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Welsh Ambulance Services
University NHS Trust

FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	16 September 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Phase 2 of the Ambulance Performance Framework

1. An extraordinary public board meeting has been arranged for 23 October 2025 to consider go-live for phase 2 of the Ambulance Performance Framework. At the FPC meeting today members received an update on internal arrangements in place to implement and pilot the second phase of changes ahead of the board considering an endorsement of go-live alongside the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) at that October meeting. Ahead of the extraordinary board meeting, an extraordinary meeting of the Quality, Patient Experience and Safety Committee (QUEST) will be held to consider the QIA and EqIA.
2. The board will recall that on 1st July 2025, the Trust successfully implemented the Phase 1 changes to the Framework for a 12-month pilot period. This involved replacing the previous 'Red' category with a new 'Purple Arrest', 'Red Emergency' and 'RCS0' call categories. This change was undertaken to provide greater emphasis on clinical outcomes over time-based targets, with a bundle of measures related to the 'Chain of Survival'. Upon announcement of the Phase 1 changes the Welsh Government (WG) led Ambulance Target Review group reconvened to review the remaining Amber and Green categories. Following consideration of the available clinical evidence and evidence relating to what matters most to patients & staff, the review group concluded new categories were required to replace the current Amber and Green categories. These three new response categories, which will complement the phase one changes are set out below and are planned to go-live on 1 December:

Category	Descriptor	Types of Complaint
ORANGE NOW	Refers to incidents likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Stroke Heart attack
YELLOW SOON	Refers to incidents where further clinical assessment to support clinician decision making (remote or face to face) is required for discharge at	Abdominal pain



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	scene and/or an alternative pathway, and/or planned transport to a treating facility.	
GREEN PLANNED	Refers to incidents where there is high potential for the ambulance service to manage the care episode in its entirety or in collaboration with a community service or planned care provider.	Chest infection Palliative care Mental health Urinary tract infection

Alongside the face-to-face response categories, Rapid Clinical Screening already in place will be supported by the addition of RCS1, RCS2, and RCS3 as well as RCS0.

3. There was constructive and wide-ranging discussion on the arrangements for go-live for phase two, and the following points are of note for board's attention:
 - (a) Clinical outcomes for the measures referenced are still evolving. However, a persistent challenge remains due to the lack of a unified medical record system across the wider healthcare landscape. WAST continues to rely on available data sources, primarily the ePCR and proxy measures for quality, as well as being alert to reports via the concerns and Putting Things Right processes. The recent signing of a Joint Controller Agreement with Health Bodies and DHCW marks a positive step towards securing pathway based data analysis that demonstrates clinical impact and patient outcomes. Members emphasised the importance of transparency and a shared ambition to improve patient outcomes.
 - (b) A staff survey has been issued to gather feedback on the changes introduced during phase one. This input will help assess organisational and staff readiness for phase two.
 - (c) Executives expressed confidence that the changes to the CAD remain on track for go-live. The statement of works has been central to recent discussions, with the next milestone on 8 October offering a further opportunity to confirm readiness. A go-live checklist will be in place as it was for phase one.
 - (d) Although no additional financial investment is being sought for the Clinical Model Transformation (CMT) (noting internal capital allocation for the single instance of CAD for the Remote Integrated Care Service), members discussed the associated opportunity costs and the need to ensure appropriate use of resources, including fleet. Data parameters are currently being developed to support future reviews of demand, capacity and skills mix following the pilot.
 - (e) A query was raised about progressing to phase two without first evaluating both the delivery and clinical risks arising from phase one. Committee was assured that external evaluation was being finalised based on the model being designed as a single, integrated approach. The timeline recognised Welsh Government requirements. The evaluation will also share insights throughout the pilot and complements the clinical flows implemented since November 2024.

4. Members endorsed the paper for onward submission to the October Extraordinary board, but that this is subject to the QIA and EqIA being reviewed by QUEST. Finalisation of these impact assessments may lead to changes, and those that are material should be drawn out for the committee members and the board.



ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

5. Chairs of committees will meet with executives in the autumn for a discussion on **revisions to the Monthly Integrated Quality and Performance Report (MIQPR)**. The potential to incorporate statistical process charts (SPC) to clearly illustrate variances and use of co-pilot to produce these was canvassed.
6. An update was provided on the **'Wait 45' initiative**. The national handover taskforce continues with WAST represented, to oversee the recommendation from an independent Ministerial Advisory Group that no ambulance handover should exceed 45 minutes by 1 October. Although handover delays are reducing, 12,565 hours were still lost during July 2025. Examples of prolonged waits at Emergency Departments were shared, including instances of 19 and 29 hours this last week although all Health Boards have reported reductions. The Wait 45 initiative aims to reduce lost handover hours to a level that aligns with EMS rosters and enables improvements in performance and patient care.
7. Members received the **Ambulance Service Indicators (ASIs)** noting the focus on quality elements of service delivery. The importance of how this data informs planning, resource allocation, population health and prevention strategies was highlighted.
8. Members **reflected** that the meeting was characterised by open, robust, and constructive discussion, particularly on the Ambulance Performance Framework, where additional time was deliberately allocated to ensure thorough scrutiny and effective decision-making. The meeting was seen as providing strong assurance on key issues, with an emphasis on the value of certainty - even when facing challenges - and the importance of balancing ambition with realism as the organisation continues its transformation and performance improvement journey.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 25 September meeting however members may benefit from the following points of discussion from the committee:

9. With respect to the **financial position for months 4 and 5 2025/26**. The month 4 position was noted, and the committee took assurance from the update. The Trust is reporting a revenue year to date deficit of £246K for month 4 2025/26. The committee reflected on the risks discussed and escalated to the Board following the July meeting but heard that the Trust is currently forecasting to breakeven by the 2025/26 financial year end. This position is one of high risk of delivery, however. The cumulative year to date month 5 revenue position reported is an overspend against budget of £0.229m. The Capital Plan for month 5 is progressing with current planned expenditure in year of £30.190m. Gross savings which have been achieved are £3.582m against a year to date target of £3.486m. The primary risks at month 5 continue to be the additional costs for increased National Insurance contributions, and the increase in costs for the Welsh Risk Pool; as reported to the Board in July. The need for realistic income generation targets was emphasised for 2026/27.



The committee discussed the use of vacancy delays as a method for achieving non-recurrent savings. While holding vacancies can generate short-term financial benefits, these are not always sustainable due to ongoing staff turnover. A natural recruitment lag of around three months typically contributes to these savings without impacting organisational capacity unless deliberately planned. Some current vacancies are linked to skill mix reviews rather than savings measures, with plans in place to reduce them, although some will continue into the next financial year. The recruitment control panel ensures vacancies are assessed against organisational priorities, risk and statutory duties before being filled. Members acknowledged the financial value of vacancy management but emphasised the need to balance this with service delivery and workforce pressures.

10. With respect to the **Monthly Integrated Quality and Performance Report (MIQPR)** for July. This is the first scorecard to include the new categories of Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red). Of note for the board:

- Members reiterated that the July hours lost to handover, whilst significantly beneath what we have seen for some years, is still resulting in avoidable harm that is difficult to currently mitigate against.
- The Chair of QUEST noted that a PTR recovery plan in place and that QUEST will be closely monitoring that, particularly its impact on concerns response.
- The decline in 111 response times despite expectations for improvement was raised. It was however noted that whilst not achieving target performance is better than the model suggests given the current capacity. On the resources currently in place it is unlikely that a 5% abandonment rate will be reached without further investment.

11. The Committee received the **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** for Q2 2025/26 with a key focus on the CMT which has a yellow (cautionary) status. The digital front end has moved from amber to green which was welcomed. WG had provided detailed feedback on the IMTP which was positive. That feedback drew out areas where low delivery confidence was noted, and the next report will review those areas and seek to draw through a recalibration and prioritisation of the 2025/26 plan. This was a topic of discussion at the recent executive team away day.

The following items were only presented to this committee, and assurance is provided to the board as follows:

12. The **Manchester Arena Inquiry (MAI) internal audit** report looked at the governance and reporting arrangement established, including a validation exercise to support the closure of action and received substantial assurance. This was welcomed and the team commended. A more detailed discussion on the MAI submission to Commissioners and delays to the timeline thereof were discussed in closed session.

13. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Of note:

- Strong digital recruitment activity
- The launch of the 111 virtual agent "albot" with over 10,000 chats and ongoing evaluation
- Positive submission for the Audit Wales Digital Review self-assessment, with most scores in the "agree" or "strongly agree" range.



- Data warehouse load failures are low (1–2 per month), which is within best practice
- As noted above, the NDR joint controller agreement has been signed, though further work is needed on public engagement and opt-out processes.

Members welcomed the focus on digital as transformation, not just service, and encouraged continued support for this direction.

14. The **Information Governance (IG) Report** highlighted key updates, which included alerts regarding ongoing review of the data breaches log, a new corporate AI risk and AI steering group in development, and ICO 999 survey advice under review. Members commended the highest ever IG mandatory training rate (89.61%), ongoing cyber improvement work, and a temporary rise in dormant accounts, and the plan to reduce them. Both physical and online records management are challenging given volumes. There is a records management plan in place for the physical records, and a developing plan for online records management.
15. The **Environmental, Decarbonisation and Sustainability update** was received. Welsh Government are reviewing the Strategic Delivery Plan, which will impact our Decarbonisation Action Plan. Key challenges include the EV charging rapid charging network due to market instability. Members were assured with the Trust's re-accreditation of ISO 14001 Environmental Management.
16. The **estates condition and backlog maintenance** update for 2024/25 period was received. The committee noted that there has been a continued reduction in backlog costs due to targeted investment in priority areas, such as roof replacements and successful capital and Estates Facilities Advisory Board funding bids. The positive impact of these improvements on the working environment was noted and the Estates Team were commended for their work.
17. In **closed session** members received an update on the MAI recommendations timeline, cyber KPIs, cyber audit actions and the cyber risk 260. The limited assurance 111 Website Internal Audit was also received. The closed session also received an update the forthcoming board approvals for key estate schemes in Monmouth, Matrix House and Abergavenny. All items taken in closed session were done on the basis of commercial or security sensitivity and will be reported to the open session of the board in due course.
18. The **audit tracker for Q1** was reviewed and the committee was assured that actions were on track, and all extensions of dates were appropriate and realistic.
19. The **committee's annual priorities** were reviewed and are progressing well. The cycle of business monitoring report noted that the Value Based Healthcare Report, is the subject of a board development session later this week.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that all risks have undergone their quarterly review, with no material changes to scores.

The inclusion of a **new risk** on the register relating to the use of Artificial Intelligence (AI) tools was noted and the **Risk 542** Decarbonisation is in development and will likely be presented at the January 2026



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meeting on the new template.

Triangulation of the Manchester Arena Inquiry (MAI) Internal Audit Report against **Risks 594 and 641** was included noting ongoing discussions with the Joint Commissioning Committee to resolve the outstanding recommendations from the MAI Inquiry.

Additional risks were discussed throughout including **financial risks** and **Phase Two** of the Ambulance Performance Framework risks which are noted in the sections above.

In private session, Members received assurance on the detail of **Risk 260** noting that there were no material changes during this period.

COMMITTEE AGENDA FOR MEETING

Financial position M4 and M5 2025/26	Phase 3 Ambulance Performance Framework and W45 assurance update	MIQPR
Ambulance Service Indicators	Digital reporting	Information governance report
Manchester Arena Inquiry Internal Audit Report	IMTP progress report	Environmental, decarbonisation and sustainability update
Estates condition and backlog maintenance update	Risk management and BAF	Audit tracker Q1
Committee cycle and priorities update		

COMMITTEE ATTENDANCE

Name	20 May 2025	21 Jul 2025	16 Sep 2025	18 Nov 2025	20 Jan 2026	17 Mar 2026
Jayne Beeslee (Chair)						
Bethan Evans						
Peter Curran			1			
Chris Turley			Ed Roberts			
Rachel Marsh	Hugh Bennett	Hugh Bennett	Estelle Hitchon			
Lee Brooks						
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut			From 1022			
Trish Mills						
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.