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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 SEPTEMBER 2025 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director (Left During Item 67/25)
Rhiannon Beaumont-Wood	Non-Executive Director (Joined during Item 67/25)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Performance (Joined during Item 68/25 and left after 69/75))
Richard Davies	Assistant Director of Capital and Estates (Joined during Item 74/25 and left after 75/25)
Colin Dennis	Chair of the Trust Board (Left after Item 74/25)
Estelle Hitchon	Interim Executive Director of Strategy, Planning and Performance and Director of Partnerships and Engagement
Jonathan Jones	Audit Manager
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Ed Roberts	Assistant Director of Finance
Jonny Sammut	Director of Digital Services (Joined during Item 67/25)
Mark Thomas	Commissioning & Performance Manager (Left after Item 70/25)
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Osian Lloyd	Head of Internal Audit
Rachel Marsh	Interim Chief Executive
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

65/25 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes: The minutes of the open session held on 21 July 2025 were considered by the Committee and confirmed as a correct record subject to a minor amendment on the sub heading to Item 47/25. Month 4 year to read 2025.

Matters Arising: None

Action Log: Action 53/25: In terms of the QPMF benefits map and the benefits measures it was agreed that the QPMF Steering Group would consider this in further detail. It was agreed an update would be provided at the next meeting following discussion at the QPMG Steering Group. The QPMF Steering Group further considered this on 4 September. Whilst some amendments were agreed, both Hugh Bennett and Trish Mills would benefit from a discussion with the committee chair and Peter Curran on the mapping and the best way to represent benefit going forward. A suitable date was being sourced for this meeting to take place prior to the end of September 2025. Action was to remain open until meeting confirmed.

Committee Highlight Report: The Committee highlight report dated 21 July 2025 was received.

The Committee RESOLVED TO:

- (1) Approve the minutes of the Finance and Performance Committee held on 21 July 2025 subject to the minor amendment as described.**
- (2) Consider the Action log and noted the update as described above.**
- (3) Receive the Committee highlight report dated 21 July 2025.**

66/25 FINANCIAL POSITION FOR MONTH FIVE 2025/26

MONTH FOUR 2025/26

The Committee noted the update as detailed in the report.

1. The Trust was now reporting a revenue year to date deficit (£246k) for month 4 2025/26.
2. In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust was currently forecasting to breakeven by the 2025/26 financial year end.
3. Capital expenditure plans continue to be progressed with plans to fully achieve in year.

4. In line with the financial plans that support the IMTP, gross savings of £2.884m have been achieved in month 4 against a target of £2.796m.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 98.7% for the number, and 99.0% of the value of non NHS invoices paid within 30 days.

MONTH FIVE 2025/26

An update was given by Ed Roberts who provided the Committee with the following details:

1. The month 5 reports were submitted to Welsh Government by the submission date of Thursday 11 September 2025.
2. The cumulative year to date (at Month 5 end of August 2025) revenue financial position reported was an overspend against budget of £0.229m (in month performance delivered a surplus of £17k).
3. The I&E forecast for 2025/26 was still one of breakeven, but this continued at a higher risk of delivery.
4. The Capital plan was being progressed and current planned expenditure of £30.190m was forecast to be fully spent by the end of the financial year.
5. In line with the financial savings plans (£8.5m) that supported the IMTP, gross savings of £3.582m have been achieved against a year-to-date target of £3.486m, hence an overachievement of £0.097m.
6. Public Sector Payment Policy was on track with cumulative performance to month 3 (as this was reported quarterly), against a target of 95%, of 98.7% for the number of non-NHS invoices paid within 30 days.

The key assumptions underpinning the year-to-date financial performance, remain broadly in line with that within the 31 March 2025 approved IMTP/Trust Board financial plan and budget set, in particular, those in the initial plan were as follows:

1. The ability to deliver a minimum of c£8.500m in savings and efficiencies in year. This equated to c2.7% of the Trusts discretionary income.
2. No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. These included any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry.
3. Despite an element of additional funding provided, some cost elements were still hard to predict through the 2025/26 financial year (and beyond) and may remain volatile.
4. The ability to manage in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2025/26 financial plan.
5. Income assumptions in opening financial plan were fully funded via commissioners and Welsh Government (2025/26 pay awards increases).

