MINUTES OF THE MEETING OF THE PUBLIC FINANCE AND PERFORMANCE COMMITTEE HELD ON 21 JULY 2026 IN THE CARDIFF MRD AND VIA TEAMS

The meeting started at 09:30

ATTENDEES:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director *(to 10.25 at the end of item 7)*
Colin Dennis	Non-Executive Director
Penny Durrant	Interim Director of Nursing
Bethan Evans	Non-Executive Director
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner *(not present between 11.13 and 12.05 for items 10 to 14)*
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES:

Lee Brooks	Executive Director of Operations
Matthew Dugdale	Assistant Director of Commercial Development
Rachel Marsh	Deputy Chief Executive
Liz Rogers	Deputy Director of People and Culture
Jonny Sammut	Director of Digital

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 19 MAY 2026

3.1 The minutes of the public meeting of the Finance and Performance Committee held on 19 May 2026 were received and approved subject to one minor amendment.

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 19 MAY 2026

4.1.2 The AAA Highlight Report from the meeting held on 19 May 2026 was noted.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. QUARTERLY OPERATIONS REPORT Q1 2026/27

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 an update through the Operations Quarterly report on the Trust's response to recent extreme heat events, including a period of unprecedented demand that resulted in the declaration of a critical incident. Demand significantly exceeded forecasts, particularly for life-threatening calls and falls among older people, placing considerable pressure on services. Assurance was provided that operational teams responded effectively under challenging circumstances, supported by strong organisational coordination and staff wellbeing measures. Early learning from the subsequent debrief is informing future planning, including improved demand forecasting, a better understanding of the impact of extreme heat on clinical demand, and strengthening organisational preparedness for what are expected to become more frequent climate-related events.

5.2 Following members' discussion of the report, an action was taken for more information to be provided at the next meeting on:

- Long-term funding arrangements for the Falls Desk
- When the Trust is expected to receive a decision or outcome on the HART uplift business case submission
- The meaning of 'high level costs' on page 9 of the report, clarification of the assumptions underpinning the cost estimates and an indication of the likely future funding ask to commissioning bodies

5.3 Members asked for information on the difference between the Enhanced Community First Responder (ECFR) role and the Community First Responder (CFR) role to be provided at the Trust Board meeting on 30 July 2026. Members also requested that TOIL is referenced in all subsequent Operations reports so that the committee is aware of any updates on this.

5.4 Members asked about confidence in delivery of the Welsh Language Clinical Consultation Plan. They were assured that the plan has been developed with substantial oversight and thoroughly developed and scrutinised before implementation.

5.5 Members discussed the great work that has taken place on volunteering, how to keep up momentum on this and whether to consider using volunteer surveys to help better understand what is working well and where further improvements may be needed. Assurance was provided that volunteering remains a key organisational priority and that volunteering strategy now has strengthened governance, resourcing and organisational focus. Regular engagement events and established volunteer representative forums ensure that volunteer feedback is heard and that the volunteer voice remains central to future developments.

6. FINANCIAL REPORT MONTH 2, 2025/26 FINANCIAL POSITION FOR MONTH 3, 2026/27

The papers for this item in relation to 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 Jason Collins, Head of Financial Management, attended this meeting and presented the financial report for month 2 2026/27 and the presentation of the financial position at month 3 2026/27. Members were assured that the Trust remains on a break-even trajectory and is performing well against its savings programme. Key assumptions within the forecast for the year included the updated treatment of additional Welsh Risk Pool (WRP) costs being covered by Welsh Government, the need to continue to monitor and manage the volatility in fuel prices, and successful delivery of the required savings programme.

6.2 Assurance was provided that the Trust does not rely on non-recurrent savings to balance its position, has no underlying deficit and has consistently delivered balanced financial positions without any financial support, for more than 10 years.. Members heard that the approach to savings delivery has further evolved this year, including the application of recurrent budget reductions and a stronger focus on sustainable savings

that support future financial resilience. Members noted the month 2 revenue financial position and were assured by the performance of the Trust as at 31 May 2026.

6.3 Members discussed the potential impact of changes to the Welsh Risk Pool position. While the financial plan had assumed the Trust would have to absorb these costs, Welsh Government has indicated that some elements may be funded directly, which could reduce the in-year savings requirement. Notwithstanding this, the Trust remains focused on delivering the full recurrent savings target to strengthen its position for future years.

