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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	31 July 2025
Committee Meeting Date	21 July 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Finance

1. The Committee was assured via the usual reports and papers that the trust expected a balanced position at year end albeit with the active management of some risks and elements of uncertainty. Members were then updated on two external factors that had emerged during June 2025, which present an increased risk to the Trust delivering a year-end balanced financial position for 2025/26. The most up to date position will be discussed at Trust board and the committee took the opportunity to gain a deeper understanding of these critical emerging issues and risks.
2. The first is that the Welsh Risk Pool has substantially increased its previous forecast of in year spend, which would require an increased contribution from all Welsh NHS bodies. For WAST this could require an increased contribution of c£829K in year.
3. Secondly, Welsh Government (WG) has recently advised that it is not now able to cover the full costs associated with the increase in employers' National Insurance contributions (NICs). This is due to a gap in the funding provided for this from UK Treasury for the public sector in Wales. This gap for the Trust, which at month 3 was estimated as c£300k could now be over £1m in year, based on updated detail received in month 4.
4. If confirmed, these issues may mean the financial position worsens throughout the year and further consideration will need to be given to month 4 becoming a deficit forecast. The Trust is intending to use some its contingency, held for in year pressures such as this, to offset some of the impact; but if both issues crystallise at the current levels, the total in-year pressure could approach £2M. The Executive Leadership Team (ELT) will be discussing possible mitigations in the coming weeks and will continue to discuss the issues with government to understand the extent of the additional costs, particularly with reference to the Welsh Risk Pool. The Committee appreciated early sight of the risk and were assured that the Trust was taking all appropriate action. It further noted that such a



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position for the Trust – in recent years – is unprecedented.

Emergency Preparedness, Resilience and Response (EPRR)

5. Board members will note in paragraph 15 of this AAA that the Trust has shifted its assurance position in the EPRR submission to WG, indicating that some Civil Contingency Act 2004 (CCA) principles are only partially met rather than fully met, reflecting learning from the Manchester Arena Inquiry (MAI).

ADVISE

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

6. The updates to the **All Wales No PO No Pay Policy** was approved.
7. The **Operations Update for Q1 2025/26** was received, with the following of note for the board:
 - All teams were congratulated and thanked on the go-live of the new Ambulance Performance Framework.
 - Handover delays have significantly decreased, with June showing the lowest lost hours in some time. This improvement is being closely monitored, especially at sites like Royal Glamorgan and Morriston, where targeted actions have been implemented.
 - Non-Executive Director (NED) members noted that the positive impact on staff of decreased delays accords with their recent visits variously to Barry, Ceredigion and Rural Wales, Prince Charles and Royal Glamorgan Hospitals. Further discussions ensued during the MIQPR paper on the relationship of this and the average jobs per shift.
 - MAIT, which enables electronic transfer of CAD incidents between services, went live with two police agencies in mid-June. There is early positive staff feedback, and it is anticipated this move will reduce telephony activity between agencies. The rollout will expand to other police forces and eventually fire services, with the greatest benefits expected during major incidents due to improved, auditable inter-agency communication.
 - The team is providing planned support to Yorkshire Ambulance Service while they transition their 999 triage system. WAST is handling 100–150 calls per day for Yorkshire, and members were assured that this support has not negatively impacted performance and brings income benefits to the Trust.

