

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

Chair: Emrys Davies

PRESENT :

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| Emrys Davies | Non Executive Director |
| Bethan Evans | Non Executive Director |
| Ceri Jackson | Non Executive Director |

IN ATTENDANCE:

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| Julie Boalch | Head of Risk and Corporate Governance (Minute 8 and 9 only) |
| Lee Brooks | Director of Operations |
| Nadia Frangos | Graduate Trainee |
| Jonathan Jones | Principal Auditor Internal Audit |
| Navin Kalia | Deputy Director of Finance and Corporate Resources |
| 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

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| Joga Singh | Non Executive Director |
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01/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Ceri Jackson as a Trustee of the Stroke Association was noted.

Minutes

The minutes of the open and closed sessions held on 18 November 2021 were considered by the Committee and agreed as a correct record subject to adding the resolution to Item 73/21 on page eight.

Action Log

The action log was considered:

Action: 61/21: Consider whether individual staff objectives on environmental actions could be included in PADR's. Chris Turley updated the Committee advising there was still further

work required to be undertaken in terms of detail and it was noted that an update would be provided in the future once it was feasible to do so. Action to be closed.

Action 66/21: In respect of vacancies, mainly in the Quality and Safety Directorate it was requested that further information be provided at the next meeting and further information be provided regarding variations in spend across directorates. Chris Turley explained that the Information was illustrated in the Finance update report with a full report being presented to Board on 27 January – Action closed.

Action 66/21: Further detail was requested on the number of Mannequins. Chris Turley informed the Committee that this information was contained in the internal business case which had been disseminated through a Chairs Action to members. Action closed.

Action 68/21: Draft Quality and Performance Accountability Management Framework, Consider which Committee should receive updates going forward. Rachel Marsh advised that a steering group would be formed to oversee and develop the framework commenting that the Quest and Finance and Performance Committees should receive updates going forward as required. Action closed.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 23 September 2021 were confirmed as a correct record subject to the amendment as described;**
- (2) the declaration of interests as stated were noted; and**
- (3) the action log was considered and updated as described.**

02/22 OPERATIONS QUARTERLY REPORT

Lee Brooks drew the Committee's attention to the following:

1. The main focus during the last quarter had been on the Trust's response to the pandemic. Support had been welcomed from other directorates and strategic command support from others would continue until the end of January 2022 when the winter cell will draw back.
2. The Clinical Safety Plan had been revised to introduce a phased approach to the Emergency Rule (999 call handling tactic); this incorporated a new design of a four-phase approach to the use of the emergency rule which can gradually create greater capacity.
3. Recent new developments in respect of plans would be submitted to the Committee as one document for assurance; these plans would include the Incident Response Plan, the Resource Escalation Action Plan, Clinical Safety Plan and probably the Pandemic Plan.
4. Good progress had been made on the Clinical Support Desk clinician recruitment with the required number of staff now identified.
5. A record number of around 7 thousand calls had been made through the 111 system during the Christmas bank holiday. There had been reported issues of some callers not being able to connect to the service; this was addressed in the short term and root cause analysis is underway.

6. Lee Brooks provided a verbal update relating to the current operational position. In terms of 999 demand this is beginning to return to levels as seen historically which was encouraging. Incident demand was falling below the modelling forecasts.
7. Capacity, there was a significant reduction in the abstraction of staff associated with Covid, these had reached pre-Omicron levels.
8. Production of hours, Rapid Response Vehicle production was in the region of 90% and conveyance resource capacity was in the region of 117% which included those hours provided by the military support. Military helping to provide a 10-15% uplift.
9. Handover delays at Emergency Departments; these have peaked at over 5 thousand hours per week for the last two weeks.

Comments:

1. Following a query regarding access and experience of the automated messaging on the 111 service by those with specific needs (for example learning difficulties), Lee Brooks advised that the messaging itself was not new and that moving to a new platform created an opportunity to refresh the messaging and options. The messaging had been co-designed with the PECl team. A focused survey through the PECl team had been requested to consider the needs of all Welsh citizens and the outcome shared with management and the Quality, Experience and Safety Committee.
2. Was there a view in terms of how the whole system may recover following the pandemic? Lee Brooks explained hospitals continue to experience challenges relating to discharge for those medically fit and some hospital-based isolation changes have been welcomed but these are not replicated for the care home setting yet. Delivery Unit also making some resource available to aid health boards to ease pressure related to flow. However, limitations lay in the challenges with respect to workforce within the social care sector.
3. Ambulance Care (formally NEPTS), in respect of the additional funding in place until the end of March to assist health boards with the backlog of planned care, an update was requested. Lee Brooks advised that WAST continues to liaise and engage with health boards about their plans, more time likely required to understand how services shall re-set. Our greatest capacity constraint are the social distancing requirements, and whilst health board activity has reduced so too has our capacity. Lee Brooks noted if health boards shift services to do more remotely in the future, our current reduced level of activity may remain. There would be an assessment of the Ambulance Car Service created temporarily with additional funding to understand if this presents an opportunity to change our fleet in a way that could be consistent with the outcomes of the demand and capacity review for NEPTS. Generally, under the current climate it was difficult to predict when the backlog would improve.
4. How confident was the Trust in receiving the requested trajectory from health board Chief Operating Officers in respect of future lost hours at their respective emergency departments? Lee Brooks had previously asked them for this information to assist WAST planning and anticipated that due to the challenges in gathering this information was doubtful it would be forthcoming in the near future. Rachel Marsh added this information was not on the list of Ministerial priority measures. The Chair commented that whilst this may not be a Ministerial priority it remained a key impact on the Trust and consideration be given for it to be annotated within the IMTP.
5. The Committee discussed in further detail what impact the recent easing of restrictions

in Wales would have on the Trust going forward.

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

03/22 QUALITY AND PERFORMANCE FRAMEWORK UPDATE

Rachel Marsh confirmed that work was continuing and provided details of the timelines and where it was being reviewed with the ultimate aim of it being approved at the Board meeting on 24 March 2022.

RESOLVED: That the Committee noted the update.

04/22 FINANCIAL POSITION FOR MONTH 9

Due to meeting timing, Chris Turley provided the Committee with an overview of the financial performance of the Trust to date via a PowerPoint presentation and drew several key items for their attention which included:

1. The Trust was on target to deliver financial balance by the end of the financial year; the current revenue financial position showed a small underspend of £50k.
2. Capital expenditure was forecast to be fully spent for this financial year. £7.142m had been expended against a budget of £23.873m. The Committee were updated with details of the ongoing work which included the projects at Vantage Point House and Ty Elwy. The Committee were also advised that the full capital allocation for the 2022/23 fleet replacement programme had been supported by Welsh Government in the full amount of £15.1m
3. In terms of Directorate level budgets there was a small underspend in some areas offset by some additional non recurring spend, some of which is being managed through the Trust reserves.
4. The Net Covid -19 spend to date was £7.583m with an end of year forecast spend of £11.315m.
5. The Committee were informed of the remaining risks and whilst none of these were high, until formally confirmed they included; the funding for the pay enhancement of 1% for staff on Bands 1 -5 together with an additional days leave for all staff.
6. Interim audit work was underway for the 2021/22 Trust annual accounts, and this would as the previous year be conducted virtually.
7. The Committee recognised that the full financial report would be presented at the next Board meeting on 27 January 2022.

Comments:

1. Members acknowledged the ongoing work from the Finance Directorate.
2. In terms of Capital spend, the Committee remarked it would have been useful if details of the year to date spend forecast could be included against the actual incurred. Chris Turley explained that this was included in the more detailed report, once complete by means of a monthly cashflow statement. How this is then presented against future spend levels can be further considered

RESOLVED: That the update was noted and the Committee also noted a full written report would be provided to the Board at its meeting on 27 January 2022.

05/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

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

1. Call answering times for 999 and 111 continued to provide challenges for the Trust. Several actions were in place to improve performance and this included additional recruitment to expand capacity with the result that January's performance was expected to be enhanced.
2. Ambulance response times continued to be longer than the Trust would want and several actions to enhance these times included increases in capacity, efficiency measures and demand management.
3. Ambulance Care performance was having a positive impact on patient experience. Performance was above target for enhanced renal patient arrivals prior to appointment in Dec-21. However the Committee would continue to monitor any possible capacity issues.
4. The unprecedented high levels of hours lost to handover at Emergency Departments was impacting on red performance due to the unavailability of resources.
5. Staff abstractions. This remained high at 45.2% against a benchmark of 30%, with Covid – 19 being a significant impact. The Trust's overall sickness level remained high across all areas of the Trust.
6. In respect of the shift left initiatives (this related to the Trust working with health boards and other partners to provide the right care closer to home and reduce the number of patients who required conveyance to hospital) Good progress had been made on the hear and treat rates after 999 calls; an increase of 36 Paramedics had been agreed and supported by EASC and also a cohort of mental health professionals to work within the Clinical Support Desk.

Comments:

1. Concern was expressed in respect of performance relating to staff PADR's (Personal Appraisal Development Review) compliance which was below target accepting the challenges in meeting this target; the Committee noted that the People and Culture Committee monitored PADR compliance. Rachel Marsh and Lee Brooks accepted that PADR's required completing and championed the benefits associated both from an employer and employee perspective. The Trust had been under extreme pressure for a considerable amount of time and the focus was to respond to patients. This therefore had an impact on the completion of PADR's. Notwithstanding this, the Trust had increased the target by 10% from the same time the previous year.
2. Was there any update on Ombudsman cases? Lee Brooks advised that the number of cases where the Ombudsman had decided to investigate and seek additional information from the Trust had increased. The Committee noted that an update would be provided at Quest in due course and in the meantime Rachel Marsh would provide an update at the next F and P meeting.

RESOLVED: That the Committee considered the December 2021 Integrated Quality

and Performance Report and

- (1) It was recognised that the Committee would undertake a deep dive into performance related to the Trust's 'shift left' ambition at its next meeting.**
- (2) The Committee formally requested that the issues of performance related to PADRs and Ombudsman cases were referred to the People and Culture Committee and QuEST respectively for further analysis, and it was noted that QuEST was monitoring the significant number of national reportable incidents.**

06/22 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Rachel Marsh updated the Committee on progress against the 2021/22 Integrated Medium Term Plan (IMTP) and highlighted the following for the Committee's attention.

1. Implementation of the new 111 system with Salus delivery had slipped until Oct/Nov 2022.
2. It was noted that the development of the quality strategy implementation plan was advancing, with the QuEST Committee reviewing the plan at its February meeting.
3. Assurance was given to the Committee that remedial plans were in place and there was confidence that those plans marked as amber would be completed in year.

Comments:

1. The Committee commended the organisation for the substantial number of projects which had been completed during a challenging year
2. In terms of the Amber categories, what was the confidence level of completing these and should this be reported to Board; Rachel agreed this would be reflected in the report to Board.
3. The Committee were advised that the Quality strategy and implementation plan, which was in the red category, would receive an update on progress at the Quest Committee in February.

RESOLVED: That the report was noted.

07/22 INTEGRATED MEDIUM TERM PLAN PLANNING UPDATE – NEXT STEPS

1. Rachel Marsh provided the Committee with an overview in terms of the challenges and opportunities which were shaping the plan; these included:
 - a. The achievements from last year which will be incorporated in to the IMTP
 - b. The learning the Trust had gained from Covid-19
 - c. Feedback from the community which had been captured through engagement,
 - d. Feedback from Staff through staff surveys and CEO Roadshows.
2. In terms of developing the plan, the Trust was part of the overall system which was working towards a healthier Wales through the strategy for the health and social care in Wales. Several aims within the strategy in which the Trust contributed to included; improving the health of the population, improving the quality and accessibility of services, increasing the value of the care provided and the ongoing work to develop and maintain a sustainable workforce.

3. There were six goals set out which included coordinating for people at risk, signposting patients to the right place, access to clinically safe alternatives to hospital admission, a rapid response in a health crisis, optimal hospital care and a home first approach. These goals have been given measures by the Minister for Health and specifically for the Trust, the need to establish urgent primary care centres and to collect data on the percentage of total conveyances taken to a service other than an ED. Other measures included the detailing of progress against the health boards plans to deliver a same day emergency day care service.
4. Rachel Marsh made reference to EASC's IMTP and outlined their priorities for Members' attention; of note was the need to strengthen the collaborative work to develop services.
5. In respect of Ambulance Care (formerly NEPTS) and following completion of the transfers of work from health boards; the Trust amongst other initiatives, would work with the National Collaborative Commissioning Unit (NCCU) to strengthen quality, develop a robust forecasting and modelling service and collaborate with the system and suppliers to ensure that any inefficiencies were reduced.
6. In respect of the Long Term Strategy Development section of the IMTP, the Committee were briefed on the ongoing programme of work and how it would mature through a series of schemes.
7. In terms of the Gateway to Care section of the IMTP, the Trust's ambition was to develop a simplified system for people across Wales to access the Trust when they had a health care need. This would see an increase in the capacity and capability of the clinical teams for 111 and 999 callers. For example, patients who required further specialist or face to face assessment or treatment would be booked directly to the right place.
8. Emergency Medical Services – Rachel Marsh detailed the main areas of focus which included increasing overall capacity and efficiency through additional workforce.
9. Ambulance Care – Several actions had emerged from the demand and capacity review which continued to be implemented. Going forward an All Wales Transfer and Discharge service was being developed.
10. Enablers. This incorporated how the Trust would support its staff through several enterprises and schemes. Improvements to the Trust's estate were incorporated in the plan which would not only enhance working areas but also address any environmental and sustainability issues.
11. Partnership working. The plan would outline the work with key stakeholders to ensure they supported the Trust's longer term ambitions.
12. Fundamentals. The Committee were reminded that the Trust would focus on being quality driven and clinically led with value at the heart of everything it does.
13. Risks. Several risks had emerged which should be noted; these included, 111 commissioning intent remained unclear at this stage and the risk around health board recovery plans which may impact on the Trust.
14. Revised Timetable. Members were shown a slide which illustrated the timeline for board approval (24 March) with subsequent submission to Welsh Government on 31

March 2022.

Comments:

1. How does the Trust garner its feedback from the public which then influences the IMTP? Rachel Marsh explained that the Patient Experience Community Involvement Team, through engagement, captures and summarises any themes and trends relevant for the IMTP.
2. Members welcomed the update and looked forward to seeing some tangible evidence that will demonstrate the ambitions and aspirations set out in the plan.
3. Prior to finalisation at the March Board, was the Trust confident that sufficient engagement with key stakeholders would have occurred. Rachel Marsh advised that the stakeholder engagement plan was currently being refreshed and going forward for the following year the breadth of engagement will be enhanced.
4. The Committee recognised that due to Covid-19 many ambitions in last year's plan had been paused and these would need to be restarted at some point in the future; which may impact delivery of the current plan

RESOLVED: That the Committee noted the update.

08/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch provided an overview of the report and drew the Committee's attention to the following points:

1. The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and was fully supported.
2. A programme of work was underway to strengthen the articulation of the Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks; Risk ID's 223, 224, 199, 316 and 160.
3. A temporary risk officer had been appointed to support the Corporate Governance Team with the work mentioned above.
4. There were 8 of 15 Corporate Risks currently assigned to the Committee which were described in the summary table of the report
5. A new risk relevant to the Committee had been developed during the period which was Risk ID 458 - regarding funding for recurrent costs of commissioning. This was undergoing assessment and consideration by ADLT and EMT and would be presented to the Committee in March 2022.

Comments

Risk ID 100 'Failure to collaborate and engage with EASC on developing ambitions and plans for WAST'. Members queried whether this was the correct description. Trish Mills advised that this risk would be re-articulated to confirm if it was appropriately described. She added that as part of the work going forward some of the risk descriptions would be re-articulated.

RESOLVED: That the Committee received assurances on the report and specifically:

- (1) Noted and discussed the contents of the report; and**
- (2) Highlighted any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

09/22 INTERNAL AUDIT TRACKER REPORT

1. Julie Boalch advised the Committee of the up to date position in relation to the outstanding recommendations from internal and external audit reviews.
2. There were currently 57 of the 83 recommendations assigned to the Committee. There were 4 which were high priority and overdue
3. Of the 4 high priority recommendations showing as overdue these related to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review

Comments:

The Chair advised that the Trust should continue to focus on the high and medium recommendations and suggested that the low priority recommendations should be closed. This would allow the Trust to concentrate on the critical items going forward.

RESOLVED: That the Committee:

- (1) Noted 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, and**
- (3) Agreed any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**

10/22 DECARBONISATION UPDATE

Chris Turley updated the Committee on progress since the previous meeting:

1. At the Flintshire Dobshell site, development of two hectares of land for planting trees, plus the installation of a substantial solar energy source, battery storage and of an air source heat pump should see the Trust's aspiration for its first Net Zero Carbon facility to be realised by the end of this financial year.
2. The Fleet transition to Ultra Low Emission Vehicle vehicles has continued with the purchase of three full Electric Vehicle 3.5 tonne workshop vans and fifteen plug in hybrid Rapid Response Vehicles, due for delivery before the end of this financial year accelerating the deliverables of the 2022/23 Fleet BJC

RESOLVED: That the Committee noted the update.

11/22 VALUE BASED HEALTHCARE

1. Chris Turley notified the Committee to the fact that development of the programme of work on Value Based Healthcare had been paused during the pandemic.
2. However work was continuing in the background, particularly with discussions around looking at some technical detail to underpin the programme going forward.
3. Members recognised that the Trust would be benchmarking costs and cost behaviour against other ambulance services who were developing similar systems.

RESOLVED: That the update was noted.

12/22 DEEP DIVE ON A PARTICULAR AREA ON PERFORMANCE FOR MARCH COMMITTEE MEETING

Rachel Marsh suggested that work be conducted on the 'shit left' activity, as this would be a key part of the Trust's strategy going forward.

RESOLVED: That a deep dive on the 'shift left' activity would be presented at the next meeting.

13/22 KEY MESSAGES TO BOARD

The Chair advised the Committee that the following items would be reported to the Board.

1. Quality framework was in development.
2. Finances were on track – low risk, however there may be challenges in the next financial year.
3. Operations Directorate, work had clearly been focused on the pandemic.
4. 111 work with the additional capacity had been resolved.
5. Ambulance Care – environmental impact of journeys had been considered.
6. Performance, the military support continued, high demand of 111 and 999 had affected ability to respond.
7. IMTP – Update on planning and delivery; Committee content with direction of travel.
8. Risk Management – no issues with the tracker
9. Environment and Sustainability – no issues
10. Value Based Healthcare – continued to be in development

RESOLVED: That the Key Messages were noted

Date of next meeting: 17 March 2022