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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 21 JULY 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 55/25)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Rhiannon Beaumont-Wood	Non-Executive Director (Left during item 50/25)
Hugh Bennett	Assistant Director, Commissioning and Performance
Lee Brooks	Executive Director of Operations
Jason Collins	Head of Financial Management
Colin Dennis	Chair of the Trust Board
Fflur Jones	Audit Wales
Sarah Harland	Corporate Governance Officer
Wendy Herbert	Assistant Director of Quality and Nursing
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

APOLOGIES:

Rachel Marsh	Interim Chief Executive
Liam Williams	Executive Director of Quality and Nursing

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 20 May 2025 were considered by the Committee and confirmed as a correct record.

Matters Arising: Estelle Hitchon commented she would temporarily carry out the duties of the Executive Director of Strategy, Planning and Performance, pending Remuneration Committee approval, and clarified she was not a regular Committee member.

Action Log: Action 33/25: Integrated Medium Term Plan delivery/Assurance - End of Year report. *It was agreed that a highlight report from the Clinical Model Transformation (CMT) programme would be beneficial for the Committee to provide better oversight, instead of including it in the paper which covered a broad range of topics and making it easier to understand its impact on strategic objectives. Hugh Bennett agreed to explore this to use existing information to meet the request without creating additional reports.* The CMT programme highlight report is included with the papers. Action closed.

Action 33/25a: Integrated Medium Term Plan delivery/Assurance - End of Year report. *The committee acknowledged that the Cabinet Secretary's priorities were already monitored within existing work streams and rather than duplicate work it was proposed that a RAG rating system, against these priorities, would be incorporated into the next update to make it easier to identify areas needing attention and help focus the committee's attention on specific areas.* This information was incorporated in the report. Action closed.

Action 24/25: *Peter Curran raised a point regarding the average jobs per shift metric, which was currently classified as amber. Given its significant impact on patient harm, Hugh Bennett agreed to review the methodology used to classify the metrics and either amend it to red or provide an explanation for the current classification at the next meeting.* Hugh Bennett responded that he would need to investigate further, noting that the metric in question is average jobs per shift by all vehicle types. He suggested it would be useful to split out the data, particularly focusing on Emergency Ambulances (EA) for its correlation with handover. He observed an upward trend in EA jobs per shift but noticed a significant drop in apps, which he did not immediately understand, and stated he would investigate the connection further and provide an update before the next meeting. Action to remain open.

Action 39/25: report on Commissioning: *The report was not considered during the meeting given it was received after publication. It was agreed that the report would be circulated to the committee following the meeting and included at the next meeting for endorsement.* The report was circulated by e mail to committee members and included in today's papers. Action closed.

Action 40/25: Risk Management and Board Assurance Framework - *It was agreed to undertake a deep dive on the Decarbonisation Risk (Risk 542) in readiness for the next*

meeting which will include a detailed review of the controls and mitigations. This action was discussed offline at a meeting involving, Jayne Beeslee, Peter Curran and Chris Turley. Action closed.

Committee Highlight Report: The Committee highlight report dated 20 May 2025 was received.

The Committee RESOLVED TO:

- (1) Approve the minutes of the Finance and Performance Committee held on 20 May 2025.**
- (2) Consider the Action log and noted the update as described above.**
- (3) Receive the Committee highlight report dated 20 May 2025.**

46/25 OPERATIONS UPDATE

Lee Brooks highlighted key points from the Operations Report: -

1. Handover delays have significantly decreased, with June showing the lowest lost hours in some time. This improvement was being closely monitored, especially at the Royal Glamorgan and Morriston hospitals, where targeted actions have been implemented.
2. Multi Agency Incident Transfer (MAIT), which enabled electronic transfer of Computer Aided Dispatch (CAD) incidents between services, went live with two police agencies in mid-June. There was early positive staff feedback, and it was anticipated this move will reduce telephony activity between agencies.
3. The team was providing planned support to Yorkshire Ambulance Service while they transitioned their 999 triage system. The Trust was handling 100–150 calls per day for Yorkshire, and members were assured that this support has not negatively impacted performance.
4. There has been a slight improvement in sickness rates in Emergency Medical Services Contact Centres (EMSCC) since the last quarter's update, following workshops conducted by the EMSCC leadership team, Trade Union partners, and people services.
5. Emergency Ambulance Practitioner (EAP) training continued to progress well, there were a total of 40 staff currently on courses, and a further 174 staff due to complete the course prior to the end of the year.
6. On 01 July 2025, the Trust went live with its new approach to high-priority incident responses. The current red category was replaced by three new classifications: Purple Arrest, Red Emergency, and Red Category 0 (RCS0). As part of this transition, Urgent Care Service (UCS) began responding to Purple calls. They will act as first and