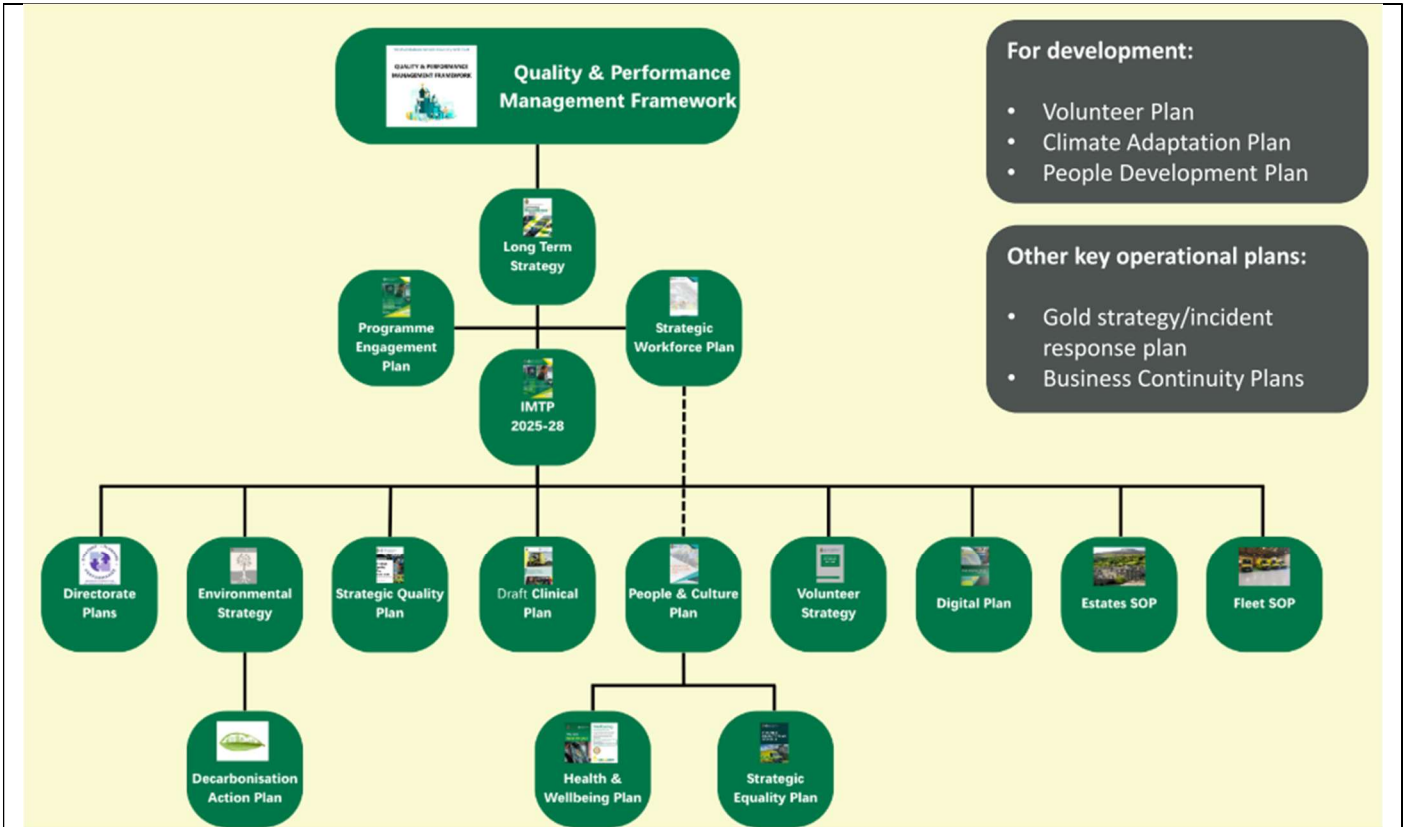
Members agreed that while the data and anecdotal evidence of handover times is encouraging, it is essential to monitor for sustainability, especially as summer progresses and activity may increase. The group stressed the need for ongoing vigilance and not losing sight of the ultimate goal to further reduce handover delays.

8. The IMTP is a key plan underpinning the delivery of the long term strategy 'Delivering Excellence'. However, there are further enabling plans which also support the strategy. The Committee requested an **organogram showing the relationship between these plans, the IMTP and the strategy**. Members found this a useful reference and it is replicated below for the board's reference:



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9. Members **reflected** that the meeting was a good example of where complex reports and business can be presented clearly and in such a way which draws out the pertinent elements, and there was a good balance of such matters at this meeting. Additionally, the Chair reflected the positive impact of the new Ambulance Performance Framework and that the early notice of the financial risks, as highlighted in the alert section, was important. Jonny Sammut was congratulated for his recent appointment as the Chair of the BCS (Chartered Institute for IT) in Wales.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 31 July meeting however members may benefit from the following points of discussion from the committee:

10. With respect to the **financial position for months 2 and 3 2025/26**. The month 2 position was noted, and the committee took assurance from the update. Capital expenditure plans are being finalised with a view to be fully achieved in year; the Public Sector Pay Policy is on track with performance against a target of 95%, and 99.3% of the value of non NHS invoices being paid within 30 days. The Trust reported a small revenue surplus for month 2 at £5K and in line with the balanced financial plan submitted with the 2025-2028 IMTP, was forecasting to breakeven within 2025/26. As above, this position has been superseded by recent events in month 3 however; which present an increased risk to the 2025/26 year-end position. This position has been presented in the 'alert' for the board's attention.



