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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	28 May 2026
Committee Meeting Date	19 May 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Items for board approval:

1. The committee endorsed the Commercial Plan (**Annex 1**), aligned to the Trust's Integrated Medium Term Plan, which establishes a structured and values led approach to commercial development, focussed on reinvestment in services, workforce and innovation, rather than income generation alone. Members received assurance on the governance framework, ethical considerations and application of Value Based Healthcare principles. Members acknowledged the ambition to develop a self-sustaining commercial function by 2027/28 and confirmed the intention to maintain oversight as implementation progresses. Members emphasised the importance of a clear and consistent costing and pricing framework, including transparent treatment of overheads, to ensure credibility and avoid challenge regarding full cost attribution. The importance of a defined reinvestment principle was highlighted, recognising the risk of disengagement if teams do not see a direct link between their contribution and organisational or local benefit, and the need to balance organisational gain with local incentivisation.

ADVISE

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

2. The committee was advised on the forthcoming **Cyber Security and Resilience Bill** and accepted an opportunity for a focused briefing session to outline implications for NHS Wales organisations. Members welcomed further engagement, recognising the increasing importance of cyber resilience within the Trust's overall risk profile and the need for continued visibility, including via the forthcoming audit reporting.
3. Members **reflected positively** on the quality of the discussions and overall assurance received. The committee noted constructive and meaningful debate, particularly on strategic items such as the Commercial Plan, and recognised continued organisational delivery within a challenging



environment. Specific commendation was given to financial management and year-end delivery and the transparency and candour of reporting, with issues clearly articulated alongside mitigating actions.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 28 May 2026 meeting however members may benefit from the following points of discussion from the committee:

Financial Position

4. The committee received the detailed financial position for **month 12 2025/26**. The detail of the paper is not included here as it will be presented separately to board, but members may wish to note:
 - As at M12, a small revenue underspend/surplus of £0.080m was reported, which is the basis for the draft accounts for the 2025/26 financial year (subject to audit).
 - Full delivery of the capital programme.
 - Gross savings of £8.556m have been achieved against a £8.500m target.
5. A breakeven position for **month 1 2025/26** was reported including delivery of planned savings; however, Members noted that there are some risks and fragility with this and its reliant on some key assumptions as follows:
 - Assumption of c.£2.3m additional Welsh Government funding for risk pool pressures, not yet confirmed.
 - Emerging cost pressures, particularly fuel price volatility, not fully anticipated in planning potentially adding material in-year financial pressure.
 - A remaining savings gap (c.£1.2m), requiring continued focus on delivery, with an expectation to maximise recurrent savings.
 - An overall higher level of risk than typically reported, including emerging medium risks.

Integrated Medium Term Plan 2025/26 Delivery Assurance

6. The committee received the **Year End Integrated Medium Term Plan (IMTP) Assurance Report** (supported by detailed appendices), noting a positive overall position on delivery and strong alignment with multi-year priorities. Reporting for 2026-29 has been updated to align deliverables with strategic objectives supporting improved oversight. The evolving nature of the Clinical Model Transformation (CMT) programme, was highlighted including a shift from large-scale milestones to a more mature phase of delivery, strengthened through the benefits realisation approach and more proportionate reporting.

Performance Metrics

7. The board will receive the new form **Monthly Integrated Quality and Performance Report** (MIQPR) for March/April 2026 at its May meeting; however, of note from the committee's existing reporting were higher than expected 111 call abandonment rates in April, increased clinical call-back



times across remote assessment services, with actions underway to increase clinical capacity and improve patient flow. While performance for life-threatening incidents remains strong, pressures in higher acuity demand and system flow continue to impact performance, with further improvement work progressing through the CMT benefits realisation programme. The committee welcomed the ongoing work to refine the MIQPR reporting including that for committees.