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 were 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.

Carl Kneeshaw added that some current vacancies were 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 were 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.

The Chair requested additional details regarding the distribution of capital expenditure throughout the year. Ed Roberts explained that due to the annual allocation process for capital funding, planning typically begins as early as possible, but full approval from the Welsh Government (WG) was required before proceeding. Discussions were ongoing with WG concerning next year's fleet expenditure. A staggered approach was being considered to secure funding earlier, which would allow for an accelerated purchase of vehicles and enable their preparation for conversion at an earlier stage. This process was implemented last year and was expected to continue this year, resulting in increased spending on vehicles in quarter three. Furthermore, most of the Estates expenditure will occur in quarter four due to the schedule of construction activities and when significant costs, such as planning and architectural fees, were typically incurred.

Following a query in terms of the financial risk regarding the cost involved with the impact of regarding ambulance delays, Ed Roberts advised it was anticipated that the risk will likely be reduced around month six if trends continue. The associated risks involved assigning additional staff to A&E and managing handovers, as well as potentially increasing overtime if necessary. A staggered approach was being considered, with the aim of receiving funding indications earlier to facilitate the purchase of vehicles and prepare them in advance for conversion. The shared information across NHS Wales suggested that most health boards were aiming to return to break even by quarter three and four, with figures indicating an average shift from a £2 million monthly deficit to nearly a £4 million surplus. For now, the risk level remained unchanged, but it may decrease as the end of the year approaches and investment decisions are made based on current workforce capacity.

The Committee RESOLVED To:

- 1. Note and gain assurance in relation to the Month 4 revenue financial position and performance of the Trust as at 31st July 2025.**
- 2. Note the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.**
- 3. Note the capital programme for 2025/26.**
- 4. Note the Month 4 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

67/25 PHASE 2 GO-LIVE OF CLINICAL MODEL TRANSFORMATION

Lee Brooks introduced the phase two assurance for the Ambulance Performance Framework, describing it as a pivotal step in transforming the Trust's response to the people of Wales. This phase builds on the successful launch of phase one, which began in July and introduced new emergency categories and a shift from time-based targets to clinical outcomes.

Lee Brooks reminded the Committee that several pathway changes had already been deployed, including the introduction of clinical navigators and rapid clinical screening, which started in November of the previous year. These changes were designed to better direct unscheduled activity into planned care and support the new framework. Lee Brooks drew out further details of Phase Two as outlined below:

Phase two focused on the amber and green categories, which accounted for about 70% of 999 incidents. These categories previously lacked formal time standards and have been subject to increasing delays due to rising activity and handover pressures. The Welsh Government (WG) led review found the old framework unfit for purpose, leading to the current changes.

Three new response categories were being introduced:

1. Orange (Time Sensitive): For cases like stroke and STEMI, focusing on rapid arrival of specialist care.
2. Yellow (Assess and Respond): For cases needing further clinical assessment, often in the community.
3. Green (Planned): For cases suitable for remote or community-based management, such as palliative care or urinary tract infections.

Each category will be supported by tailored measures, including median and 90th percentile response times and clinical quality indicators, aligning with best practices and bringing Wales in line with other UK nations.

Implementation & Governance:

1. The deployment was being led by a task and finish group, now chaired by Kerry Griffiths. The group has developed data definitions and submitted them to the commissioner on time.
2. Impact assessments, Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) were being developed and will be submitted to the Trust Board after scrutiny by the QuEST Committee.
3. Operational readiness includes Computer Aided Dispatch (CAD) system changes, Standard Operating Procedure (SOP) reviews, and staff training. Lessons from phase one were being incorporated, and staff feedback was being gathered to inform phase two.
4. Communications and staff engagement were ongoing, with positive feedback from staff about their readiness for phase one.

Financial and Technical Dependencies:

1. There were no direct financial implications for phase two, but there was a related ambition for a single CAD instance to support remote integrated care, with capital funding recently approved and delivery expected in the spring.
2. The main risk is the dependency on the CAD supplier (MISI), but current milestones are being met, and development is proceeding at risk while final details are agreed.

Monitoring, Risks, and Timeline:

1. Implementation will be closely monitored, with regular updates to Welsh Government and internal reviews, as was done in phase one.
2. The Cabinet Secretary has requested implementation by the start of December. If this cannot be achieved, the organization would seek to delay until after winter, but the public announcement creates an obligation to aim for the December date.

Clinical outcomes for the measures referenced were still evolving. However, a persistent challenge remains due to the lack of a unified medical record system across the wider healthcare landscape. The Trust continues to rely on available data sources, primarily the electronic Patient Care record (ePCR) and proxy measures for quality, as well as being alert to reports via the concerns and Putting Things Right processes.

Phase 2 introduces new screening codes Rapid Clinical Screening (RCS1-3) alongside RCS0 to help prioritise calls with high risk markers during the pilot. Initially, RCS codes will be adapted from Amber 1, Amber 2, and Green code sets, with further updates planned as the new model is established.

Based on the approach used in Phase 1, the communications strategy will be implemented in a similar manner for Phase 2. Key materials were currently under review and being updated, using a hybrid method that employed various communication tools and collateral to maximise reach.

Two high-level risks, each with a score of 16 or more, have been identified: challenges from an external supplier delivering Computer Aided Dispatch (CAD) changes, and potential time constraints in setting up internal reporting. Both were under close and proactive management. A meeting has been held with the supplier MIS, with an agreed way forward on the commencement of the development milestones.

The Cabinet Secretary has approved the changes and requested implementation by 01 December 2025. While the Trust recognised this coincided with the peak activity period, it was currently on track for a 01 December launch; if delays arose, the Trust would propose postponing until 01 February 2026. Nonetheless, the Cabinet Secretary has set 01 December as the official go-live date, which the Trust was obligated to meet.

Liam Williams stated that the Clinical Advisory Group (CAG) was reviewing information related to quality, safety, and clinical delivery. In phase 1, this data will inform the quality impact assessment for phase two. The CAG will recommend any changes to the Quality Impact assessment (QIA) based on lessons learned and critical analysis. These recommendations will be reviewed by the Clinical Quality Governance Group in the coming week, ensuring all necessary adjustments were addressed.

A question was raised regarding the Orange Now category and whether there were effective mechanisms in place to accurately measure outcomes across organisational boundaries. Lee Brooks advised that work was underway with Digital Healthcare Wales towards having more access to data across boundaries but there was more to do.

The Committee sought confidence levels in terms of the challenging implementation date. Executives expressed confidence that the changes to the CAD remained on track for go-live. The statement of works has been central to recent discussions, with the next milestone on the 08 October offering a further opportunity to confirm readiness. A go-live checklist will be in place as it was for phase one.

Lee Brooks added that the Trust was not seeking additional investment for this initiative; the approach to Clinical Model Transformation has always focused on optimising current resources. Members discussed the associated opportunity costs and the need to ensure appropriate use of resources, including fleet, with the delivery of these changes.

The Chair noted that one key concern was the progression to phase two without first evaluating both the delivery and clinical risks arising from phase one. The 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, and the evaluation will also share insights throughout the pilot, and complements the clinical flows implemented since November 2024.

Members endorsed the paper for onward submission to the October Extraordinary Trust Board meeting in October and noted that this was subject to the QIA and EqIA being reviewed at an extraordinary meeting of the Quality, Patient Experience and Safety Committee (QUEST), which was to be arranged.

The Committee RESOLVED To:

- 1. Note that the QIA and EQIA are being developed, and each shall be subject to the appropriate quality governance mechanisms, and both shall accompany this paper at the time of final approval being sought from the Trust Board. The committee is asked to note that it may be necessary to make minor adjustments to this paper ahead of its final submission to Trust Board on 23 October 2025 following the internal review process. It is requested that the committee allow for minor changes to this assurance paper prior to submission to Trust Board, providing any change does not materially alter the direction or outcomes.**

2. **Endorse onward submission to Trust Board, confirming that the Committee is assured that the organisational preparedness meets with the appropriate requirements to implement the changes safely and effectively.**
3. **Endorse that the Ambulance Performance Framework (phase 2) proceed to implementation, with oversight of implementation be provided by the Clinical Model Transformation Board.**

68/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Mark Thomas outlined the main points of the report:

1. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in July 2025 and is unlikely to do so within the existing commissioned financial envelope i.e. capacity (including efficiencies) is not sufficient to meet demand.
2. The Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 2025, which was in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.
3. Phase 1, The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025. This is the first scorecard to include these new categories.
4. Amber response times continue to have a known impact on avoidable patient harm and are still higher than ideal. But there were ongoing response model changes being implemented to the trusts, wider Clinical Model Transformation programme.
5. Ambulance care - Oncology performance in July 2025 was 75.56%, achieving the 70% target. Renal performance remained just above target, achieving 70.72% and advanced discharge & transfer journey performance increased marginally to 83% (95% target), this will primarily be an issue with capacity.
6. Hours Produced: The Trust produced 119,098 Ambulance Response unit hours during July 2025 and delivered an emergency ambulance unit hours production (UHP) of 90%, remaining below the 95% target.
7. the Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.

Members noted there was a notable decline in complaint response times in July. However, as mentioned in the report, a Putting Things Right recovery Plan was being implemented. The Committee can be assured that this matter was being closely monitored by QuEST Committee, with comprehensive information sharing and transparent discussions being held with executives.

Regarding 111 response times, data indicated a decline during the summer months. This highlighted a gap between demand and capacity and raised questions about the nature of investments made in the 111 service. Lee Brooks commented the Trust was observing the results of the roster review, and current performance was, although not achieving the target, exceeding the predictions from the current modelling.

Members asked what the opportunities were to improve the compliance rates in terms of the clinical outcomes. Lee Brooks added that the Trust was prioritising discussions about quality and outcomes. There was an increasing interest in the results of actions especially since the Trust started measuring key factors like response time and access to public defibrillators. He believed this focus will persist, particularly within the Operations Directorate, shifting attention from simply responding quickly to ensuring effective clinical outcomes.

Members inquired about sickness levels and when were they last near 6%, and whether the plan could realistically achieve that goal. Lee Brooks noted that the rate was closest just before the pandemic but then increased significantly. He suggested that current trends were likely due to the typical rise in sickness during the summer holiday period and expected rates to decrease as autumn arrived, with another increase anticipated in winter.

Following a discussion on the clarity of the Statistical Process Control charts within the MIQPR, it was agreed that Jonny Sammut would collaborate with Mark Thomas to explore ways to enhance the presentation of the visuals in the report for improved clarity. Estelle Hitchon noted that she has progressed discussions regarding possible adjustments to the presentation of the MIQPR.

The Committee RESOLVED To:

- 1. Consider the July 2025 Integrated Quality & Performance Report and actions being taken and determine whether:**
 - a. The report provides sufficient assurance.**
 - b. Whether further information, scrutiny or assurance is required,
or**
 - c. Further remedial actions are to be undertaken through Executives.**

69/25 REVIEW OF AMBULANCE SERVICE INDICATORS

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 by Mark Thomas. It was noted that the ASI are published monthly by the Joint Commissioning Committee (JCC) and set out the Trust's performance across the five sept 999 patient pathway.

The ASI included the recent major change in incident categorisation which introduced the Purple (Arrest), Red (Emergency) and Rapid Clinical Screening Zero (RCS0). The ASI are not formally reported to the Committee, however many of them are incorporated into the MQIPR. Estelle Hitchon noted that future planning should consider which ASI data is most useful for performance scrutiny and resource allocation.

The Committee RESOLVED To consider the Ambulance Service Indicators and that they provided sufficient assurance with regards to the wider reporting to the Committee via the Trust's MIQPR.

70/25 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Alex Crawford updated the Committee on the Integrated Medium Term Plan (IMTP) Delivery and Assurance Report for Q2 2025/26.

Detailed feedback from WG on the plan has now been received and will be distributed more widely within the Trust. Overall, the feedback was positive but also highlighted areas where delivery confidence was lower, such as population health initiatives that have been challenging to initiate. These observations aligned with those noted in this report and reflected areas for potential progress in the current planning cycle.

The report also emphasised that the number of accountability conditions this year was significantly higher than in previous years. Last year, there were three or four accountability conditions, whereas this year there were approximately ten. Many of these conditions were applicable across NHS Wales, but there were several that were specifically tailored to the Trust.

Alex Crawford added that the paper's main focus was the CMT programme, currently at a cautionary (yellow) status due to ongoing work. The digital front end has improved from amber to green, showing strong progress, especially in integrated care services, though some CAD requirements kept it at amber. For EMS services, phase one of the Ambulance Performance Framework was delivered in July, and preparations for phase two in urgent care response are underway.

Urgent care remained at a yellow status, but scheduling improvements were in progress, along with utilisation of mental health vehicles. Health transport activity was minimal, with most ambulance care managed under operations. Transfer and discharge remained challenging due to Health Board needs, but national programmes like urgent care and Six Goals aimed to address this, alongside initiatives like Wait 45.

The rapid pace of change was noted in strategic updates and planning reflects consolidation and benefit realisation. The report also reviewed the Cabinet Secretary priorities, with milestones outlined in Appendix 2 aligning closely with the CMT programme.

The Committee inquired about the current status of the transfer and discharge service, which was presently on hold. Alex Crawford advised there was an urgent need for discussion on discharge and hospital flow, as recent workshops have raised concerns about the Trust's ability to support patient movement. The challenges affecting transfer and discharge were similar to daily EMS issues, such as handover delays. Upcoming changes with regionalised services and work on the Wait 45 will impact these processes. Estelle Hitchon added that the Executive Team was actively reviewing the IMTP to determine which items should continue, be deferred, or stopped, especially for those not considered immediate priorities. They were considering whether to extend deadlines or park some items for now, recognising that not all planned work can be delivered due to the current volume and shifting priorities. Estelle emphasised the importance of understanding the actual workload behind each objective and being more selective in future planning, as unexpected priorities often arise during the year

The Committee RESOLVED To:

- 1. Note the CMT programme interim Q2 position.**
- 2. Note the specific update on Directorate led deliverables for SO5.**
- 3. Note the interim Q2 position for the Cabinet Secretary's priorities.**

71/25 DIGITAL REPORTING

Jonny Sammut updated the Committee on the following points:

1. Recruitment into Digital was progressing well. There were currently a total of 23 roles that Digital were actively recruiting into in 25/26 - made up of core baseline vacancies, posts from 24/25 investment, and new posts from 25/26 investment.
2. Audit Wales Digital Transformation Review: Board Self-Assessment. Trust Board were invited to share feedback, and the self-assessment has been submitted on behalf of the Trust.
3. The Trust has received 70 evaluation feedback forms as part of the Copilot pilot which have been developed into requirements for an ongoing education package.
4. The refresh of the Electronic Patient Care Record (ePCR) application has been formally approved and is now in active development.
5. As part of the National Data Resource (NDR) Programme, an all-Wales Joint Controller Agreement was signed by the Trust in August, the first step of a series of Information Governance assurances and requirements to enable compliant use of this DHCW managed platform.

The Committee RESOLVED To note the contents of the Digital Report.

72/25 INFORMATION GOVERNANCE REPORT

Jonny Sammut highlighted key updates, which included alerts regarding ongoing review of the data breaches log, a new corporate Artificial Intelligence (AI) risk and an AI steering group in development. He added there was a records management plan in place for the physical records, and a developing plan for online records management.

Members commended the highest ever Information Governance mandatory training rate (89.61%) and the ongoing cyber improvement work. The Committee noted a temporary rise in dormant accounts, and the plan to reduce them. It was also noted that both physical and online records management were challenging given their volumes.

The Committee RESOLVED To note the Information Governance report.

73/25 INTERNAL AUDIT REPORT: MANCHESTER ARENA INQUIRY

Lee Brooks presented the Manchester Arena Inquiry (MAI) internal audit report which looked at the governance and reporting arrangement established, including a validation exercise to support the closure of action and received substantial assurance. It was noted that this report had been received by the Audit, Risk and Assurance Committee and that the summary from the discussion at that committee was included here for transparency.

The assurance opinion given by Internal Audit for this review was 'substantial'. The Committee welcomed the work involved and the team was commended on the positive outcome. It was noted that a more detailed discussion on the MAI submission to Commissioners and the delays to the timeline thereof were due to be discussed in the closed session of this meeting.

The Committee RESLOVED To note the receipt of the Internal Audit Report on the Manchester Arena Inquiry, the assurance opinion for which was 'substantial' assurance.

74/25 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Richard Davies, in updating the Committee advised them that WG were reviewing the Strategic Delivery Plan, which will impact the Decarbonisation Action Plan. Key challenges included the Electric Vehicle charging rapid charging network due to market instability.

Members were assured with the Trust's re-accreditation of ISO 14001 Environmental Management which was commended by the Committee. This reflected the team's commitment to high standards in environmental management. The update was received and there were no questions or concerns.

The Committee RESOLVED to note the update on the work being undertaken in support of the Trust's Environment, Decarbonisation and Sustainability work programme and the update on the Trust's Decarbonisation Plan.

75/25 ESTATES BACKLOG ANNUAL REPORTING

Richard Davies updated the Committee advising them 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.

Richard Davies added that physical condition surveys were completed every 5 years and updated annually after completion of essential works, or because of disposal.

Ed Roberts acknowledged Richard and the team for their efforts in addressing the backlog. One major aspect involved Llanfairfechan, specifically regarding the closure and relocation to Ty Elwy, which resulted in substantial deferred maintenance for that facility.

The Committee RESOLVED To note this update and the 2024/25 Estates Condition and Backlog Maintenance Report.

76/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

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 meeting on the new template.

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

RESOLVED: The Committee RESOLVED To

Consider contents of the report including:

- a. The controls in place against the risks.**
- b. The actions described to further mitigate the risks.**

77/25 AUDIT TRACKER

Trish Mills provided a brief overview of the Audit Tracker, highlighting that its purpose is to give assurance on the progress of tracking audit actions under the committee's remit. She specifically noted the focus on the data quality audit, mentioning that the committee wanted to closely monitor its progress. She referenced a recent report to ARAC, explained that one action (111 commissioning advisory) was closed at the meeting, and pointed out that the remaining open action relates to digital literacy, which is due next month. She also mentioned that ARAC requested assurance from the Finance and Performance Committee on the realistic delivery of revised dates for these actions.

Jonny Sammut explained that previous delays on the data quality action were due to long-term staff absence, but the data quality team is now back to full strength. He reported that architecture documents mapping systems and data flows have been updated and signed off, and he expressed confidence that the October deadline for the digital literacy action will be met, with ongoing monitoring to ensure completion.

The Committee was asked to receive assurance on the monitoring and progress of actions, and there were no objections or concerns raised, indicating that the committee was assured of the position regarding the outstanding data quality action.

The Committee RESOLVED To:

- 1. Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**
- 2. Note the progress reported against the remaining 2024/25 Data Quality Internal Audit recommendations.**

78/25 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE

Trish Mills advised that the Committee's annual priorities were reviewed and were progressing well. The Cycle of Business Monitoring Report noted that the Value Based Healthcare Report, which was scheduled for receipt by the Committee, is the subject of a Board Development session later this month.

The Committee RESOLVED To note the update with regards to the Committee Cycle of Business Monitoring Report and Committee Priorities

79/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

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.

Meeting concluded at 12:30

Date of Next Meeting: 18 November 2025