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11. The bi-monthly update on the **Financial Sustainability Programme** (FSP) was also provided, and whilst not included in board papers in detail is set out here for flow with the financial position papers. Of note for the board:

- Early performance against a savings target of £8.5m shows a slight overachievement, but there remains a reliance on non-recurrent savings.
- A revised delivery framework has been introduced, and a project resourced secured.
- Recruitment for the Head of Commercial Development is complete, with onboarding expected soon. This role will drive income generation and commercial initiatives and align to the FSP. It was confirmed that whilst there is no level of income assumed for 2025/26 to give the individual time to embed and identify further opportunities, SMART objectives would be required to assure the committee that WAST could develop some momentum.
- A Task and Finish Group has been established with Trade Union partners to developed recommendations for Emergency Ambulance crew composition. An options paper has been submitted to ELT for consideration, with a further iteration to come back shortly.
- An administration review was initiated in 2023 however capacity constraints, staff turnover, and competing priorities have delayed progress. A new lead has been appointed to re-energise delivery.
- A service review has led to 16 mini business cases following a comprehensive review across 50+ service areas. A tiered implementation model and governance structure has been agreed.

Members welcomed the timely shift from insight to action in light of the challenging financial position.

12. With respect to the **Monthly Integrated Quality and Performance Report** (MIQPR) for May/June of note:

- As noted above, the Trust lost 15,278 hours to handover in June 2025 (30-days), one of the lowest levels for 4 years.
- A discussion followed on why average jobs per shift (all resource types) remains below expectations despite reduced handover delays. It was acknowledged that this metric is influenced by multiple factors including resource type, training abstractions, vacancies, and operational changes. An upward trend in the average jobs per shift for emergency ambulances was noted, but it was agreed that further analysis, is needed to better understand the correlation. Staff feedback, including from NED visits, indicated an improved ability to reach more patients, but the group emphasised the need to maintain momentum to eliminate avoidable harm. Further analysis will be undertaken to disaggregate data and explore the impact of resource type on job cycle efficiency.

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

13. The Committee received the **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** for Q1 2025/26. Of note:

CMT Programme (Clinical Model Transformation):

- The CMT programme is progressing at pace, with a recent successful launch of phase one of



the new Ambulance Performance Framework on 1 July, described as a monumental effort.

- Members thanked the teams for this effort, recognising the shift that this change will bring to our patients and our people.
- The programme is RAG-rated yellow (cautionary) due to the rapid pace of change and the significant demand on staff, with concerns about potential burnout and the need for ongoing prioritisation. This is an improvement from amber in the previous period.
- Five balanced scorecards for benefits and outcomes have been developed for the programme, supported by more detailed logic benefits maps..
- Internal feedback has led to improvements in communications and digital tools, and the programme is now using Microsoft Project and Planner for better management.
- The Committee acknowledged the positive progress made to date, while emphasising the importance of maintaining momentum and avoiding complacency, particularly as Phase 2 of the framework is introduced.

Cabinet Secretary Priorities:

- Progress on Cabinet Secretary priorities is good, with no red-rated items reported.
- The priorities are being tracked and reported alongside the CMT and directorate IMTP actions.

Directorate-Led IMTP Deliverables:

- Quarter 1 saw 12 deliverables, three are complete, three are on target, one is yellow, and five are red.
- The red items are due to capacity issues and have been reprogrammed to later in the year, which was considered reasonable by the committee.
- Strategic Objective 2 (enabling our people to be the best they can be) deliverables were reviewed in detail, with seven green, three yellow, and one amber status, with no reds.

The committee agreed that assurance against 'what good looks like' within the IMTP will be presented bi-annually, commencing with the September meeting. The importance of supporting staff and managing change fatigue was emphasised throughout the discussion, and members found the communications on the new framework informative and well-pitched.

14. 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:

Highlights

- Recruitment across Digital is progressing well.
- There has been a successful soft launch of the NHS 111 Wales Virtual Assistant chatbot, supporting multilingual access and improved user experience.
- A technical go-live of video consultation for 111 clinicians on 8 July.
- Phase 2 of the Microsoft Copilot pilot began on 1 July, with 150 licences distributed.
- Refresh of ePCR app in development, aiming to reduce on-scene times and improve data quality
- Cyber Resilience Unit audit completed.
- Significantly contribution by the digital team to the go-live of new call categories on 1 July.

Lowlights



- iPad replacement programme paused pending agreement on charitable donation scheme for existing devices.
- Video Compliance Progress delayed due to competing priorities.
- Enhanced IVR (111) deprioritised due to CMT development demands.
- Reporting of new 999 CAD metrics is currently reliant on a temporary solution; full CAD upgrade is still unplanned.

Red Flags

- Sustained pressure on the IG team due to urgent asks from across the CMT programme.
- All-Wales data sharing via the National Data Resource (NDR) remains unresolved, with legal and regulatory risks under active review by WAST's DPO and IG team.
- Unknown requirements for 2025/26 and 2026/27 under the CMT programme pose a capacity risk to the Digital Directorate, potentially impacting delivery of the local Digital Plan.

15. Members enjoyed a **deep dive on digital**, where the five pillars of the digital plan: everyday essentials, digital pioneers, digital transformation, security/safety/cyber, and data/information insights, were laid out in more detail, including the 2025/26 priorities. This highlighted the breadth of digital's impact, particularly on the CMT, and the proactive approach to AI governance.
16. The **Information Governance (IG) Report** highlighted key updates, which included alerts regarding Data Protection Impact Assessment (DPIA) non-compliance, Artificial Intelligence risks, cyber risks, and an update regarding the ePCR 'copy and paste' functionality. Other key risks noted were that of the formal corporate risk, Risk 623 'failure to comply with data protection legislation', the risks regarding physical security, and the risks associated with not complying with the Freedom of Information Act 2000.
17. The annual package of **Emergency Preparedness Resilience and Response (EPRR)** assurance reports and plans were presented to this meeting. Members were assured as to the robustness of the plans and activities that have taken place:
 - With respect to the **Manchester Arena Inquiry (MAI)**, the Trust submitted its response to the recommendations to both WG and the Joint Commissioning Committee (JCC) in August 2024. Assurance meetings with commissioners took place in March and April, allowing scrutiny of the Trust's submission. Feedback from Commissioners is expected in August. There is some slippage on recommendations, which has been previously reported to the Trust Board. Additionally, an internal audit is underway to review governance and project management of the MAI recommendations, with findings expected to be reported in September.
 - The **Annual Hazard Area Response Team (HART) KPI report** for Q4 was presented, having been submitted to WG. Notably, one day in in March 2025, HART was unable to provide full team cover due to short-notice absences. This incident highlights the importance of the MAI recommendation to increase the HART team size from six to eight operatives to enhance resilience. Funding was received to increase the Special Operations Response Team (SORT) capacity from 150 to about 290 operatives. Procurement for equipment has been achieved at lower than anticipated costs, but there have been challenges with vehicle procurement; WG has allowed budget carryover to address this. The training programme to reach the new SORT staffing level is expected to complete within the calendar year. The main future challenge



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identified is skill retention and ongoing testing as the team expands, another element picked up in the MAI submission.

- The **Annual Welsh Government Emergency Planning Report (attached at Annex 1 in the reading room in Ibabs)** has been developed using the new WG template. It includes updates on national inquiries, outlines progress against priorities and sets forward-looking objectives. Members noted that this year, the Trust shifted its assurance position in the EPRR submission, indicating that some CCA principles are only partially met rather than fully met, reflecting learning from the MAI. The committee were assured that progress on these partially met elements now depends on meeting the MAI recommendations (see above), and this change was signalled to WG last year. The assurance section highlights dependencies and a move away from previous years' full assurance statements.
- The **Annual Business Continuity Report (attached at Annex 2 in the reading room in Ibabs)** includes a new governance structure implemented in November 2024 to strengthen oversight and embed business continuity planning across directorates. Members were assured that the Trust remains compliant with the CCA and that the new business continuity software, which is cloud based for additional cyber security, is expected to be fully rolled out by October 2025.
- The **Resource Escalation Action Plan (REAP)** triggers have been updated to align with the new Ambulance Performance Framework effective 1 July 2025. Key changes include new triggers for Purple Arrest, Red Emergency, and Amber categories, as well as inclusion of 999 call handling rates and Clinical Navigator UHP. The number of escalation triggers remains at four to ensure stability in operational response. A further review will take place to prepare for phase two of the framework.
- The **Incident Response Plan** was taken in closed session due to its sensitivities.

18. The Committee received a report on Commissioning, which is within its delegated responsibilities. Members noted the ways in which the Trust's 111 patient pathway, 999 patient pathway and Non-Emergency Patient Transport Service (NEPTS) patient pathways were all **commissioned by the JCC** and are subject to specific commissioning frameworks. This update was welcomed, setting out as it did the high-level arrangements and acknowledged the importance of the Trust's relationship with the JCC.
19. The **Audit Wales Urgent and Emergency Care – Arrangements for Managing Demand Report** was presented, following its extensive discussion at the Audit, Risk and Assurance Committee (ARAC) in June (see their AAA report in this board pack). This report provides a timely assessment of the Trust's response to ongoing pressures in urgent and emergency care and confirms that robust plans are in place and beginning to deliver improvements, though a full evaluation of the broader transformation is pending. Key developments include the expansion of the clinical desk, deployment of advanced paramedic practitioners, and the introduction of rapid clinical screening and clinical navigators, which have increased remote resolution of 999 calls. Early signs from Connected Support Cymru are also promising. However, challenges persist, particularly (at the time of the audit fieldwork) severe handover delays, fragmented data sharing with health boards, and inconsistent access to alternative care pathways. The report recommends improving the accuracy of 111 Wales website



content and maintaining up-to-date service directories to support staff referrals. Both recommendations have been accepted, with business cases drafted and discussions underway with WG to secure support. Overall, the report validates the Trust's strategic direction and underscores the importance of continued collaboration to reduce avoidable harm and build a more integrated, resilient care model. At the meeting Audit Wales noted that the fieldwork engagement with Trust colleagues was very positive and added that the Trust has been and continues to do everything within its control to improve patient outcomes.

20. A number of **internal audit reports** were received at this meeting as set out below given that their subject matter is within the committee's remit.

- Capital systems – reasonable assurance
- Contract management - advisory
- Emergency communication nurse system (ECNS) implementation – reasonable assurance
- Forecasting and modelling – reasonable assurance

The audit reports had been presented by Internal Audit at the June ARAC (see their AAA report in this board pack) and the audits helpfully included the extensive discussions held there. All actions will be tracked for oversight by this committee.

21. The **Quality & Performance Management Framework (QPMF) logic benefits map** was presented to the committee. The QPMF sets out an integrated approach to helping the Trust improve the quality of its services and outcomes for patients and achieve its ambitions and objectives by monitoring and improving the performance of people, teams, and the organisation. The logic benefits map was developed to clarify how the framework delivers value and how success will be measured. Further work will be done to clarify flows between inputs, activities, outputs and benefits etc.; however, it was acknowledged that this was a strong first version and would be refined over time. Assurance was provided on governance structures and processes for feedback loops, audits and tracking benefits.

22. In **closed session** members received the update on the cyber KPIs, cyber audit actions and the cyber risk 260. The closed session also considered and endorsed the business case for the Bangor Fleet Workshop Project. 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.

23. The committee's **annual priorities** were reviewed and are progressing well. The cycle of business monitoring report noted that the Value Based Healthcare Report, due in May has been deferred and will be the subject of a board development session to draw out the issues as they relate to WAST.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that all risks have undergone their quarterly review, with no changes in scores. It was emphasised that the highest rated risks are considered when setting the agenda ensuring that these are integrated into the papers and discussions throughout the meeting.

It was noted that **Risk 542 Decarbonisation** is a complex and multifaceted risk and challenging to



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mitigate given its nature and external dependencies; however, there is an aspiration to reduce this from a score of 16 to 8. NEDs met with management recently to review this risk and the ambition is to reframe it to focus on what is within the Trust's control, similar to the approach to risks 223 and 224.

Risks raised in the finance reporting were also discussed and are set out above.

COMMITTEE AGENDA FOR MEETING

Operations update Q1 2025/26	Financial position M2 and M3 2025/26	Financial sustainability programme
2025/26 Commissioning	IMTP Progress report	MIQPR
QPMF logic benefits map	Emergency preparedness, resilience and response (EPRR) annual reports	Digital reporting
Information governance report	Risk management and board assurance framework	Internal audits: - Capital systems - Contract management - ECNS - Forecasting and modelling
NHS Wales no purchase no PO policy	UEC report on arrangements for managing demand	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						
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett				
Lee Brooks						
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut						
Trish Mills						
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member