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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.

<b>Trust Board Meeting Date</b>	27 March 2025
<b>Committee Meeting Date</b>	18 March 2025
<b>Chair</b>	Jayne Beeslee

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

- The Integrated Medium Term Plan (IMTP) for 2025-28** and the **financial plan for 2025/26** was received and endorsed for board approval. Members reviewed the plan with the following considerations in mind:
  - Alignment with the long term strategy
  - Balance of ambition with delivery
  - Underpinned by a credible, sustainable and deliverable financial plan
  - Takes appropriate account of patient outcomes and workforce wellbeing
  - Identifies and mitigates risk
  - Shows appropriate engagement with stakeholders
- The plan is ambitious and aims for significant transformation, but it is not without risks, particularly financial and collaborative challenges. The financial plan includes an £8.5 million savings requirement, which is considered stretched but achievable. The plan itself is very clear on what is currently assumed as income and funding to support the Trust's estimated expenditure in 2025/26 and what savings are currently required and assessed as being deliverable, in order for the Trust to delivery on its statutory duty to breakeven. The risk that further savings may be required in year by the Joint Commissioning Committee was discussed in some detail, both in relation to the timing of the request and the potential impact on service delivery, patient safety, and performance..
- Notwithstanding this, the committee were assured on the considerations set out above, and that the planning process was robust, particularly around prioritisation and consequent funding, and that there is close collaboration with health partners to achieve our goals. The Equality Impact Assessment (EqIA) did not indicate adverse impacts of our plan on protected characteristics, however there are some areas of improvement for those areas of 'neutral impact' which will be monitored by the executive.



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4. The IMTP and financial plan for 2025/26 is before the board today and will be submitted to Welsh Government following board's approval on 27 March.
5. The Wellbeing of Future Generations Act (WBFGA) has applied to WAST since 30 June 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home. The Trust's **Wellbeing Objectives** have been developed in partnership with trade union colleagues and internal and external engagement. The wellbeing objectives were endorsed by the committee and are before the board for approval on 27 March.
6. **Initial 2025/26 Revenue Budget Setting Paper** was received. The issues and risks were discussed, some of which are set out above, and the initial divisional budget breakdowns reviewed. The budget paper was endorsed by the committee for approval by the board on 27 March.
7. The Trust is still not achieving the 85% **information governance training compliance** requirement that it must meet by 31 March to meet minimum standards on the Information Governance Toolkit. There are several consequences of non-compliance: firstly, the organisation will be seen as non-compliant by Welsh Government and Information Commissioner's Office with possible enforcement action, there is also a risk of the UK's Confidentiality Advisory Group denying research requests (as articulated in the BAF Risk 623); secondly, individual staff who are non-compliant will be in breach of the Data Protection Policy and employment T&Cs.
8. The **vehicle accident management internal audit** was presented. This limited assurance report was discussed at length at the Audit, Risk and Assurance Committee (ARAC) on 6 March, with both this committee and ARAC assured that the actions proposed were reasonable.

## ADVISE

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

9. The **Quality and Performance Management Framework (QPMF) refresh** was endorsed by the committee and recommended for approval by the Trust Board. Members heard that the framework is an 'evolution rather than a revolution', as the current framework sets a high standard. A recent internal audit on the QPMF provided reasonable assurance overall. The committee were assured that, organisationally, the framework is strong in terms of assurance mechanisms, but there is variation in practice across directorates. The goal is to reduce this variation, and the Executive Leadership Team oversee the work of the steering group in this regard. The framework supports the statutory Duty of Quality, serving as the quality policy of the organisation.
10. Members **reflected** that the agenda and business was managed well, with sufficient time for each item which ensured comprehensive discussions. There was a focus on quality of information which provides good assurance. Additionally, members acknowledged the need to focus the committee's attention on relevant risks and minimising duplication where business is received at other committees.

## ASSURE



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(Detail here assurance items the Committee receives)

*The following items will also be presented to board at their 27 March meeting however members may benefit from the following points of discussion from the committee:*

### **Financial Position for Months 10 and 11 2024/25**

11. The financial position has been broadly stable for several months, with a forecast to land at a break-even position. The Trust is reporting a small revenue surplus £42K for month 10. In line with the financial plans that support the IMTP, gross savings of £5.924m have been achieved in month 10 against a target of £5.531m.
12. Month 11 is a continued reported revenue underspend against budget of £0.042m.. In line with the financial savings plans that support the IMTP, gross savings of £6.317m have been achieved against a year-to-date target of £5.975m (these including income generation schemes) hence an over achievement of £0.342m. The capital programme continues to be closely monitored as we move towards the end of the financial year, with a focus on ensuring minimal variation against the WG set CEL by the end of the month / year end.
13. The financial risks for the current year have been managed effectively, with no significant risks remaining for the next two weeks. The organisation is confident in its ability to manage any remaining risks and achieve the break-even position. Overall, the position is stable with a forecast to achieve break-even by the end of the financial year.

