MINUTES OF THE MEETING OF THE PUBLIC FINANCE AND PERFORMANCE COMMITTEE HELD ON 19 MAY 2026 IN THE CARDIFF MRD AND VIA TEAMS

The meeting started at 09:30

MEMBERS:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director

PRESCRIBED ATTENDEES:

Lee Brooks	Executive Director of Operations
Matthew Dugdale	Assistant Director of Commercial Development
Rachel Marsh	Deputy Chief Executive
Hugh Parry	Trade Union Partner *(to 12.40)*
Jonny Sammut	Director of Digital
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

ATTENDEES:

Julie Boalch	Assistant Director of Corporate Governance and Risk *(deputising for Trish Mills)*
Fflur Jones	Performance Auditor, Audit Wales
Osian Lloyd	Head of Internal Audit
Alex Payne	Corporate Governance Manager
AnnaMaria Williams	Corporate Governance Officer (minute-taker)

APOLOGIES:

Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Liam Williams	Executive Director of Quality and Nursing

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies were received as set out above. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 17 MARCH 2026

3.1 The minutes of the public meeting of the Finance and Performance Committee held on 17 March 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

4.1.1 The Action Log was reviewed and discussed with updates added to the log.

4.1 AAA HIGHLIGHT REPORT 17 MARCH 2026

4.1.2 The AAA Highlight Report from the meeting held on 17 March 2026 was noted.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. QUARTERLY OPERATIONS UPDATE Q4 2025/26

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

5.1 The committee received the Operations quarterly update for Q4 2025/26.

5.2 Members noted the success of the Falls Desk and asked how the Trust intends to approach continuity of funding for this, beyond the current year. Members were advised that further evaluation will be undertaken in-year, as a longer evidence base showing continuation of effectiveness will strengthen any case for continued financial support. The Trust will continue to engage with Welsh Government and commissioners to sustain the case for funding, aligned to a broader, coordinated national approach to falls.

The evaluation will help inform decisions about possible reliance on internal prioritisation if external funding is not secured.

The committee received and took assurance from the report.

6. INTERNAL AUDIT REPORT – CAPACITY MANAGEMENT PLAN

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

6.1 The committee received and noted the internal audit report and acknowledged that all recommendations made in the report had been accepted and were considered helpful in improving oversight and decision-making, particularly around how cancellations are managed. Work is already underway to implement all recommendations with good confidence in the delivery dates set.

6.2 Members noted that the report had been discussed in detail at the Audit, Risk and Assurance Committee (ARAC) and noted the positive report given the high-pressure environments that teams are operating in.

7. RURALITY, INCLUDING OVERRUNS

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

7.1 The committee received the paper on rurality, including overruns, and were provided with an overview of the key messages.

7.2 Members commented on the high quality of the report and discussed the challenges of recruitment and retention in rural areas, including whether different approaches (for example engaging with universities or new initiatives) could be explored to improve this. Members were assured that alternative recruitment approaches have been considered, such as rotational models to help diversify roles which make rural work more attractive as well as targeted internal recruitment.

7.3 Members asked about the use of the 'Handover 45' approach and wider partner engagement, including whether there is an opportunity to share the rurality evidence more widely with system partners to help gain greater traction on the importance of the approach. Members were advised that while improvements from the Handover 45 approach will help significantly, additional work is underway on a new dispatch framework, designed to bring dispatch processes in line with the updated performance and

categorisation model, which will also support improvements. There has been continued focus on workforce factors such as breaks and overruns, and engagement from NHS Performance and Improvement and Welsh Government.

7.4 Members discussed the impact of health board decisions on ambulance operations in rural areas, noting that the Trust is not always involved in strategic decisions that can have a material effect on service delivery and key performance measures, including journey times and additional resource requirements. Assurance was given that the Trust is actively engaged in the relevant planning processes and discussions with health boards, including attendance at meetings and workshops and completion of modelling work to inform proposed changes. It was acknowledged however that some impacts, for example from changes to the location of specialist services, are outside the Trust's control. An action was agreed for the Executive Leadership Team (ELT) to explicitly highlight to the Joint Commissioning Committee (JCC) how external system decisions, particularly service reconfiguration, can impact ambulance performance measures, and to reflect these external factors more clearly in reporting, ensuring this context is clearly understood in commissioner discussions.

7.5 Members noted that some of the data in the report was historical and it was agreed that more up-to-date NHS spend data would be sourced and incorporated into the report, to strengthen the report's evidence and to better reflect current funding levels.

7.6 Members asked whether there was an agreed reduction level and timeline for shift overruns and whether clearer targets or an improvement trajectory should be set; they were advised that there is no current target for this, with work on the development of the new dispatch framework, supported by a task and finish group, needing to be finalised first. This will allow for better understanding of what level of reduction is achievable and can realistically be delivered.

7.7 Members were assured that governance work is ongoing to develop supporting metrics beneath Board level reporting, to ensure committees receive assurance in their areas of focus, such as shift overruns. Members were also assured that shift overruns have been identified as a key indicator for the Trust Board and that the Trust is committed to continuing to monitor and report on this issue.

7.8 The committee discussed the analysis on rural versus urban overruns activity contained in the slides at Appendix 1, and noted the action to work on flexing roster design in more rural stations to encourage recruitment and

retention; they noted that the application of Handover 45 is key to the solution and that any change in the level of required rural performance or model to achieve this, would be a decision for the JCC.

8. FINANCIAL REPORT MONTH 12, 2025/26 FINANCIAL POSITION FOR MONTH 1, 2026/27

The papers for this item in relation to the financial performance at month 12, 2025/26 are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

8.1 The committee received the detailed financial position for month 12 2025/26 and were advised that the year-end position has been reported to Welsh Government, with an audit of the draft accounts underway. The draft accounts will be presented to ARAC before being received by Trust Board on 25 June 2026.

8.2 Members were advised of a minor adjustment between the reported Month 12 position and the draft accounts, with an £80k surplus reported with an actual surplus of £78k achieved. This was due to a timing issue relating to the notification of pay changes, and although not material, will need to be reflected in the accounts as a post-balance sheet event. Members were further advised that gross savings of £8.556m have been achieved against an £8.5m target and the capital programme has been fully delivered.

8.3 Members discussed the report and noted that while overall savings were achieved, this included over-achievement of non-recurrent savings, and a slight under-achievement of recurrent savings, asking whether more recurrent savings will be required in the new financial year and whether this would create additional pressure going forward. Members were assured that non-recurrent savings have already been built into the financial planning assumptions for the new financial year as a cost pressure, with the Trust progressively increasing its focus on achieving recurrent savings going forward.

8.4 The committee received an overview of the Month 1 financial position, key assumptions and emerging risks, with a break-even position reported and the savings planned for Month 1 delivered. Members noted the risks with this position, with circumstances already changed since the financial plan was finalised and its dependence on several assumptions including:

- A Welsh Government funding adjustment of £2.3m, for the Welsh Risk Pool, which has been assumed in the reported position and has been verbally agreed; however, formal confirmation is still pending.

- An emerging cost pressure of increased fuel costs which could create a £1.2m–£1.5m cost increase over the year if sustained at the current rate, and which cannot be covered by any contingency.
- A continuing risk around the savings gap, with £7.8m of savings identified and a remaining residual gap of £1.2m still to be delivered, with an expectation to maximise recurrent savings.
- An overall higher level of risk than typically reported, including emerging medium risks.

8.5 Members asked whether there were any additional or residual risks associated with the Welsh Risk Pool, beyond the stated specific funding assumption; they were assured that the current figure represents the expected position.

8.6 The committee noted and gained assurance in relation to the Month 12 revenue financial position and performance of the Trust as at 31 March 2026, noted the delivery of the 2025/26 savings plan, the capital programme for 2025/26 and the Month 12 Welsh Government monitoring return submission.

9. COMMERCIAL PLAN

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

9.1 The committee received the Commercial Plan and acknowledged that this is aligned to the Trust's Integrated Medium-Term Plan (IMTP), and which establishes a structured and values led approach to commercial development, focused on reinvestment in services, workforce and innovation, rather than income generation alone.

9.2 Members welcomed the plan, describing it as a positive step in providing a foundation for developing commercial activity within the Trust and noting the alignment with its long-term ambitions and strategic objectives. Members discussed the importance of the communications plan in how the initiative is positioned and explained, of measuring success through the positive impact on patients and staff and of balancing risk and ambition. It was noted that the plan is a key mechanism for delivering the Trust's keen risk appetite for commercial innovation and responsible growth, and the importance of ongoing visibility and assurance over risks as the plan progresses was emphasised.

9.3 Members asked how partnership activity under the commercial plan would be aligned and coordinated with existing strategic partnership

arrangements, particularly to ensure clear roles and avoid overlap; they were assured that existing alignment is already in place, with direct linkage between strategic partnerships and the commercial function. A key priority for the Trust is to develop a clear, formal partnerships framework, so that the organisation is prepared and ready for funding and commercial opportunities, which can be properly assessed within governance boundaries. There is an IMTP deliverable to develop a wider framework of accountability for partnerships, covering different partner types and including commercial partnerships.

9.4 Members acknowledged the ambition to develop a self-sustaining commercial function by 2027/28 and confirmed the intention to maintain oversight as implementation progresses, noting that developing meaningful success measures will take time and that the Trust may move from collaboration into competition with some partners.

9.5 Members asked how targets will be developed and 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; they were assured that the detail of targets, measures and delivery mechanics will be developed through the delivery phase of the plan, rather than being fully set out at this stage.

