to consider how to address the forecast deficit and to access any funding that could be made available.
13. All but one organisation across Wales had submitted a CEO accountable letter with a deficit forecast.
14. He added that, since the submission of an AO letter to WG at the end of February, WG had issued further correspondence this week that updated on some of the key financial planning principles for the coming financial year. This included that the increase in fuel costs and employers National Insurance will now be funded centrally, on an actual cost basis as we go through the 2022/23 financial year. This was currently estimated at £4m and therefore from a planning perspective these costs will be covered.
15. The Trust was therefore now much closer to being able to describe a balanced financial plan for next year; compared to just a few weeks ago.
16. Next steps include a further update expected from the Commissioner in terms of accessing further funding, and from that reframe the IMTP and following an EMT meeting on Monday, finalise the narrative which was hoped would now broadly describe a financial plan that was balanced. Chris Turley stated that whilst there will be risks going forward there was now much more confidence of being able to present a balanced financial plan to the Board next week.

#### Comments:

1. The Committee were reassured to hear the comments by Chris Turley in respect of the balanced budget. If not a balanced financial position it would be useful to identify the risks and more importantly what services, if any, the Trust would be standing down
2. Volunteering strategy, it was suggested there should be more narrative to include the significant amount of work carried out in this area and that the diversity element within the IMTP could be expanded.
3. Patient engagement and Putting Things Right (PTR), it was suggested that the commitment to quality and PTR was illustrated more explicitly. Rachel Marsh agreed to bring this detail more to the fore in terms of the language used to highlight this.
4. The Committee recognised that the context in which the Trust had and continued to operate in was clearly demonstrated within the plan. It was also noted that the Trust's ambitions were clearly illustrated.
5. It was requested that the wording on the top of page 27 in relation to the Cymru High Acuity response Unit (CHARU) be re-looked at.
6. It was also recommended that the details regarding Welsh Language be strengthened to accommodate the legislative requirements and regulations.

**RESOLVED: That the Committee noted the progress; and endorsed the submission of the IMTP to the Board subject to final amendments and the financial plan being**

included.

## 21/22 FINANCIAL POSITION FOR MONTH 11

Chris Turley provided the Committee with a presentation and highlighted the following points:

1. The cumulative year to date revenue financial position was a small underspend of £0.069m.
2. A donation of £0.185m was received during quarter 3 and would be included within the Trust's revenue income.
3. Members were updated on the financial performance broken down by each directorate.
4. Covid-19 revenue costs, the net year to date cost was £10.092m with the forecast for the end of year being £12.315m. These costs were fully funded by Welsh Government.
5. There was an increase in capital spend and it was expected there would be a balanced forecast going forward.
6. The Trust continued to work on the audit work in preparation for the Trust's 2021/22 annual accounts.

Comments:

The Committee were pleased to see that the Trust was in line to come in on budget with a slight underspend.

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

## 22/22 COMMITTEE EFFECTIVENESS REVIEW

1. Trish Mills reminded the Committee that Trust's Standing Orders and Committee Terms of Reference required that Board Committees evaluated their effectiveness annually and prepared an annual report to the Trust Board.
2. The Terms of reference had been reviewed in detail and the proposed changes included:
  - (a) Language had been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
  - (b) Assurance on the post-implementation review (PIR) process had been added, with the Committee reviewing PIRs from time to time.
  - (c) Specific oversight of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response have been added.
3. Furthermore the core membership had been increased to add the Director of Quality and Nursing to support the value based healthcare agenda, the Assistant Director of Workforce and Organisational Development, strengthening representation for all areas of performance on in the MIQPR, and the Director of Digital.

4. As part of the evaluation process a questionnaire was sent out to attendees; the feedback was analysed and several actions had arisen; the full details of these were listed within the report.
5. The Committee have also set some priorities for the forthcoming year in order to review its effectiveness and these would be tracked on a quarterly basis.

**RESOLVED: The Committee:**

- (1) Reviewed and approved changes to the Committee's Terms of Reference;**
- (2) Confirmed the proposed actions for issues raised in questionnaire; and**
- (3) Set the Committee's priorities for 2022/23.**

**23/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF) REPORT**

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

1. The Audit committee had approved the request to suspend the reporting of the BAF for a period of three months; this will enable time to develop a transitional BAF and to realise the longer term ambitions of the BAF.
2. Risk ID 139 – Failure to deliver our Statutory Financial Duties in accordance with legislation has increased in score from 12 to 16.
3. The closure of Risk ID 109 and the increase in score of Risk ID 458 to 16.

**RESOLVED: The Committee:**

- a) Noted the suspension of the Board Assurance Framework for 3 months.**
- b) Noted the change in title of Risk 139 and the increase in score to 16.**
- c) Noted the closure of Risk 109 from the Corporate Register.**
- d) Noted the increase in score of Risk 458 to 16.**

**24/22 INTERNAL AUDIT TRACKER REPORT**

Julie Boalch drew the Committee's attention to the key highlights as follows:

1. There were currently 26 overdue recommendations directly relevant to the Committee; 4 of these were high priority but were due completion between April and July 2022.
2. Of the remaining overdue recommendations that were of a medium priority the majority of these due to be completed in March 2022.

Comments:

The Committee acknowledged the significant progress and noted that several recommendations would be closed at the end of March

**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 FPC.

## 25/22 DECARBONISATION UPDATE

1. Chris Turley updated the Committee on progress against the decarbonisation and sustainability work the Trust was currently undertaking.
2. The decarbonisation of NHS Wales had been structured into six main activity streams; Carbon management, buildings, transport, procurement, estates planning and approach to healthcare.
3. The Trust was required to comply with over 130 NHS wide strategic actions as well as 24 specific actions that required rapid completion
4. The Committee noted the significant amount of work that the action plan in response to the WG decarbonisation strategic delivery plan 2021-2030 had generated. The Committee were asked to approve the action plan which would be linked to the IMTP which the Board would have sight of.
5. There were several projects currently underway which were due for completion by the end of the financial year.

Comments:

The Committee recognised and were reassured by the way the Trust was managing the decarbonisation agenda

**RESOLVED: The Committee:**

- (1) **Noted this update; and**
- (2) **Approved the WAST Action Plan for onward submission to Welsh Government in March 2022 alongside the Trust IMTP 2022/25, as required by WG.**

## 26/22 VALUE BASED HEALTHCARE

Chris Turley explained that the majority of work in this area had been paused and would be restarted in the near future. Members noted that a fuller update would be provided at the meeting in July 2022.

**RESOLVED: That a progress update on the plans would be provided at the July 2022 meeting.**

## 27/22 POLICIES FOR APPROVAL

Chris Turley presented the Fire Safety Policy for the Committee's approval; adding that it had been subject to the appropriate governance procedures and was a refresh of the previous policy.

**RESOLVED: That the policy was approved.**

**28/22 KEY MESSAGES**

The Chair advised that the Board would be apprised of the following:

1. Handover delays remained extremely high.
2. Military withdrawal at the end of March 2022.
3. The good levels of hear and treat were noted.
4. The 2 week reset within the NHS had shown little improvement to date.
5. 111 had gone live in the Cardiff and Vale; all of Wales was now covered.
6. Concerns have been noted regarding amber calls
7. Red activity would continue at high levels
8. IMTP – recommended the plan to the Board subject to some minor revisions and the financial plan being finalised.
9. Financial position remained on track.
10. Risks; the BAF reporting had been suspended.
11. Decarbonisation – plans have been approved and recommended for Board.
12. Value based Healthcare – update planned for 18 July 2022 meeting.
13. The Fire policy was approved.

**29/22 ANY OTHER BUSINESS**

The Chair reminded the Committee it was his last meeting and thanked everyone for their valued support.

Chris Turley expressed his personal thanks for the Chair's contribution and overall support during his time with the Trust and also on behalf of all members of the Committee

**Date of next meeting: 16 May 2022**