co-response resource, like Community First Responders, to deliver Basic Life Support (BLS). Emergency Medical Services (EMS) will continue to be dispatched.

The Chair congratulated Lee Brooks and the team for the successful launch of the new performance framework, recognising the significant effort required across the Trust, including clinical and digital teams. She also acknowledged the positive development regarding the utilisation of UCS staff, recalling previous discussions with team members who were eager for increased involvement. Furthermore, she extended congratulations to Laura Charles for receiving the King's Medal.

Peter Curran asked about the MAIT system, specifically whether it was linked to the Emergency Services Network, and inquired about the potential benefits of expanding it. Lee Brooks clarified that the MAIT system was slightly disconnected from the broader Emergency Services Network programme and confirmed there were significant benefits, including reduced telephony activity by enabling electronic transfers and improved, auditable communication directly within the CAD.

The Chair raised a question about the level of confidence that the new Taskforce focused on the 45-minute handover target would gain the necessary traction to keep all Health Boards in Wales focused, especially given recent improvements and potential momentum. Lee Brooks advised that the Taskforce has recently been convened. He emphasised that while there has been a reduction in handover delays, it was important not to become complacent.

The Committee RESOLVED To note the update.

47/25 FINANCIAL POSITION FOR MONTH TWO 2025/26 AND MONTH THREE 2025/26

MONTH TWO 2025/26

The paper providing the financial update to Month 2 was noted, but Chris Turley requested that the Committee focus on the updated position as at Month 3, given some of the challenges that had emerged over the last week or so.

MONTH THREE 2025/26

An update was given by Chris Turley who provided the Committee with details in the following areas:

1. Chris advised the Committee of some emerging external financial risks. He reported that for the first time in a long period, the year-to-date financial position showed an emerging overspend/deficit of just under £200k, moving from a previously balanced position. The main reasons for this shift were two external factors: a reduction in expected income and an increase in spend, particularly related to the Welsh Risk Pool (WRP).

2. The WRP has substantially increased its previous forecast of in year spend, which, if it materialises would require an increased contribution from all Welsh NHS bodies. For the Trust this could require an increased contribution of c£829K in year.
3. Furthermore, Welsh Government (WG) has recently advised that it was not able to cover the full costs associated with the increase in employers' National Insurance contributions (NICs). This was due to a gap in the funding provided for this from the UK Treasury for the public sector in Wales. This gap for the Trust, which at month three was estimated at c£300k could now be over £1m in year, based on updated detail received in month.
4. These challenges may worsen finances over the year, possibly resulting in a deficit forecast by month four. The Trust plans to use its contingency fund to offset some impact, but if both issues persist, total in-year pressure could reach £2M.
5. Chris Turley added that the Executive Leadership Team (ELT) will be discussing possible mitigations in the coming weeks and will continue to discuss the issues with WG and NWSSP to understand the extent of the additional costs, particularly with reference to the WRP.
6. Despite these pressures, the forecast for the end of quarter one remained to break even, but the risk of not achieving this has increased significantly.
7. The capital plan was on track, and savings targets were being slightly overachieved, but these internal achievements have not fully offset the external pressures.

Peter Curran commented that compared to last year, the financial situation was much riskier, with more variables and unknowns now present. He expressed concern about the unexpected increase in WRP costs and highlighted the difficulty of operating without clear financial information, referencing the NIC funding gap as a challenging factor.

Peter Curran inquired if, in a worst-case scenario, were there times in the year where planned spending could be withheld or delayed mitigating the deficit. Chris Turley confirmed ELT will be working through all options, including reviewing planned increases that have not yet materialised and considering slippage or stopping certain expenditures. He added that contingency funds have been used to offset some pressures.

Wendy Herbert expressed disappointment about the late increase in WRP costs and asked if this would impact the legal team. Chris did not yet know the likely detailed impact of this as yet but acknowledged the point and advised more information was being requested.

The Committee appreciated early sight of the risk and were assured the Trust was taking all appropriate action. It further noted that such a position for the Trust, in recent years was unprecedented.

The Chair acknowledged that the Committee was confident the situation was being managed appropriately and supported the current approach. Further details may need to

be addressed in the AAA report for the Trust Board, as they will expect this matter to have been thoroughly examined by this Committee.

The Committee RESOLVED To:

- 1. Note and gain assurance in relation to the Month 2 revenue financial position and performance of the Trust as at 31 May 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 2 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

48/25 FINANCIAL SUSTAINABILITY PROGRAMME (FSP) UPDATE

Carl Kneeshaw presented the report and updated the Committee on the following points:

1. Early performance against a savings target of £8.5m showed a slight overachievement, but there remains a reliance on non-recurrent savings.
2. Recruitment for the Head of Commercial Development position has concluded. This role was responsible for income generation and commercial initiatives, and was aligned with the Financial Sustainability Programme (FSP).
3. A Task and Finish Group has been established with Trade Union partners to develop recommendations for Emergency Ambulance crew composition. An options paper has been submitted to ELT, with a further iteration to come back shortly.
4. An administration and support review was initiated in 2023 however capacity constraints, staff turnover, and competing priorities have delayed progress.
5. A service review has led to 16 mini business cases following a comprehensive review across 50+ service areas. A tiered implementation model and governance structure has been agreed.

Peter Curran inquired whether there was an expectation of income or return on investment from the Head of Commercial Development role within the current year, or if benefits were anticipated in the following year. Chris Turley clarified that no significant income from this role had been assumed in the current year's financial plan, so there was no risk to the plan if immediate returns were not realised.

The Chair commented that the appointment for the new Head of Commercial Development was later than expected, making it crucial to set clear objectives so they can start effectively and present viable options quickly. Financial sustainability remained a Committee priority; so timely, comprehensive updates were essential.

The Committee RESOLVED To Note the report.

49/25 REPORT ON COMMISSIONING

Hugh Bennett provided a brief commissioning update, stating that the governance of the JCC (Joint Commissioning Committee) remained fluid. He noted that while formal governance was still developing at the JCC, there were established informal working relationships and strong internal governance within their own organisation.

The Committee RESOLVED To Note the continuing development of the new commissioning arrangements within the JCC.

50/25 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Hugh Bennett updated the Committee on the following:

1. The Clinical Model Transformation (CMT) programme was progressing at pace, with a recent successful launch of phase one of the new Ambulance Performance Framework on 1 July, described as a monumental effort.
2. The programme was RAG-rated yellow (cautionary) due to the rapid pace of change and the significant demand on staff, with concerns about potential burnout and the need for ongoing prioritisation. This was an improvement from amber in the previous period.
3. Five balanced scorecards for benefits and outcomes have been developed for the programme, supported by more detailed logic benefits maps.
4. Internal feedback has led to improvements in communications and digital tools, and the programme was now using Microsoft Project and Planner for better management.

It was noted that progress on Cabinet Secretary priorities was good, with no red-rated items reported. The priorities were being tracked and reported alongside the CMT and Directorate Integrated Medium Term Plan (IMTP) actions.

With respect to the Directorate-Led IMTP Deliverables, quarter one saw 12 deliverables, three were complete, three were on target, one was yellow, and five were red. The red items were due to capacity issues and have been reprogrammed to later in the year, which was considered reasonable. Strategic Objective 2 (enabling our people to be the best they can be) deliverables were reviewed in detail, with seven green, three yellow, and one amber status, with no reds.

The Committee asked about the two red items in the digital front end section of the report, specifically questioning whether these were temporary short-term issues due to delays and if there was confidence that the reasons for them being red would be resolved. Jonny Sammut responded by clarifying the current status of the virtual assistant and symptom checker projects, indicating that both had progressed and their risk status had improved.

The Committee agreed that assurance against 'what good looks like' within the IMTP will be presented bi-annually, commencing at the September meeting. The Committee acknowledged the positive progress made to date, while emphasising the importance of maintaining momentum and avoiding complacency, particularly as Phase 2 of the framework was introduced.

Jonny Sammut wanted the Committee to acknowledge the significant effort and cost contributed by staff, especially those in corporate services, in supporting the CMT's work. While this may not be clearly stated in the report, he emphasised the importance of recognising this contribution. Hugh Bennett confirmed a RAG rating summary for each of the CMT, IMTP deliverables, and Cabinet Secretary priorities would be provided for the Board's information.

The Chair found the high-level synopsis valuable, as it offered key insights into overall programme progress and maintained a strategic outlook. The Committee should continue monitoring workloads to prevent burnout, supporting executives in prioritising tasks since not everything can be achieved at once. It was encouraging to see Cabinet Secretary's priorities reflected. The Committee agreed the proposed approach to reporting on strategic outcomes and benefits, in line with the report recommendations.

The Committee RESOLVED To:

- 1. Agree to the proposed approach to reporting on strategic outcomes and benefits;**
- 2. Note the CMT programme end of Q1 position.**
- 3. Note the Directorate-led IMTP end of Q1 position.**
- 4. Note the Q1 position for the Cabinet Secretary's priorities set out in the 2025-26 planning framework.**
- 5. Advise of any further assurance needed for the Board.**

51/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

Hugh Bennett provided an update:

1. He reported June's Red 8-minute performance at 50.7% and noted improvement in the Amber One median to one hour and 29 minutes, compared to the 12-month average of one hour and 51 minutes, attributing this to reduced handover delays.
2. He highlighted that handover hours dropped to 15,278, the lowest in four years, but emphasised this was still nearly three times higher than what rosters can handle.
3. He also mentioned that while Emergency Ambulance production was at 95%, it had dipped slightly and would be monitored.
4. It was noted that 111 call handling performance has stabilised, but the Trust did not achieve the 5% abandonment rate in June 2025, with performance decreasing slightly to 10% from 10.5% in May 2025.

A discussion followed on why average jobs per shift (all resource types) remained below expectations despite reduced handover delays. It was acknowledged that this metric was influenced by multiple factors including resource type, training abstractions, vacancies, and operational changes. An upward trend in the average jobs per shift for emergency ambulances was noted, but it was agreed that further analysis, was needed to better understand the correlation. Hugh Bennett agreed that he would investigate further, noting that the metric in question was average jobs per shift by all vehicle types. He suggested it would be useful to split out the data, particularly focusing on Emergency Ambulances (EA) for its correlation with handover.

The Committee RESOLVED To consider and took assurance from the May 2025 / June 2025 Integrated Quality & Performance Report and actions being taken.

52/25 QUALITY PERFORMANCE MANAGEMENT FRAMEWORK – LOGIC BENEFITS MAP

Hugh Bennett explained that the purpose of this report was to obtain approval from the Committee for the Quality Performance Management Framework (QPMF Logic Benefit Map [LBM]).

Hugh Bennett explained that the benefits map was created to address the question of what success looks like for the QPMF. He described the map as starting with inputs and moving through activities, outputs, outcomes, benefits, benefit measures, and impact.

The Chair queried if it was suitable for this document to be over two pages, as there was a lot of detailed information. The framework purpose and assumptions could serve as a cover sheet, leaving just the map on a single page. As more arrows appear, particularly on the right side, the layout becomes confusing. Hugh Bennett added that the benefits map was best viewed on A3 paper due to its detailed content. He explained that benefits maps often featured complex, non-linear connections such as audit assurance linking to multiple elements.

Trish Mills suggested that as the QPMF Steering Group progressed this year, it would be useful to review and streamline some groups and categories, since several benefit measures overlap, hence the multiple arrows.

The Chair added that balancing an accurate map with the Framework was challenging without duplicating existing work. At this stage she was not comfortable approving the LBM at this stage and recognised the substantial effort in this strong first draft and suggest the QPMF steering group addressed the amendments raised.

In terms of the QPMF benefits map and the benefits measures it was agreed that further work would be done to clarify the flows between inputs, activities, outputs and benefits. It was agreed that the QPMF Steering Group would consider this in further detail and that Hugh Bennett would provide an update at the next meeting following discussion at the QPMG Steering Group The Committee acknowledged that this was a strong first version

that would be refined over time. Assurance was provided to the Committee on governance structures and processes for feedback loops, audits and tracking benefits.

