

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE FINANCE AND RESOURCES COMMITTEE HELD ON 13 SEPTEMBER 2016 AT VANTAGE POINT HOUSE, CWMBRAN AND VIA VIDEO CONFERENCING AT HEADQUARTERS ST ASAPH

PRESENT :

Martin Woodford	Non Executive Director and Chair	MW
Professor Kevin Davies	Non Executive Director (Part)	KD
Pam Hall	Non Executive Director (VC, St Asaph)	PH
James Mycroft	Non Executive Director	JM
David Scott	Non Executive Director (VC, St Asaph)	DS

DIRECTORS:

Hannah Evans	Director of Planning and Performance (Interim)	HE
Richard Lee	Director of Operations (Part)	RL
Patsy Roseblade	Director of Finance and ICT	PR
Claire Vaughan	Director of Workforce and OD	CV

IN ATTENDANCE:

Keith Cox	Corporate Secretary	KC
Mick Giannasi	Chairman of the Board	MG
Nathan Holman	Staff Side Representative	NH
Deborah Kingsbury	Strategy and Planning Manager	DK
Gwen Kohler	Financial Planning Manager	GK
Bleddyn Roberts	Staff Side Representative	BR
Chris Turley	Deputy Director of Finance (Part)	CT
Aled Williams	Head of ICT	AW

OTHER ATTENDEES

Helen Higgs	Head of Internal Audit
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APOLOGIES

37/16 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded.

Minutes

The Minutes of the Committee held on 28 July 2016 were confirmed as a correct record.

Action Log

The Committee referred to the Action Log and addressed and commented upon the actions therein. The Action Log was updated accordingly.

RESOLVED: That

- (1) the Minutes of the Open session of the meeting held on 28 July 2016 were confirmed as a correct record; and
- (2) the actions within the Action Log were considered by the Committee and modifications were implemented as required.

38/16 COMMITTEE FORWARD PLAN

In terms of the Committee Forward Plan, Members discussed in detail which items should be presented at future meetings.

RESOLVED: That the Committee Forward Plan was noted.

39/16 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (July 2016)

The Director of Planning and Performance (interim), **HE** presented the report and advised that the SBAR had been refocused following Members' previous feedback.

Work to review the complete set of metrics was ongoing with both Commissioner and Welsh Government colleagues with agreement that the set required refinement with the Intention to have completed this work before the end of the calendar year.

The Ambulance Quality Indicators (AQIs) were now firmly embedded within the report. The new report had been aligned to the strategic aims of the Trust as outlined with the Integrated Medium Term Plan.

HE drew Members' attention to several highlight areas within the report:

1. Overall demand (verified incidents) had increased by 4.7% over the last year and calls to NHS Direct had also increased by 8.6% over the year.
2. Hear and treat rates had exceeded the performance ambition of 5%; 5.7% for June 2016.
3. Red performance in **July** was 75.3%. (77.1% in June).
4. Hours lost due to hospital handover delays reduced in June to 3,265 a reduction from a peak of 8,445 in March 2016.
5. There were 103 complaints received in July in comparison to 116 in June. 17% of complaint responses were completed within 30 days compared to 12% in June.
6. There were 2 serious adverse incidents reported to Welsh Government in July

compared to 0 in June.

Members discussed the report in greater detail with was a particular focus on:

1. Performance in the Amber category and linkages between timeliness of response, patient experience, clinical impact and complaints were noted. A renewed focus on performance in this category was requested.
2. Richard Lee and Hannah Evans agreed to consider what targeted action to improve Amber performance could be taken. The Demand and Capacity work would also support this work.
3. There was also a discussion and request for focus on improving performance in terms of time taken to answer calls.
4. PADR performance was discussed in detail and agreed scrutiny would be picked up as part of the internal performance management arrangements.
5. There was some general discussion on how, longer term, the performance report could be further strengthened to include tolerances to help focus discussion and to better link metrics and actions. Hannah Evans agreed to reflect this in the ongoing development of the reports.

RESOLVED: That the report was noted and the specific areas discussed given focus and corrective action and progress reported back at the next meeting

40/16 FINANCE REPORT – MONTH FOUR

Members were provided with an overview by the Director of Finance and ICT with regard to the Trust's financial position as at month four.

PR reported the outturn performance for the year to date period based on the Trust's Month four accounts was a deficit of £0.160m. Members were advised that the month five position showed a deficit of £137k which represented an improvement from month four and the improving trend was noted.

PR referred to the Trust's expected year-end financial position post Month five financial reporting adding that this update would take into account the impact of the year to date financial position, any known and emerging cost pressures, an update of the savings delivery forecast and any slippage in previously agreed expenditure plans.