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

8. The reasonable assurance **Internal Audit Report** on the **Capacity Management Plan (Ambulance Care)** was received with recommendations focussing on strengthening documentation of decision making in a high demand operational environment.
9. Members received the **Rurality report** describing performance variations between rural and urban areas noting the importance of a clearly defined problem statement with commissioners before identifying further actions. Committee discussed system level factors influencing outcomes, the need for clarity in performance measures and continued engagement on key enablers such as Handover 45 and targeted recruitment approaches.
10. The **Digital Report** was noted including continued digital innovation with constrained capacity relative to demand, with ongoing recruitment and market challenges. Members were assured that while the position has stabilised, future prioritisation and potential investment will be required to sustain delivery.
11. Members noted the **Information Governance** report which provided transparency on key risks, including pressures in records management and Subject Access Request compliance, a backlog of Data Protection Impact Assessments, and issues relating to CCTV governance. Members were assured that these risks are being actively managed, with targeted recovery actions in place, including the establishment of a dedicated recovery cell.
12. Members were assured that the **2025/26 Information Governance Toolkit** was successfully submitted and all minimum standards had been met for the first time. Many standards were rated as exceeded, a significant step forward within a complex NHS landscape of compliance. An action plan is in development for the 2026/27 submission to maintain existing requirements and to address new standards on AI use, data subject complaint processes and an updated Information Asset Register, and DPIAs for AI solutions.
13. The **Operations Quarterly report** was received, with the following of note for the board:
 - The **111 rostering review** on track for June, supported by enabling digital developments.
 - Early work on RCS0 pre-alert functionality has identified capacity trade-offs within clinical navigation, and further work is underway to better understand and optimise resource requirements.
 - The **Falls Desk** has secured funding for the current year and is demonstrating clear impact. However, there is no confirmed funding beyond this period, and further evaluation will be undertaken in year to support a case for continuation, with potential reliance on internal prioritisation if external funding is not secured.



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- The **single clinical queue/Integrated Care Clinical Queue** has been implemented, with a stabilising position; however, further data reporting investigation is required for accurate callback times and consult and close rates.
- Improvements have been made in **workforce planning and training**, with a revised approach to MIST delivery reducing pressure on management and training teams. Our Trade Unions Partners were recognised for the partnership working to improve the experience for all involved.
- The next phase of **NEPTS roster changes** remains on track and is expected to deliver additional operational capacity through Q2.
- Delivery of £4.3m of **operational savings** was noted, with associated capacity impacts.

Governance Reports

14. The **audit tracker for Q4** was received with no escalations to the board.
15. In **private session** members received an update on the forward plan of contracts within board delegation over the next 18 months, the strategic commercial partnership and contractual arrangements paper, the cyber papers and audit tracker for Q4. There were no escalations to the board with respect to those items. The private session also considered and endorsed a contract replacement, call prioritisation streaming system and online symptom checkers paper and the 2026/27 capital plan for approval by the board. All items taken in private session were done based on commercial or security sensitivity and will be reported to the open session of the board in due course.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting all risks have undergone their quarterly review, with no changes in scores. The activity undertaken during this period is due to be considered by the Executive Leadership Team on 27 May 2025.

Risk 139 Finance

The risk remains at a score of 8 (2x4) but it is expected to increase to reflect the emerging financial pressures, reliance on key assumptions that are still emerging and increased overall risk exposure.

Risk 641 Manchester Arena Inquiry

Members noted that the independent review commissioned by the JCC was largely supportive of the Trust's position. It was helpful to attend a facilitated meeting with the reviewer, hosted by the JCC, to discuss the small number of areas of divergence. Ongoing engagement with commissioners continues, although timelines on the formal outcome and funding remain uncertain. A further focused update will be provided as the position develops.

Risk 542 Decarbonisation

Members noted that while the risk retains its high score, mitigation continues to be constrained by capacity limitations. Members acknowledged that this remains a stand-alone risk and not part of a wider regulatory /compliance risk. Committee noted the ongoing review of the score to ensure that it remains proportionate in the context of the wider risk landscape and reflective of what is within the Trust's control



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as we navigate a challenging financial position.

COMMITTEE AGENDA FOR MEETING		
Operations Q4 2025/26 report	Internal audit – Capacity Management Plan (Ambulance Care)	Rurality, including overruns
Financial position M12 2025/26 Financial position M1 2026/27	Commercial plan	IMTP Year End 2025/26 assurance
MIQPR March/April 2026	Digital reporting May 2026	Information Governance Progress Report
Information Governance Toolkit	Risk management report	Audit tracker Q4 2025/26

COMMITTEE ATTENDANCE						
Name	19 May 2026	21 Jul 2026	15 Sep 2026	17 Nov 2026	19 Jan 2027	16 Mar 2027
Jayne Beeslee (Chair)						
Bethan Evans						
Peter Curran						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Liam Williams						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry	Until 12:40					
Damon Turner						
Matt Dugdale						

	Attended
	Deputy attended
	Apologies received
	No longer member