The Committee RESOLVED To:

- 1. Consider the contents the Q&PMF 2025-28 LBM.**
- 2. Identify any further amendments.**
- 3. Consider the Quality Performance Management Framework – Logic Benefits Map noting it would be considered and endorsed by the QPMF Steering Group for Committee approval going forward.**

53/25 ANNUAL HAZARDOUS AREA RESPONSE TEAM (HART) – KEY PERFORMANCE INDICATORS (KPI) REPORT

Lee Brooks opened with an update on the Manchester Arena Inquiry (MAI) report. The Trust submitted its response to Welsh Government (WG) and the Joint Commissioning Committee (JCC) in August 2024. Commissioners reviewed these reports in March and April 2025, and feedback was expected in August. Some recommendations have been delayed, as previously reported to the Trust Board.

Lee Brooks presented the Annual Hazard Area Response Team (HART) Key Performance Indicator (KPI) report for Q4. Assurance meetings with Commissioners had taken place in March and April, allowing scrutiny of the Trust's submission, and feedback from Commissioners was expected in August. He acknowledged some slippage on recommendations, previously covered at Trust Board, and noted that an internal audit was underway to review governance arrangements.

Lee Brooks explained that the annual WG return for HART and specialist teams was a KPI report based on a provided template, covering activity numbers and team composition.

Notably, on 08 March 2025, HART was unable to provide full team cover due to short-notice absences. This incident highlighted the importance of the MAI recommendation to increase the HART team size from six to eight operatives to enhance resilience.

It was noted that funding was received to increase the Special Operations Response Team (SORT) capacity from 150 to about 290 operatives. Procurement for equipment has been achieved at lower than anticipated costs, but there have been challenges with vehicle procurement. The training programme to reach the new SORT staffing level was expected to be completed within the calendar year.

The Committee RESOLVED to Note the Annual Hazardous Area Response Team (HART) – Key Performance Indicators (KPI) Report.

54/25 BUSINESS CONTINUITY ANNUAL REPORT – 2024/25

Lee Brooks reported that the Business Continuity (BC) Annual Report demonstrated the Trust's compliance with the Civil Contingency Act 2004, the adoption of a new governance structure for Business Continuity, and the rollout of new BC software.

The main change this year was the rollout of new BC software, which would provide auditable business impact assessments and continuity plans, replacing the current paper-based process. The new system will offer dashboards and improved oversight, and its implementation was expected this year.

He added that once visibility increased, follow-up work may be needed, and the report included current completion rates for business impact assessments and continuity plans, with more work required for visibility.

The Committee RESOLVED To Note the Business Continuity Annual report 2024/25.

55/25 WELSH GOVERNMENT ANNUAL EMERGENCY PLANNING REPORT

1. Lee Brooks stated that the annual Welsh Government EPRR (Emergency Preparedness, Resilience and Response) report was submitted each year.
2. The report included updates on key national inquiries, progress against last year's priorities, and set out the current year's priorities.
3. He highlighted the incorporation of the Charter for Families Bereaved by Public Tragedy into Trust documentation, including the incident response plan, command policy, and debriefing process.
4. Progress was reported on the MAI (with 68 recommendations completed and 18 requiring financial investment, now monitored as a corporate risk), the Grenfell Inquiry and improvements in communications and tactical advisor training.
5. SORT growth and embedding remained a priority, with BC structures and software rollout ongoing.
6. The COVID Inquiry was pending, especially Module 3 outcomes.
7. A new focus this year was developing the role of volunteers in major incidents, with progress expected in engaging volunteers.
8. A robust programme of training and exercising had taken place; however, it identified a need for more frontline staff exercising.

The Committee RESOLVED To Note the Welsh Government Annual Emergency Planning Report.

56/25 RESOURCE ESCALATION ACTION PLAN

Lee Brooks advised that the Resource Escalation Action Plan (REAP) document has been reviewed both as part of its annual cycle and to prepare for the 01 July 2025 changes, with adjustments made to triggers to align with the new clinical model and to support the direction of the service, such as consolidating remote clinicians under single triggers.