A further review of budget phasing to support the above would also be undertaken. This review would either re-confirm the current breakeven year end forecast or identify areas where further corrective action may be required to ensure the Trust broke even, and would be reported to the next FRC.

Following discussion, it was agreed that the detailed report covering month five would be presented at the next Trust Board meeting.

The Committee noted that the financial position had begun to show a positive progress going forward.

RESOLVED: That the financial position as reported for Month four and the associated key risks and issues, were noted.

41/16 SAVINGS DELIVERY 2016/17 UPDATE

The Deputy Director of Finance **CT**, outlined the report and reminded the Committee that in addition to looking for savings the Trust also focused on areas of potential cost avoidance.

Further details were provided by **GK** who highlighted some key areas for the Committee's attention:

- additional and more intensive work was being undertaken to deliver the savings
- there was an emphasis on providing immediate savings
- intention was to further develop areas of potential savings

In terms of sickness levels, it was reported that figures had reduced slightly since the last reporting period; **CV** added that the Trust only paid for operational sickness.

RL commented that savings plans for the operational directorate were well underway for next years' plan.

BR referred to the austerity measures which had been implemented in 2012 and asked that these should now be reviewed. Furthermore, he commented that sickness targets were having a detrimental effect on staff, creating more pressure on them. Additionally he added that in an attempt to ameliorate the sickness levels it might be prudent to consider improving the overall working environment.

PR accepted that the austerity measures referred to, whilst some of them still remained relevant and extant, required further consideration by the Executive Management Team. In terms of the savings campaign, **PR** commented that this was designed to be more of an awareness campaign alerting staff to the overall savings target. **GK** stated that the savings delivery process was constantly under development.

Members considered the report in further detail and raised the following comments/points:

- How did the Trust glean and develop any ideas from staff that could attract potential savings?
- Assurance was required in terms of the Voluntary Early Release Scheme (VERS) whether this was recurring or non-recurring. **PR** confirmed this was a recurring savings scheme and added that this had been the first time in several years whereby the Trust did not have to return any funds back to Welsh Government.

The Committee debated the issue of long term sickness. **CV** drew Member's attention to the ethical and personal issues when dealing with this intricate issue which clearly became evident during the discussion. It was agreed that in conjunction with the Director of Operations, the Director of Workforce and OD would address the issues raised and formulate a plan going forward.

RESOLVED: That the update be noted.

42/16 ST ASAPH OFFICE MOVE

At this point the Committee moved and discussed this item under closed session.

43/16 WORKFORCE PERFORMANCE REPORT

The Director of Workforce and OD **CV**, gave an overview of the report and advised that going forward it was her intention to provide FRC with quarterly updates. She drew the Committee's attention to the following areas:

- Sickness – **CV** expressed her concern that July levels were higher than the same period last year and the management of long term sick was proving to be both challenging and disconcerting. However work was being undertaken to resolve this which included the launch of various Health and Well-being initiatives. Members were updated by **CV** on the ideas actively being used to encourage staff to undertake a healthier lifestyle going forward.
- PADRs – **CV** was reasonably confident the completion and quality of these were improving.
- CPD – the Trust was making good progress in this area.
- Recruitment – an update on current figures and details of selection processes was provided.
- Statutory and mandatory training – **CV** advised the Committee that the current position was disappointing.

Members discussed further issues which related to discipline and also factors affecting the ability for Clinical Team Leaders to carry out their daily tasks effectively and how this could be improved.

RESOLVED: That the update be noted.

44/16 VANTAGE POINT HOUSE ICT OUTAGE – JUNE 2016

The Director of Operations **RL**, reminded the Committee on the cause of the outage and provided Members with a detailed account of the procedures and processes which would now be implemented following any future incidents of this kind. It should be borne in mind that had this incident occurred at a different time (ie, at the weekend), it would have created different challenges.

PH raised the issue in terms of business continuity planning and asked to what extent any of this had materialised during the incident. **RL** advised the Committee that the procedures applied during the incident had all worked effectively; and it had transpired that the plan would have been sustainable for 24 hours if required. In essence the continuity plan had worked with great success.

In terms of on-call arrangements for the Trust, **CV** advised the Committee that the model was currently review and an update on the way forward would be provided at the next meeting (**Action**). With regard to the Operations on-call system **RL** confirmed that the system had been developed to be more resilient following the incident.

Members noted the update and looked forward to receiving any further updates on the actions being taken as required.

RESOLVED: That

- (1) the content of this report and the recommendations made through the debrief process as outlined in Appendix One was noted.