9.6 Members highlighted the need to balance organisational benefit with local incentives for teams contributing to commercial activity, recognising the risk of disengagement if teams do not see a direct link between their contribution and organisational or local benefit.

9.7 An action was agreed for the ELT to propose an appropriate reporting frequency of updates on the Commercial Plan, through the cycle of business, ensuring the committee receives the updates at appropriate key points such as when there has been meaningful progress or where decisions are required.

The committee endorsed the Commercial Plan for 2026-2028.

10. INTEGRATED MEDIUM-TERM PLAN (IMTP) YEAR END 2025-26

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

10.1 The committee received the end-of-year 2025/26 IMTP report, noting progress and the end of year (Q4) position against the 2025/26 IMTP

deliverables and future reporting arrangements. Members were assured that delivery against the plan had been positive, with the majority of deliverables either completed, on track or appropriately rolled forward where they formed part of multi-year programmes. Assurance was taken that planned activity had been progressed as intended, with a small number of undelivered items clearly identified in the report.

10.2 The committee noted the progress of the Clinical Model Transformation programme (CMT) workstream, including the transition into a new and more mature phase of delivery, the establishment of a benefits realisation workstream, and ongoing work to maximise impact through improvements such as reducing red and orange category demand and strengthening alternative clinical responses. Members noted that change management remained an important area of focus, particularly in light of the pace of programme delivery and the risk of change fatigue and welcomed the renewed emphasis on supporting staff through this.

10.3 Members were advised that reporting for 2026-29 has been updated to align deliverables with strategic objectives, supporting improved oversight. The 'what good looks like' measures have been removed from the current IMTP, pending further development through the Trust's strategy refresh. The committee welcomed the 'plans on a page' showing the deliverables aligned to the strategic objectives in an easy-read format.

10.4 Members discussed the importance of avoiding duplication between committee and board reporting, while ensuring clear ownership, alignment of metrics and assurance routes, and appropriate handling of areas that do not sit neatly within a single committee remit. Assurance was provided that this work is being progressed through the integrated governance programme, with engagement from committee Chairs, Executive Leads and relevant teams, and that recommendations on future reporting arrangements will be brought forward in due course. Further consideration of these matters would be considered at the Board Development session in June 2026 alongside the forthcoming Good Governance Institute (GGI) report, expected in July 2026, including recommendations on committee remit, information flow and the board's strategic focus.

10.5 An action was taken to develop and bring back options for more streamlined, outcome-based IMTP reporting that maintains assurance while avoiding duplication and excessive detail; also, to look further at the governance flow for this reporting and how it should be structured through committees and the board.

11. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

11.1 The committee received and considered the MIQPR report for March/April 2026 and the actions being taken. Members were advised that a new revised format of reporting will be presented at the Trust Board in May 2026.

11.2 The committee heard that call abandonment rates for April 2026 were higher than expected and ring-back times within NHS Wales 111, the Clinical Support Desk and remote clinical assessment services were longer than expected. Assurance was provided that action was being taken through process mapping and benefits realisation work to improve patient flow through new systems, and that additional remote clinicians would be deployed to support improvements across both 111 and 999 pathways.

11.3 The committee noted that performance against cardiac arrest response standards remained strong, while turnaround times for red emergency patients were longer than intended. Members were advised that actions being taken are focusing on reducing the number of patients entering the red emergency category inappropriately, as part of the wider benefits realisation programme.

11.4 Members asked if targets are being reviewed for 2026/27 and were assured that new, more appropriate targets will be introduced, having already been reviewed through a board development session and with a greater focus on realistic performance expectations, and trajectory thinking.

12. DIGITAL REPORTING MAY 2026

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

12.1 The committee received the Digital report, along with an overview of key highlights and areas of focus; they acknowledged the contents of the paper and received assurance on the progress of the Digital Plan activities, IMTP commitments and CMT involvement of the Digital Directorate teams.

12.2 Members discussed the Emergency Services Network (ESN) Phase 2, specifically the Welsh Government decision to separate out the air-to-ground element form the business case, and asked whether this was driven by cost concerns; they were advised that this was due to both financial and

wider system considerations, and that the business case will be presented for review through the July meeting cycle.

12.3 Members discussed capacity and workforce pressure within the Digital team, noting ongoing recruitment challenges, and asked whether the team is sufficiently resources to meet the competing demands across the digital portfolio. Members were advised that the team is resourced in line with affordability, with no excess capacity. While this enables transformation and growth to continue, it limits the pace of delivery and increasing future demand may require further investment or structural changes.

13. INFORMATION GOVERNANCE REPORT

13.1 INFORMATION GOVERNANCE REPORT TOOLKIT

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

13.2 Jonny Sammut introduced both the Information Governance report and the Information Governance Toolkit, noting that this is the Trust's first toolkit submission and confirming that the Trust is now meeting all minimum information governance expectations.