The changes were described as self-explanatory, and a further review was anticipated to coincide with phase two of the ambulance performance framework, which will require another update to ensure triggers remained current. The next version of REAP will be developed in the coming months to complement these ongoing changes.

The Chair queried what steps could be taken if access to software was not possible due to a cyber-attack. Jonny Sammut explained that the Trust has a catastrophic outage recovery plan for total system failures, with multiple failover options to switch networks and restore service. The cloud-hosted Business Continuity Management System was intentionally kept separate from the Trust, allowing continued access even if there was a complete outage.

Bethan Evans raised a question about the number of SORT staff in post, observing that the South region appeared underrepresented compared to other regions. Lee Brooks updated the Committee on current numbers: North, 76, Central and West, 93 and South, 73. He added that the Trust was moving toward a staff count of 290. He remained reasonably confident that this goal will be achieved. Once the target staffing was attained, the focus will shift to understanding how many staff members were on duty at any given time and their locations, to help ensure an even distribution.

Regarding the Emergency Preparedness report, members noticed that the response options were limited to simply 'yes' or 'no.' In the Trust's case, it selected 'no,' but provided additional context explaining that some criteria were partially met, which seemed entirely reasonable. Given that this approach highlighted existing gaps and resource challenges was any specific feedback or response from WG upon their review of the report expected.

Lee Brooks commented there should be no surprise to WG about this report. The Team completing the report carefully evaluated its position to ensure consistency and challenged itself throughout the process.

The Chair emphasised that, from her perspective, the key consideration was not the reaction but rather whether the Trust's response was justifiable.

RESOLVED: The Committee RESOLVED To

1. Note the revised Resource Escalation Action Plan.

2. Confirm it was assured that a robust annual review of EPRR plans and activities has been undertaken, and to inform the Trust Board of its assurance.

57/25 DIGITAL REPORTING

Jonny Sammut gave an update on the report.:

Highlights

1. Recruitment across Digital was progressing well.
2. There has been a successful soft launch of the NHS 111 Wales Virtual Assistant chatbot, supporting multilingual access and improved user experience.

3. A technical go-live of video consultation for 111 clinicians took place on 8 July.
4. Phase 2 of the Microsoft Copilot pilot began on 01 July, with 150 licences distributed.
5. A refresh of the Electronic Patient Care record (ePCR) application was in development, aiming to reduce on-scene times and improve data quality.
6. The Cyber Resilience Unit audit has been completed.
7. There was a significant contribution by the digital team to the go-live of new call categories on 01 July.

Lowlights

8. The iPad replacement programme was paused pending agreement on a charitable donation scheme for existing devices.
9. Video Compliance Progress was delayed due to competing priorities.
10. Enhanced Interactive Voice response (IVR) (111) was deprioritised due to the Clinical Model Transformation (CMT) development demands.
11. The Reporting of new 999 Computer Aided Dispatch (CAD) metrics was currently reliant on a temporary solution; a full CAD upgrade was still unplanned.

Red Flags

12. Sustained pressure on the Information Governance (IG) team due to urgent demand from across the CMT programme.
13. All-Wales data sharing via the National Data Resource (NDR) remained unresolved, with legal and regulatory risks under active review by the Trust's Data Protection Officer (DPO) and IG team.
14. Unknown requirements for 2025/26 and 2026/27 under the CMT programme posed a capacity risk to the Digital Directorate, potentially impacting delivery of the local Digital Plan.

Jonny Sammut presented a deep dive into the digital plan, which was structured around five pillars: everyday essentials, digital pioneers, digital transformation, security/safety/cyber, and data.

Jonny described the digital team's structure and highlighted 2025/26 priorities, including iPad replacement, automation, Windows 11 upgrade, AI/innovation lab, emergency services network upgrades, electronic patient record improvements, smart stations, and national data resource collaboration.

He commented on the EMS server improvement programme, the development of an AI policy and ethics panel, and the launch of an innovation lab and mobile digital support hub for direct engagement with crews. Jonny also referenced the ongoing development of the MIQPR always-on report and stressed maintaining core digital services, including system uptime and resilience measures.

Jonny Sammut explained that the Trust was conducting a digital transformation self-assessment to inform the Audit Wales digital deep dive. The self-assessment included a series of questions, and members were invited to provide comments and feedback. The submission deadline was in August, with results being reported at the next meeting for transparency.

Bethan Evans said the digital report was clear, praised the Trust's digital transformation goals, and highlighted the impressive ePCR visuals and "help desk on wheels" concept. She noted these will greatly enhance the Trust's digital capabilities.

The Chair welcomed the report the update regarding AI and the current work being undertaken in this area. Additionally, on behalf of the Committee she extended formal congratulations to Jonny on his appointment as Chair of the Wales hub of the British Computer Society.

The Committee RESOLVED To Note the contents of the report, the Digital Directorate Deep Dive and the trends in the metrics presented.

58/25 INFORMATION GOVERNANCE REPORT

An update was given by Jonny Sammut:

1. Two projects progressed without initial Information Governance (IG) involvement; however, internal procedures identified this and paused their advancement to ensure appropriate support.
2. He highlighted ongoing AI risk management, noting a drafted notice on generative AI and the need for an NHS Wales-wide policy, given the proliferation of large language models.
3. Two accounts were compromised via a password spray attack, but multi-factor authentication prevented any network access or data compromise.
4. The phased reintroduction of copy and paste for ePCR was approved, aiming to improve usability, with close monitoring before broader rollout.
5. Mandatory IG training compliance reached over 90%. A series of letters were being sent to anyone whose training was 6 months or older with locality, managers being copied.
6. The 111 Wales website privacy policy was fully reviewed to support the virtual agent launch.

While it was assuring to see the compliance rate of IG training improve, the Chair inquired about the confidence levels that early involvement was recognised. Jonny Sammut was confident that the Trust has established the appropriate processes both at the IG and procurement levels. Each of these processes and procedures references IG, which encouraged early engagement. The existing processes were robust and going forward, the plan was to develop a broader IG awareness initiative beyond formal IG training with the aim to provide greater context for why these practices were important.

The Committee RESOLVED To Note the report.

59/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The Committee received the Risk and Board Assurance Framework (BAF) report noting that all risks have undergone their quarterly review, with no changes in scores. It was

emphasised that the highest rated risks were considered when setting the agenda ensuring that these were integrated into the papers and discussions throughout the meeting.

The current BAF was updated recently and reviewed by the ELT, with all risks reviewed within their designated timeframes. For the cyber risk (risk 260), detailed information was kept in the closed session due to sensitivity, but high-level details were included in the open paper.

The Committee acknowledged that Risk 542 (Decarbonisation) was a complex and multifaceted risk and challenging to mitigate given its nature and external dependencies; however, there was an aspiration to reduce this from a score of 16 to 8. Non-Executive Directors met with management recently to review this risk, and the ambition was to reframe it to focus on what was within the Trust's control.

The Committee RESOLVED To Note:

- 1. The contents of the report.**
- 2. The controls in place against the risks.**
- 3. The actions described to further mitigate the risk.**

60/25 INTERNAL AUDIT REPORTS

The following Internal Audit reports were presented:

Capital Systems – Reasonable Assurance: Chris Turley stated that the capital systems internal audit received reasonable assurance and noted that every aspect of the audit had at least reasonable assurance. He mentioned that most recommendations were already completed, and that the management responses were provided. Osian Lloyd added that issues around interactions with procurement were a common theme across Wales and not entirely within the Trust's control.

Contract Management – Advisory Report: Chris Turley commented that the advisory report format was more beneficial than a different approach would have been. He confirmed the report was discussed at the Audit Risk and Assurance Committee (ARAC) and that the advisory format was appropriate. The main actions for the Trust arising from this had either been actioned or were in progress.

Emergency Communication Nurse System (ECNS) Implementation – Reasonable Assurance: Lee Brooks highlighted the need for better understanding and completion of benefits realisation. He emphasised that while there was evidence of benefit consideration, the report reinforced the importance of this process across all programmes of work.

Forecasting & Modelling – Reasonable Assurance: Hugh Bennett advised that the forecasting and modelling internal audit found reasonable structures in place and a strong culture of forecasting and modelling within the Trust. He acknowledged the need to tighten processes, which was already recognised at the start of the audit, and confirmed there were a series of agreed recommendations to deliver.