(2) that in parallel with the recovery and debriefing process actions have already been taken to address business as usual issues raised on the day as listed below was noted:

- **Purchase of portable air conditioning units which are stored at VPH;**
- **Resource departments print off hard copies of future resourcing plans at the end of each day;**
- **NEPTS also print off hard copies of the next day's journey planning;**
- **Business Impact Analysis workshop planned for early October for operational LMs, CTLs and CCC;**
- **NEPTS have already engaged with the Business Continuity leads from the Resilience Dept to arrange training sessions for their teams;**
- **Through the new CCC management structure they will be putting in place a Tactical (Silver) level of CCC manager who will be available 24/7 to provide a specialist CCC level of support; and**
- **All 'Owners' listed in the recommendations have been asked to confirm their acceptance of said recommendations and timescales.**

45/16 DEMAND AND CAPACITY REVIEW

RL referred to the report and advised the Committee that the Trust was currently undertaking a Demand and Capacity review to inform future commissioning intentions around resourcing levels.

Members were advised that Operational Research in Health (ORH) had been asked to consider what, if all card 35 activity was taken from Emergency Medical Services and transferred to Urgent Care Resources, what the effect would be.

RL provided further information in terms of what further analysis and potential scenarios was being asked of ORH to undertake in relation to the most effective solutions to demand, capacity and utilisation going forward.

In terms of utilisation rates, **RL** gave a detailed explanation into how these worked and in particular how they differed in rural and urban areas. For example, a crew waiting for long periods of time for a call which could be a long distance away would have low utilisation but the value to the local community in terms of saving life and a safety net would be immeasurable. He referred to high utilisation rates at weekends which were caused by weekend rotas not providing sufficient resources.

RL confirmed that in terms of reorganisation scenarios across the border, West Midlands Ambulance Service had been approached for information on the modelling system used by them.

BR raised the following questions:

1. Card 35 – He expressed concern of Urgent Care Services attending to these patients on occasion. **RL** provided an explanation into how the calls were

received, i.e. a Doctor or Nurse would call and book a health care professional journey and speak to a non-clinically trained call taker and sometimes there could be a misunderstanding in terms of the patient's condition and needs. Going forward, the Trust's objective was that these calls would be answered by a clinician which would clarify any doubt of the patient's clinical needs. The subsequent effects of this would ensure that the patient travelled with a crew with the necessary clinical skills of dealing with the patient's needs and also it would negate the need of some individuals actually requiring an ambulance who could then travel by other means.

2. Was there any progress in overcoming the effect of pulling in resources into busy areas and when would staff be informed of any developments in this regard going forward? **RL** referred to three Community Paramedic Schemes which were currently being developed and updated the Committee on progress.

RL informed the Committee in terms of efficiencies and how they impacted upon the health boards with differing results. **CV** elucidated further by informing the Committee of the resourcing within the regions.

RL advised the Committee that the essence of this review was to identify the practical output against the backdrop of the production schedule to determine the number of staff and vehicles required in the different health boards whilst managing the expectations going forward.

In terms of efficiencies **GK** cited a degree of caution should be applied in order to avoid a double count, for example, the expectation of the cash saving whilst providing the increased productivity.

The Committee commented and discussed the report in further detail and looked forward to receiving the final report in due course.

RESOLVED: That the content of this report and the timescale for delivery of a completed document and that a further report will be provided to FRC in late 2016 detailing the findings and operational plans that result were noted.

46/16 CONVEYANCE RATES

The Director of Operations **RL** advised the Committee of the current position and provided detailed information in terms of the variation in conveyance rates across Wales. He explained the process in which conveyance and/or non conveyance rates were reported and provided the Committee with examples of certain circumstances in which a crew would attend but not convey the patient to hospital; one being the attendance to a road traffic accident whereby the driver had been taken away by the police on suspicion of drunk driving and there being no other casualties involved.

In the short term, **RL** commented that it may be prudent for FRC to receive a 'deep dive' to consider the conveyance rates within the health boards and recommended that the first of these would be conducted within the Cwm Taf area.

The following comment was made:

1. Clarification was sought on the definition of measuring conveyance rates, was it to A and E or to a hospital. **RL** confirmed that conveyance was determined by the

actual patient leaving the scene in an ambulance irrespective of the destination.

RESOLVED: That

- (1) the content of the report was noted.**
- (2) the current WAST method of calculating conveyance rates (KPI P18 metric) is replaced by the current EASC method as it more accurately reflects the clinical decision making that leads to patients being discharged at scene was noted.**
- (3) the FRC receive updates on the further work underway to increase the use of alternative pathways and embedding the clinical leadership and supervision required to achieve this was noted.**

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk