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

## **MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 MARCH 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
Bethan Evans	Non-Executive Director (Left at item 23/25)

#### **IN ATTENDANCE:**

Hugh Bennet	Assistant Director, Commissioning and Performance
Alexander Crawford	Assistant Director of Planning and Transformation (Item 22/25 only)
Mark Harris	Assistant Director of Operations
Wendy Herbert	Assistant Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement (joined for 22/25 and 23/25)
Carl Kneeshaw	Director of People (Left at item 23/25)
Osian Lloyd	Head of Internal Audit
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Item 22/25 only)
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer (Left after Item 23/25)
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Edward Roberts	Interim Assistant Director of Finance
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

#### **APOLOGIES:**

Lee Brooks	Executive Director of Operations
Liam Williams	Executive Director of Quality and Nursing

## 14/25 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 16 January 2025 were considered by the Committee and confirmed as a correct record.

**Action Log:** Action number 04/25: *Further detail and clarity was sought on the context and rationale of the strategic intent and integration of the financial sustainability programme with broader strategic objectives, potentially involving Angie Lewis for historical context and alignment with the IMTP.* It was agreed an update would be provided to the Chair by Carl Kneeshaw. A meeting has now been arranged, and it was agreed that this item could be annotated as closed.

### **Committee Highlight report – 16 January 2025**

The Committee highlight report dated 16 January 2025 was received.

#### **RESOLVED: The**

- (1) Minutes of the meeting held on 16 January 2025 were confirmed as a correct record.**
- (2) Action log was considered and updated as described above.**
- (3) Committee highlight report dated 16 January 2025 was received.**

## 15/25 COMMITTEE EFFECTIVENESS REVIEW

Trish Mills provided the committee with a PowerPoint presentation which looked at the Committee Effectiveness Review and drew attention to specific areas as follows:

It was noted that the committee terms of reference contained details of the Strategic Direction and Delivery, and that the committee oversees the long-term strategy (2030 delivering excellence) and various aligned plans, including the digital plan and vehicle procurement strategy.

Trish highlighted the importance of aligning the committee's purpose to health and care quality standards and strategic objectives. She suggested combining and reorganising the terms of reference to reduce duplication and provide clarity.

The Integrated Medium-Term Plan (IMTP) was monitored as the delivery vehicle for the strategy and plans. The committee holds a central overview of all plans, including their links and expiration dates. The commercial plan will be included due to the new head of commercial.

The finance section included monitoring against the annual plan, in-year monitoring, risks, and Welsh Government reporting. Monthly reporting and Welsh Government Monitoring reports were standard and necessary.

Trish Mills suggested attaching PIRs to the business cases that have been approved, with the understanding that there might be a period before the PIR was ready, depending on when the return on investment or the value of the investment can be seen.

Trish proposed removing the item about monitoring progress on a range of development and capital projects from the terms of reference. She suggested that large key developments over £500,000 would be monitored through the strategic transformation board governance and the IMTP.

Trish clarified that the monitoring of the capital programme would still be included in the finance section, ensuring updates on capital projects and any issues such as delays or procurement challenges.

In terms of performance, Hugh Bennett noted the importance of focusing on key performance indicators (KPIs) that were relevant and already in the Monthly Integrated Quality and Performance Report (MIQPR). He suggested instead of reviewing all external performance indicators, the committee should concentrate on the main ones that were significant. Hugh also mentioned the possibility of providing a link to the latest published AQLs (Ambulance Quality Indicators) for reference.

Trish Mills discussed the quality and performance management framework, noting its importance for the committee. She advised that the framework was being refreshed and that it was crucial for providing assurance on the value of outcomes produced. Trish also highlighted the need to monitor progress on KPIs at the board level, to avoid overwhelming the committee with too many metrics.

Jonny Sammut expressed support for the idea of moving digital discussions to a separate committee. He added that conversations around digital were becoming deeper and more frequent, with rapid changes in legislation.

Trish Mills updated the committee on the proposition which sat under the Fleet, estates and Environmental area, to consolidate these under an infrastructure section.

Members also discussed the potential for adjusting committee meeting frequency and the quorum requirement for Non-Executive Directors.

At the conclusion of the presentation Members took part in a Mentimeter quiz. Trish Mills added there was an open invitation to the chairs of the other committees to attend the 1 May ARAC meeting and welcomed any further comments the quiz.

**RESOLVED: The Committee:**

- (1) Assessed whether the committee's remit, as outlined in the presentation and in its terms of reference, remained appropriate for 2025/26. Consideration was given to any desired amendments, additions (such as commercial/business development), or removals, as well as any areas that might be better addressed by another committee.**
- (2) Evaluated the cycle of business and reflected on the hallmarks of effective assurance reporting. Members proposed potential improvements to enhance the strength and efficiency of assurance processes for the committee, including any individual reports.**
- (3) Took part in a short Mentimeter quiz during the meeting to answer the following questions:**
  - (a) What would help you as report writers/reviewers/receivers of assurance**
  - (b) What works well in this committee**
  - (c) What improvements could we make in this committee**
- (4) Reviewed the draft Annual Report and provided any comments ahead of it being finalised and circulated for email approval by Chair's Action.**

## **16/25 FINANCIAL POSITION FOR MONTH TEN AND MONTH ELEVEN 2024/25**

Chris Turley gave a presentation on the financial position of the Trust as at month Eleven.

1. The financial position has been broadly stable for several months, with a forecast to land at a break-even position. The Trust was reporting a small revenue surplus £42K for month 10. In line with the financial plans that support the Integrated Medium Term Plan (IMTP), gross savings of £5.924m have been achieved in month 10 against a target of £5.531m.
2. Month 11 was a continued reported revenue underspend against budget of £0.042m. In line with the financial savings plans that supported the IMTP.
3. Gross savings of £6.317m have been achieved against a year-to-date target of £5.975m (these included income generation schemes) hence an over achievement of £0.342m. The capital programme continued to be closely monitored as the Trust moved towards the end of the financial year, with a focus on ensuring minimal variation against the Welsh Government set Capital Expenditure Limit (CEL) by the end of the month / year end.
4. The financial risks for the current year have been managed effectively, with no significant risks remaining for the next two weeks. The Trust was confident in its ability to manage any remaining risks and achieve the break-even position.

Peter Curran queried, in terms of the year-end accounting, particularly regarding depreciation, whether there would be any actions taken to accelerate depreciation that would impact the budget either positively or negatively. Chris Turley explained that the depreciation estimates assumed that the full capital allocation will be spent within the year. While there were slight changes in what the capital was being spent on, these changes do not significantly affect the asset lines compared to previous estimates.

**RESOLVED: That the Finance and Performance Committee:**

- (1) Noted and gained assurance in relation to the Month 10 revenue financial position and performance of the Trust as at 31 January 2025.**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- (3) Noted the brief capital programme update for 2024/25, and**
- (4) Noted the Month 10 Welsh Government (WG) monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

**17/25 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE 2024/27**

Hugh Bennett explained the report was the interim Q4 2024/25 position. He provided an update on the Integrated Medium Term Plan (IMTP) delivery and assurance, focusing on the following points:

1. The update covered the clinical model transformation programme, progress on other IMTP deliverables, and the Cabinet Secretary's priorities.
2. The assessment of IMTP deliverables was both quantitative and qualitative, using a traffic light system used for assessment which included additional indicators like yellow for cautionary and blue for complete.

Hugh highlighted there were no red indicators, but Remote Integrated Care was marked as yellow (cautionary) due to capacity issues.

1. Health Transport: This was marked as cautionary, needing a more strategic vision from Commissioners and the addressing of capacity management.
2. Change Management: Marked as cautionary due to concerns about the volume and work and the pace of change which was significant.
3. Excellent Clinical Leadership: Marked as cautionary or amber, reflecting the need for associated clinical supervision to catch up with changes.
4. Non Emergency Patient Transport Services (NEPTS) Re-Rostering: This was marked as amber, indicating significant change for 450 staff, with potential for increased patient journeys but facing engagement issues.
5. Discharge and Transfer Service: Marked as amber due to lack of traction with Health Boards. Hugh highlighted the need for a more coordinated and standardised national discharge and transfer service in Wales, rather than having fragmented services.
6. Consultant Connect: This required more prioritisation due to the pace of change in integrated care.

7. Quality Improvement Hub: This had been delayed due to funding but was expected to be complete next year.
8. Civica: The Trust was progressing with the requirement for a data protection assessment.
9. Income Generation: This had been delayed due to unsuccessful appointment of the Head of Commercial position.
10. Strategic Board Assurance Framework (BAF): This was annotated as cautionary but was expected to be completed in the current quarter.

The significant drop in 111 patient survey data was raised by the committee given satisfaction levels have dropped from 88% to 49% and further detail was requested as to the reasons. It was agreed that Hugh Bennett would investigate further and provide details at the next meeting.

The challenges in recruiting to the Head of Commercial position were discussed, with the job description now undergoing a review with plans to re-advertise in the coming weeks.

The committee held a discussion in terms of staff morale and concerns were raised about the pace and change fatigue and the impact of that on staff. Members noted that the changes have introduced new ways of working and emphasised the need to ensure staff well-being and manage the pace of change. In response to the discussion and concerns regarding the impact of the pace of changes over the last year to staff it was agreed to refer to the People and Culture Committee (PCC) to seek assurance on the ways in which morale, wellbeing and support are a focus in the change management programmes in place to support delivery of the IMTP and provide an update back to the FPC.

In terms of the NEPTS roster review Mark Harris outlined significant changes were being implemented which will require extensive engagement work to guide people through these changes.

**RESOLVED: The Committee:**

- (1) Noted the progress in identifying 'what good looks like' through the continuing development of high level outcomes measures.**
- (2) Noted the CMT programme progress update.**
- (3) Noted the confirmed Directorate-led IMTP interim position for Q4.**
- (4) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

**18/25 QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK – REFRESH**

Hugh Bennett provided an overview of the Quality and Performance Management Framework (QPMF) refresh report, highlighting the following key points:

1. The framework was evolving rather than undergoing a complete overhaul, as the current framework sets a high standard.
2. The previous internal audit provided reasonable assurance on the framework but limited assurance on delivery, primarily due to capacity issues within the team. The focus now was on completing what has been started.
3. Organisationally, the top of the organisation was strong in terms of assurance mechanisms, but there was variation in practice across directorates.
4. The framework emphasises self-assessment and reflective practice, allowing directorates to determine what they need to do based on organisational requirements.
5. The framework supports the statutory Duty of Quality, serving as the quality policy of the Trust.
6. A new organisational requirement has been added to strengthen evaluation processes

Bethan Evans expressed her support for the QPMF, welcoming the stronger focus on quality, which was crucial for evidencing the Duty of Quality.

Trish Mills added that the Quality and Performance Management Steering Group reported into the Executive Leadership Team.

The committee were content to endorse the QPMF for Board approval.

**RESOLVED: The Finance and Performance Committee endorsed the re-refresh of the Quality and Performance Management Framework for Board approval:**

## **19/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Hugh Bennett presented the report and drew out the following key points:

1. Call Abandonment Rate for 111: The rate was 14.8% in December, higher than the target of 5%, but better than previous winters. It stabilised at 8.2% in January and 10.1% in February.
2. P1 Times: Performance was very good, but P2 and P3 times have dipped due to increased demand deflected to clinicians linked to changes in the 999 system.
3. Call Handling 999: This was generally stable, but the 95th percentile was over one minute in December and 33 seconds in February.
4. Red Performance: The recent announcement by the Cabinet Secretary was the main corrective action, and future categorisation of clinical response models will be considered.
5. Clinical Indicators: Good performance on clinical bundles, but stroke call-to-door times were too long. Harm levels remained high, and patient cancellations were dropping due to early intervention by clinical navigators.
6. National Reportable Incidents (NRIs) / Concerns Response: the Trust reported six NRI's to the NHS Executive in January 2025, slightly more than December 2024 (three) and

25 serious patient safety incidents were referred to Health Boards under the Joint Investigation Framework.

7. In February 2025, 5,342 patients cancelled their ambulance (this figure excludes patients who refused treatment), and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan to approximately 63 callers. Both of these figures were a significant reduction in December 2024 and January 2025 levels.
8. Hours Produced: The Trust produced 127,833 Ambulance Response unit hours in January 2025 and delivered an emergency ambulance unit hours production (UHP) of 97%, achieving the 95% target.
9. Concerns: This was stable at 73% in January and 64% in February, which was good given the winter context.
10. Production and Abstractions: There was good production and low abstractions through winter, but handover issues were affecting overall performance.
11. Sickness Absence: the Trust's overall sickness percentage was 8.46% in January 2025, a decrease on the 8.69% recorded in December 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8% is above the 2023/24 IMTP ambition of 6%.
12. Cymru High Acuity response (CHARU): The Trust achieved a 91% CHARU Unit Hours Production (UHP) in February 2025 and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.

Peter Curran questioned why the metric "average jobs per shift" was positioned under the value category as opposed to the partnership system contribution category. Hugh explained that it was under that category as it was connected to the handover delays.

**RESOLVED: The committee received the December 2024/January 2025 update and the unverified December 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the committee against progress against the performance indicators.**

## **20/25 DIGITAL REPORTING**

Jonny Sammut updated the committee on the following areas:

1. The Clinical Model Transformation programme requires significant input from various Digital teams. 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 were now paused or at risk.
2. Recruitment has been successful, with new posts filled in the Information and Data Services team and ICT team, including senior posts.
3. Progress on the digital transformation and innovation programme was going well, with the creation of an innovation lab to foster digital ideas and problem-solving.

4. Uptime measures for systems have been near perfect, achieving 99.999% uptime, which translated to less than 40 minutes of downtime across the year.
5. The Information and Data Services team continue to face high demand, with turnaround times now around 30 days.
6. The Non Emergency Patient Transport Services (NEPTS) cancellation two-way SMS functionality has been launched, allowing patients to cancel and rearrange appointments via text message.

Jonny also mentioned specific progress on IMTP projects, including the purchase of drones and the completion of scoping work for the Infection, Prevention and Control audit tool.

Trish Mills discussed the presentation of information in reports, specifically highlighting the new format that included highlights, low lights, and red flags.

The responses were positive, with committee members indicating that the format was effective and helpful, and the consensus was that the structured format was beneficial for quickly assimilating information and identifying key points.

**RESOLVED: The committee noted the contents of the Digital Report and the trends in metrics presented.**

## **21/25 INFORMATION GOVERNANCE REPORTING**

Jonny Sammut presented the report and drew the committee's attention the following points:

1. Information Governance (IG) mandatory training was below the new 85% target, with around 340 people needed to meet this requirement. This shortfall may impact future research participation due to non-compliance with IG toolkit standards.
2. 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.
3. The Information Governance Toolkit improvement plan was progressing with all items having been achieved save for the mandatory training target.
4. In terms of records management, the Trust was working to migrate paper records held by Denbighshire Country Council to Vantage Point House in Cwmbran.

In terms of Freedom of Information (Fol) compliance rates Trish Mills outlined the challenges involved meeting the required target, as one request could contain several other questions within it and may also require cross directorate engagement.

Damon Turner asked if there were any trends or specific areas where the compliance with the information governance training was lacking. Jonny explained that the IG training compliance issue was primarily within the operations department, which has the highest volume of staff. He mentioned that the training course was initially on the Electronic Staff register (ESR)

platform, which had feedback about the time it took to complete. To address this, the course was moved to the LMS365 platform for a quicker completion process.

**RESOLVED: The committee noted the update on information governance for the period December 2024 to February 2025.**

## **22/25 IMTP 2025/28 INCLUDING FINANCIAL PLAN FOR 2025/26**

Rachel Marsh gave the committee a PowerPoint presentation and drew their attention to the following areas:

1. It was important to ensure the plan aligned with the long-term strategy of the Trust.
2. There was a need for the plan to be ambitious yet deliverable, considering the Trust's capacity and resources.
3. In terms of the Financial Plan, Rachel stressed the importance of having a credible and sustainable financial plan underpinning the IMTP.
4. The plan should appropriately account for patient outcomes and staff well-being, ensuring that both were prioritised.
5. Rachel mentioned the need for the plan to address risks appropriately, ensuring that potential challenges were identified and mitigated.
6. There were key differences and innovations in the plan this year due to the implementation of several major initiatives, such as the clinical model transformation programme, the development of a new vision for health transport and ambulance care services, and the introduction of virtual assistants and symptom checkers for digital advice.
7. Rachel highlighted the importance of engaging with stakeholders, including the public, Health Boards, and staff, to ensure the plan was comprehensive and inclusive.
8. Rachel also introduced a visual representation of metrics to measure progress towards strategic objectives, focusing on patient care and staff well-being.
9. In the next few months, a vision statement and business case will be finalised and agreed upon with WG and Commissioners. Starting on 1 July 2025, a new system for measuring emergency response will be implemented. This system will focus on "purple arrest" and "red emergency" categories.
10. By the end of this year, a single integrated team of remote clinicians will be established. This team will be supported by a larger number of Community Welfare Responders and enhanced by remote monitoring and technological capabilities.
11. There will be a continued investment, albeit at a reduced rate compared to previous years, in various alternative on-scene response options such as Advanced Paramedic Practitioners, palliative care, mental health services, and falls.

12. In terms of our people, work was focussed around three main areas: culture, capacity, and capability. One of the key priorities included the WAST way, which was the leadership and management development framework with the aim of developing and enabling leaders in every part of the Trust to work better with their teams.
13. A new handover group, clinically led, was being established to quickly identify and implement actions to reduce handover delays.

In summary, Rachel concluded that the plan was ambitious and aimed for significant transformation, but it was not without risks, particularly financial and collaborative challenges. The plan itself was very clear on what was currently assumed as income and funding to support the Trust's estimated expenditure in 2025/26 and what savings were currently required and assessed as being deliverable.

The risk that further savings may be required in year by the Joint Commissioning Committee (JCC) 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.

Bethan Evans expressed strong support for the plan, describing it as ambitious and potentially transformational. She acknowledged the substantial risks involved, particularly the significant efficiency targets of £8.5 million. Rachel acknowledged that while there was increased emphasis from the Cabinet Secretary, WG officials, NHS executive officials, and NHS leadership board, she remained slightly anxious about the outcomes.

Peter Curran expressed concerns about the ambitious nature of the IMTP 25-28 plan, highlighting the substantial efficiency targets of £8.5 million. Rachel added that while the current plan remained as is, any further savings or income reductions would require Board discussions to understand risks and implications before making decisions.

### **Financial Plan for 2025/26**

Chris Turley updated the committee on the following points:

1. The financial plan included a 1.77% uplift from the Health Board's allocation, amounting to approximately £5.2 million. This does not cover the full-year effect of everything put in place this year, including the EMT band 5 impacts.
2. The plan required significant savings, with an £8.5 million savings target necessary to achieve a break-even position. There was confidence in delivering around £6.5 million of the required savings, with ongoing work to identify the remaining £2 million.
3. The plan includes detailed estimates of cost and income movements, inflationary pressures, and other cost pressures for the next year.
4. There was a risk associated with the JCC's financial position, which may require further savings discussions.

Chris highlighted that any further savings or income reduction would need to be discussed and agreed upon by the Trust Board, considering the implications and risks involved.

Chris Turley explained that the financial plan presented was balanced, but it did not include any additional savings beyond the current stretched value of £8.5 million. Chris stated that it was highly unlikely that anything beyond the current plan will be achievable in 2025-2026 without significant impacts on resources, capacity, service delivery, patient safety, and performance.

Jayne Beeslee acknowledged the significant efforts of the Executive Leadership Team and other teams in developing the plan. Additionally, she stressed the importance of the revenue budget, and the assumptions made, particularly those dependent on Welsh Government funding.

Trish Mills stressed the importance of the Equality Impact Assessment (EQIA) that accompanied the IMTP. She noted that it was a crucial part of the Board's role to review and consider the EQIA when approving the IMTP.

**RESOLVED: The Committee:**

- (1) Noted the progress made in developing this year's IMTP.**
- (2) Advised of any further assurance required during the final stages of the planning cycle.**
- (3) Endorsed the IMTP, including the financial plan for 2025/26 for submission to Trust Board for approval at its meeting on 27 March 2025, subject to any final editing.**
- (4) Endorsed the EQIA for the Board's review.**

**23/25 WELLBEING OBJECTIVES**

Estelle Hitchon provided an overview of the well-being objectives, noting their long-term nature and alignment with the ethos of the Well-being of Future Generations Act. She mentioned that the objectives were designed to reflect the Trust's contribution to the act's goals. The revised wellbeing objective were as follows:

Objective One: A Socially Responsible and Inclusive Employer

Objective Two: An Innovative and Sustainable Organisation

Objective Three: A Pro-active, Accessible and Equitable Care Provider

Estelle highlighted the Trust's proactive approach, noting that they have been working in the spirit of the act since its inception in 2015. She also mentioned the establishment of a task and finish group involving colleagues and Trade Union partners to develop these objectives.

The committee endorsed the proposed revised objectives, with Estelle adding that the objectives need to be published by 31 March 2025.

**RESOLVED: The Committee:**

- (1) **Noted the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.**
- (2) **Endorsed the proposed revised objectives (subject to any additional feedback and amendment) for onward submission to the Board at its March 27, 2025 meeting and thereafter, subject to agreement, their publication by March 31, 2025.**

## **24/25 INITIAL 2025/26 REVENUE BUDGET**

Chris Turley presented the initial 2025/26 Revenue Budget Setting Paper and drew attention to the following areas:

1. The budget was based on the financial plan, which included an £8.5 million savings requirement to achieve a balanced budget. This budget will be set assuming the delivery of these savings, even though the final £2 million was still being worked on.
2. The budget included assumptions for the cost of the pay award in 2025-2026 and the additional National Insurance (NI) employers' costs from April 2025, which were expected to be funded by Welsh Government. The NI uplift has been included in the budget with an assumed income stream to support it.
3. The budget reflected the need to balance the financial plan, with detailed breakdowns provided for divisional and directorate budgets. Discussions with individual directors will take place in Q1 to finalise these budgets.

Chris added that the budget was presented as balanced, but there were risks and assumptions that need to be managed throughout the year. The committee endorsed the budget paper for approval by the Board on 27 March 2025.

**RESOLVED: Members endorsed the initial 2025/26 revenue budget, building on the WAST Financial Plan included in the IMTP and recommended it for onward approval at Trust Board on 27 March 2025.**

## **25/25 INTERNAL AUDIT REPORT: VEHICLE ACCIDENT MANAGEMENT**

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.

1. The audit was initially scoped to review vehicle accident management from a financial sustainability perspective but was expanded to include operational aspects.
2. The audit resulted in a limited assurance rating, primarily due to issues in the operations directorate related to the reporting and management of vehicle accidents.

3. It was found that the cost of vehicle accidents to the Trust was low, and the Trust was better positioned to defend claims due to the use of cameras and GPS tracking.
4. The limited assurance was mainly due to the lack of reporting of incidents when they occur and the identification of damage during routine maintenance or inspections.
5. Management actions have been agreed to address the findings, with a focus on improving reporting and management processes.

## **26/25 AUDIT TRACKER**

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.

The report noted that nearly 70 actions were due this quarter, and new reporting practices have been agreed upon to streamline the process.

A discussion was planned with ELT to consider whether to have two dates instead of three for action closures.

### **RESOLVED: The Committee:**

- (1) Received the Finance and Performance Committee extract of the Audit Tracker reporting the position at of 27 December 2024; and**
- (2) Monitored management actions to address recommendations in the Audit Tracker, and associated updates provided, noting any revised dates for actions (in blue).**

## **27/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT**

Trish Mills provided an overview of the risk management report, noting the following points:

1. The cyber risk has been moved to the closed session due to the need for expanded actions and confidentiality.
2. All risks have undergone their quarterly review, with no changes in score except for the cyber risk.
3. There were discussions about potentially reducing the number of dates for risk actions from three to two, which will be taken to the ELT for further consideration.
4. Trish suggested that the two major risks, 223 and 224, which have been brought into multiple committees, might no longer need to be reviewed by this committee and the People and Culture Committee, as the Board and the Audit, Risk and Assurance Committee (ARAC) already cover them extensively.

Trish emphasised the importance of focusing on the risks relevant to this committee and considering the strategic Board Assurance Framework in future reviews.

The committee decided that risks 223 and 224, which were currently reviewed by the Board ARAC, will no longer be brought to this committee. This decision was made to avoid duplication and ensure that the committee focused on risks directly relevant to its scope.

Damon Turner suggested that it might be useful to have some staff, particularly Trade Union (TU) input, on the scoring of risks. Trish Mills explained that the risk management process was executive-owned and underwent executive oversight through, the Assistant Directors Leadership Team (ADLT), and ELT before reaching committees where TU colleagues could raise concerns.

Wendy Herbert noted the relevance of risks 223 and 224 to the FPC; while these risks were well-rehearsed in the Quest committee, there was a performance risk associated with them due to patient harm and safety elements resulting from handover delays.

**RESOLVED: The Committee noted the contents of the report.**

## **28/25 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT**

Members received the Committee Cycle of Business Monitoring Report and Committee Priorities update with no escalations for the Board. It was noted that the Value Based Healthcare item had been deferred for a second time to the May meeting of the committee.

**RESOLVED: The Committee received the report.**

## **29/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

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 was received at other committees.

**Meeting concluded at 14:20**

**Date of Next Meeting: 20 May 2025**