### **Monthly Integrated Quality and Performance Report (MIQPR) for January/February 2025.**

14. The board will receive the MIQPR at its March meeting, however of note: there are some early signs of improvements in the indicators as a result of the CMT programme, but handover lost hours went up, despite lower conveyance levels. The committee noted the remedial actions in place where necessary.

### **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report**

15. This report was the interim Q4 2024/25 position. The Board will receive the assurance report at its March meeting, however the committee noted:
  - The volume of work and the pace of change is significant. Concerns were raised about this pace and change fatigue and the impact of that on our people. This has now been referred to the People and Culture Committee to review in more detail.
  - The significant drop in 111 patient survey data was raised given satisfaction levels have dropped from 88% to 49% and further detail was requested as to the reasons.
  - The Non-Emergency Patient Transport Service (NEPTS) re-rostering was discussed, with the committee hearing of the potential benefits (rosters have not been changed for many years), but also the challenges with engagement and implementation.
  - The challenges in recruiting to the Head of Commercial position were discussed, with the job description now undergoing a review and with plans to re-advertise the post in the coming weeks.



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

16. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and progress against the recently refreshed Digital Plan were presented. Of note:
- The Clinical Model Transformation programme requires significant input from various Digital teams – including those supporting on changes to CAD or other systems, DOS updates, and data, reporting and analytics for the new call flow and categorisation process. These requirements were not known at the time of writing of the Digital Plan and so many of the pre-agreed priorities and timelines for 24/25 are now paused or at risk. Replanning for next year includes simplified sign-on, lab work, and data quality initiatives. 6
  - Successful recruitment for information and data services team, ICT team, and senior posts.
  - Progress on digital transformation, innovation programme, and innovation lab work to create a safe space for staff to bring ideas and problem statements.
  - Achieved near-perfect uptime (99.999%) for two consecutive years, indicating less than 40 minutes of downtime annually for WAST owned systems and infrastructure.
  - Sustained high demand for data services, with turnaround time now around 30 days. Prioritizing CMT work.
  - Scoping work for IPC audit tool complete
  - Drones purchased for HART and training scheduled
  - NEPTS cancellation 2-way SMS functionality live.
17. The **Information Governance Report** (IG) highlighted ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:
- The Trust has recently recruited to the full-time Data Protection Officer role, with an existing member of staff having been appointed. Additionally, the Head of Compliance and Assurance role has been filled internally to bolster freedom of information responses.
  - The Information Governance Toolkit improvement plan is progressing with all items having been achieved saved for the mandatory training target (see above alert section).
  - The Trust is working to migrate records held by Denbighshire Country Council.
18. The **Q3 audit tracker** was produced with no escalations reported. Those committee related actions on their third and final date were discussed at ARAC in November 2024 and March 2025 and should be closed in Q4.
19. The committee held is **2024/25 annual effectiveness** review and the annual report and any changes to terms of reference and operating arrangements will be reported to ARAC and the board in May.
20. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations for the board.
21. In **closed session** members received the update on the cyber KPIs, cyber audit actions and the cyber risk. There were no escalations to the board.



## RISKS

The committee received and reviewed the current board assurance framework. All risks have undergone their quarterly review, with no changes in scores except for the cyber risk. The two major risks, 223 and 224, have been discussed extensively in the Quality, Patient Experience and Safety Committee and the Audit, Risk and Assurance Committee. Given the focus on these two risks at the board as well as these committees, it was agreed that these would not be reported for information to this committee going forward.

Cyber Risk 260: The cyber risk has increased in score during the reporting period and will be moved to the closed session due to the sensitive nature of the actions and details involved. Where necessary matters in relation to this risk would be escalated to the trust board.

### Other Risks Raised:

Risks and assumptions related to the 2024/25 financial plan, as well as that for 2025/26 were raised in the appropriate papers on these items

### COMMITTEE AGENDA FOR MEETING

Committee effectiveness review 2024/25	Financial position Months 10 & 11 2024/25	IMTP Delivery/Assurance – Progress Update 2024-27
IMTP 2025/28	Wellbeing Objectives	Initial 2025/26 revenue budget
QPMF Refresh	MIQPR	Digital reporting
Information governance	Internal audit -Vehicle accident management -Audit tracker	Risk management and BAF
Committee priorities and cycle monitoring	Reflections	

### COMMITTEE ATTENDANCE

Name	14 MAY 2024	16 JULY 2024	17 SEPT 2024	19 NOV 2024	16 JAN 2025	18 MAR 2025
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		Hugh Bennett <sup>1</sup>
Lee Brooks						Mark Harris
Liam Williams				From Item 7	Penny Durrant	Wendy Herbert
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

<sup>1</sup> Rachel Marsh attended from 12 for the IMTP 2025-28 item



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	Attended
	Deputy attended
	Apologies received
	No longer member