13.3 Members noted the key risks and areas requiring action from the report, and received assurance that these risks are recognised, actively managed, and have structured recovery plans in place to address them.

13.4 The committee considered the contents of the paper on the progress of the Trust's Information Governance arrangements and related specialist activities for Data Quality, Records Management, Freedom of Information requests and Information Security, and acknowledged the update and outcomes of the 2025/26 Information Governance Toolkit submission.

14. RISK MANAGEMENT REPORT

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

14.1 The committee received the Risk Management and Board Assurance Framework Report and were assured that each risk has been reviewed within this governance cycle, with no material changes to scores. The activity undertaken during this period is due to be considered by the ELT on 27 May 2026.

14.2 Members discussed Risk 641, *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* and were assured that outcomes from 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. Members were advised that 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.

14.3 The Chair requested that a short paper updating on the Manchester Arena Inquiry be provided to the next Finance and Performance Committee meeting.

14.4 Lee Brooks updated regarding the High Acuity Response Team (HART); the Trust is preparing to submit a business case for this, covering the South Wales area, to Welsh Government with plans to develop a business case later in the year for a specialist response model in North Wales.

14.5 Members discussed risk 139, *Failure to Deliver our Statutory Financial Duties in accordance with legislation* and were advised that this risk score is likely to increase given current financial pressures, reliance on key assumptions that are still emerging and increased overall risk exposure. Work is ongoing to review and update the risk to ensure it accurately reflects the current financial position.

14.6 It was confirmed that Risk 542, *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan,* will be a separate, standalone risk, rather than being reframed as a broader statutory/regulatory compliance risk. Assurance was given that this position has been agreed and discussed with the Director of Corporate Governance/Board Secretary and ELT, and it was agreed that the relevant action point on the action log can be closed.

14.7 Members queried whether the current score attributed to Risk 542 appropriately reflects its relative significance when compared with other red risks and sought greater clarity on the rationale for the rating. It was acknowledged that the risk remains under regular executive review to ensure that it remains proportionate in the context of the wider risk landscape and is reflective of what is within the Trust's control. Mitigation remains constrained by capacity and competing priorities, with progress being made on a best endeavours basis.

14.8 Members agreed that the ELT will review the score of risk 542 Decarbonisation at their next risk session to ensure that it remains proportionate and reflective of the current position.

15. AUDIT TRACKER 2025-26 Q4 REPORTING

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

15.1 The committee received the Audit Tracker report, noting that the report is by exception, highlighting only areas requiring attention. The committee reviewed and scrutinised the current position regarding high priority and limited assurance audit actions that are on their final revised date and ensured there is sufficient assurance in terms of mitigation of associated risks.

15.2 Members were advised that there were two open high-priority internal audit actions that are on their final revised dates, which would be considered further in the private board session. Members were advised that there were three open actions from limited assurance audits, also on their second and final revised dates; two are included in the paper and one is to be discussed in private board session.

15.3 It was proposed that bringing forward the original audit findings within the report would allow for enhanced reporting giving clearer visibility of how risk levels have changed over time.

15.4 An action was taken to confirm the status of Audit Action: 054-24/25 which is past its revised date of 30 April 2026 and provide assurance and a progress update to ARAC.

CONSENT ITEMS

There were no consent items

CLOSING ITEMS

16. REFLECTIONS

16.1 The Chair noted that the Fire Safety report had been expected. Members discussed fire safety reporting, noting that an internal audit on fire

management will be presented at the next meeting. It was agreed to revert to the annual reporting cycle, subject to the audit outcome.

16.2 Members noted the positive and constructive nature of discussions at the meeting, particularly welcoming the commercial plan and the direction of travel it set out. Assurance was taken from continued strong delivery and performance in several areas despite ongoing system pressures, together with the successful closure of the previous year's accounts. The information governance reports provided significant assurance, oversight and management of related risks.

16.3 The Chair thanked colleagues for the transparency and candour of reporting, noting that while issues had been openly identified, assurance had also been provided that appropriate plans were in place to address them.

17. ANY OTHER BUSINESS

17.1 The Committee were advised of an offer from the Cyber Resilience Unit to provide a briefing on the Cyber Security and Resilience Bill, including its current progress and the implications for organisations in Wales. Members welcomed the opportunity for early sight of forthcoming regulatory changes to help inform the Trust's cyber planning.

17.2 An action was taken for a 30-minute briefing session to be arranged with the Cyber Resilience Unit to consider the Cyber Security and Resilience Bill, looking at what it will mean for organisations in Wales.

18. DATE AND TIME OF THE NEXT MEETING

20.1 The next meeting will be held on 21 July 2026 at 9:30am

The meeting closed at 12.47