Members noted that the audit reports had been presented by Internal Audit at the June ARAC meeting. All actions will be tracked for oversight by this committee

The Committee RESOLVED To note the following reports: Capital Systems, Contract Management, Emergency Communication Nurse System (ECNS) Implementation, and Forecasting & Modelling.

61/25 POLICIES FOR APPROVAL

NHS Wales No Purchase Order No Pay Policy: Chris Turley explained that the No Purchase Order, No Pay Policy was a national NHS Wales policy requiring invoices to have a purchase order before payment. He stated the Committee was being asked to approve minor amendments to the policy, which had already been reviewed by the ARAC.

The Committee approved the updates to the NHS Wales No Purchase Order No Pay Policy.

The Committee RESOLVED To approve the NHS Wales No Purchase Order No Pay Policy.

62/25 AUDIT WALES URGENT AND EMERGENCY CARE – ARRANGEMENTS FOR MANAGING DEMAND REPORT

Lee Brooks presented the report which provided a timely and comprehensive assessment of the Trust's response to ongoing pressures in urgent and emergency care and confirmed that robust plans were in place and beginning to deliver improvements. It was particularly relevant as the Trust continued to advance its Clinical Model Transformation Programme and work towards a more integrated model of care.

Key developments included the expansion of the clinical desk, deployment of advanced paramedic practitioners, and the introduction of rapid clinical screening and clinical navigators, which have increased remote resolution of 999 calls. Early signs from Connected Support Cymru were also promising. However, challenges persisted, particularly (at the time of the audit fieldwork) severe handover delays, fragmented data sharing with health boards, and inconsistent access to alternative care pathways.

The report also identified persistent challenges that the Trust must continue to address:

1. Severe handover delays at Emergency Departments, with only 16% of patients handed over within the 15-minute target in February 2025.
2. A lack of joined-up data between the Trust and health boards, which limited the ability to track the full patient journey and evaluate the effectiveness of alternative pathways.
3. Inconsistent access to alternative services such as Same Day Emergency Care and Urgent Primary Care Centres, which undermined the Trust's ability to divert patients from Emergency Departments.

To support continued progress, the report made two key recommendations:

1. That the Trust work with partners to ensure the accuracy of information on the 111 Wales website, particularly the symptom checker and contact details.
2. That the Trust collaborate with health boards to maintain accurate and up-to-date directories of service, ensuring staff can reliably access and refer to alternative care pathways.

The Trust has accepted both recommendations and have already taken steps to address them. Business cases have been drafted to improve governance and digital infrastructure, and discussions with Welsh Government were ongoing to secure the necessary funding and support.

In conclusion, this report affirmed that the Trust was on the right path. It validated the direction of the Clinical Model Transformation Programme and reinforced the importance of continued collaboration with partners across the health and care system. By addressing the challenges identified and implementing the recommendations the Trust can further reduce avoidable harm and deliver a more integrated and resilient urgent and emergency care service for the people of Wales.

Fflur Jones concurred with Lee Brooks' summary, acknowledging the constructive discussions that occurred during fieldwork and clearance. She emphasised the Trust's proactive approach, stating that the report accurately represented the Trust's initiatives and its ongoing commitment to exerting influence where appropriate.

Hugh Bennett raised a minor detail within the report. It referred to a hospital conveyance rate of approximately 60%, based on 999 calls. To clarify, he believed this figure pertained specifically to responded incidents.

The Committee RESOLVED To note the Audit Wales Urgent And Emergency Care – Arrangements For Managing Demand Report.

63/25 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE

Trish Mills advised the Committee 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, due in May 205 has been deferred and will be the subject of a Board Development session to draw out the issues as they relate to the Trust, as agreed with the Chair and Liam Williams.

The Committee RESOLVED To note the update.

64/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Committee reflected that this meeting was a good example of where complex reports and business can be presented clearly and in such a way which draws out the pertinent elements, and there was a good balance of such matters at this meeting. Additionally, the

Chair reflected the positive impact of the new Ambulance Performance Framework and that the early notice of the financial risks, as highlighted in the alert section, was important. Jonny Sammut was congratulated for his recent appointment as the Chair of the BCS (Chartered Institute for IT) in Wales.

Meeting concluded at 13:30

Date of Next Meeting: 16 September 2025