6.4 Looking ahead, members noted the significant financial challenges anticipated in 2027/28, including the prospect of a potential flat cash settlement and the potential for further savings requirements through commissioning arrangements. It was recognised that future financial sustainability is likely to require more transformational approaches and difficult choices, with early planning already underway to prepare for an increasingly constrained financial landscape.

6.5 Key financial risks for the year continue to include fuel costs, operational demand pressures and wider NHS Wales financial challenges. Members were assured that the Trust has strong financial grip and control arrangements in place and that budget holders remain accountable for delivering agreed savings.

6.6 The committee noted the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust, the initial capital programme for 2026/27, and the month 2 Welsh Government (WG) monitoring return submission (as required by WG).

7. FINANCIAL SUSTAINABILITY 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.

7.1 The committee received the report and were assured on the financial sustainability programme, welcoming the increased clarity around its strengthened governance arrangements, workstreams and reporting structure.

7.2 Discussions highlighted that the programme is evolving into a structured portfolio of work encompassing targeted cost reduction, productivity, commercial development and future financial planning, with a strong focus on securing recurrent savings and longer-term financial resilience.

7.3 Members heard that there is ongoing consideration of the NHS Wales Grip and Control framework and were advised that a task and finish group is reviewing travel, subsistence and accommodation expenditure to identify further opportunities for control and recurrent savings.

7.4 Members noted the month 2 savings position, with £1.423m achieved against a planned £1.342m. They recognised that assurance on full-year recurrent savings delivery remains partial, due to £1.2m of the recurrent savings requirement having not yet been identified and currently assumed not to be delivered in the year-end forecast. It was noted that this needs to be considered with the Trust's continued reporting of a forecast balanced year-end overall financial position for 2026/27, due to the removal of some cost pressures, most notably relating to the WRP as above, that were assumed in the opening financial plan for the year.

7.5 Members sought clarification on the governance and reporting arrangements for the Financial Sustainability Group and an action was taken for the next report to committee to include a schematic setting out workstreams, oversight groups and reporting lines to support committee understanding. Members were assured that robust governance arrangements are in place for the financial sustainability programme through the Strategic Transformation Board, including oversight of programme reporting, detailed scrutiny and assurance.

7.6 Chris Turley advised that he is interim Senior Responsible Officer for the financial sustainability programme, following the departure of the Chief People Officer; this role will transfer to the new postholder once appointed. Members were also advised that interviews for the programme director role will take place within the next few weeks.

8. INTEGRATED MEDIUM-TERM PLAN (IMTP) PROGRESS 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.

8.1 The committee received the IMTP report, welcoming the new reporting approach structured around the Trust's strategic objectives and the emerging governance arrangements. It was noted that the report provides greater clarity, intelligence and strategic focus, while strengthening committee oversight and grip on delivery. The report provides a consolidated view which the board will receive, and a focus for the committees on objectives within their remit, enabling them to seek out deep dives where deliverability confidence is low or outcomes not being realised, and to report and escalate

to the board via their AAA report. The new reporting framework was recognised as a significant step forward in supporting assurance and enabling future integration with performance and risk reporting.

8.2 Members noted the strong Q1 position and progress made, with the majority of deliverables reported as on track, while recognising that organisational capacity constraints will require careful prioritisation to maintain delivery momentum. Members sought clarification on the interpretation of the confidence ratings within the report, specifically whether they related to individual deliverables, priority areas or the overall strategic objective. Additionally, it was agreed that future reports will include definitions for RAG ratings and delivery confidence levels, so that committee members can interpret these consistently.

8.3 Members discussed several deliverables reported as an Amber (Monitor) status with lower delivery confidence, particularly the concerns management improvement programme and whether it would deliver the required improvements and move the organisation to a more sustainable position. Challenges highlighted included the volume and increasing complexity of concerns being received. Assurance was provided that governance arrangements are being streamlined and priorities refocused, to demonstrate organisational grip and control, and deliver tangible improvements in a more manageable and coordinated way. Further scrutiny on this will be undertaken through the QuEST Committee.

8.4 Members highlighted the Advanced Paramedic Practitioner (APP) productivity improvement deliverable as an area requiring ongoing scrutiny and suggested the committee maintains oversight of this area as implementation progresses.

8.5 Members were advised that, in light of organisational capacity pressures and the need to maintain focus on current performance, productivity and transformation priorities, formal engagement on the strategy refresh is now expected to commence in 2027. Assurance was provided that this will not have a material impact, as the current strategy remains in place until 2030, with preparatory stakeholder engagement continuing in the interim.

9. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR) MAY/JUNE 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.

9.1 The committee received and considered the first iteration of the revised MIQPR reporting framework, for May/June 2026, welcoming the move towards a more streamlined, committee-focused approach aligned to the agreed board performance framework.

9.2 Members acknowledged that the revised format provides improved visibility and grip of performance issues, while recognising that further refinement is planned, including the introduction of additional Statistical Process Control (SPC) charts to support trend analysis and assurance, and enhanced trajectory reporting to support more effective scrutiny and interpretation of performance trends.

9.3 Members' discussion focused on continued challenges in emergency response performance, including:

- Cardiac arrest and Return of Spontaneous Circulation (ROSC)
- Consultant close rates, with work underway to understand the reasons for the recent reduction in rates compared to improved performance over the prior 18 months
- 111 call abandonment, with improvement actions underway including rostering changes and improvements to the Clinical Advice Line processes
- Non-emergency patient transport performance (NEPTS), with improvement work continuing to address performance concerns.

9.4 Members noted the additional metrics included in the report and the ongoing work that will continue to refine these for the committee. It was agreed that the wording used in the report will be reviewed, specifically where the wording 'not capable' does not accurately reflect the position and could be misinterpreted.

10. INTERNAL AUDIT REPORT: FIRE SAFETY

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 reasonable assurance report on fire safety arrangements, which also emphasised the need to maintain focus on this area, given the inherent risks.

10.2 Members reviewed the report, noting the agreed management actions and mitigations of risk as well as the discussion and feedback from Audit and Risk Committee (ARAC). Members were advised that they will have an opportunity to scrutinise the impact and monitor the closure of these in response to audit recommendations via tracker reports and future assurance reporting on this issue.

10.3 The unique fire safety challenges associated with the Trust's diverse estate were acknowledged, with 130 sites held across the country. Strengthened governance reporting and board-level oversight was noted as contributing to the positive progress in fire safety observed. Members supported exploring more integrated reporting across estates and infrastructure matters to strengthen oversight and assurance.

11. INTERNAL AUDIT REPORT: VEHICLE (AMBULANCE) REPLACEMENT PROGRAMME

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 welcomed the report on this core area of the Trust's work and the reasonable assurance rating given. It was noted that the audit provided confidence in the effectiveness of arrangements for planning, funding and delivering the programme, despite the increased scale resulting from increased investment received in recent years.

11.2 Members reviewed the report, noted the limited improvement actions identified and mitigations of risk. The positive findings regarding the integration of decarbonisation and wider strategic priorities were welcomed, noting particularly that the findings demonstrated a strong strategic approach and evidenced that decarbonisation considerations are embedded throughout fleet and capital planning activity.

11.3 Members noted the discussion and feedback on the report from ARAC, and that there will be opportunity to scrutinise the impact and monitor the closure of the actions in response to audit recommendations via tracker reports and future assurance reporting on this issue.

11.4 Members were assured that governance arrangements were working effectively, the increased capital investment was being managed appropriately, and the vehicle replacement programme was operating well, despite significant growth in activity.

12. INTERNAL AUDIT REPORTS

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 DIGITAL BUSINESS CONTINUITY

12.1.1 The committee received this reasonable assurance report, acknowledging that the Trust has effective arrangements in place to respond to major digital disruption and an established framework comprising business continuity policies, ICT continuity arrangements, departmental plans, impact assessments and tested incident response processes.

12.1.2 Members discussed two themes emerging from the report; the need to strengthen the integration and accessibility of existing business continuity documentation through a centralised resource and the need to further formalise the testing, tracking and learning processes associated with continuity plans. Members were advised that the Continuity2 platform has already been procured and is being implemented to support these improvements, with the audit recommendations being incorporated into the implementation programme.

12.1.3 Members noted that opportunities to further strengthen resilience through enhanced oversight, testing and organisational learning, are consistently embedded within future arrangements, and took assurance from the actions already underway to address the audit recommendations and improve continuity management.

12.2 DATA MANAGEMENT PRACTICES / DEVOLVED DATA

12.2.1 The committee received and reviewed the reasonable assurance report on arrangements for managing devolved data activity that takes place outside the digital team, noting the agreed management actions and mitigations of risk in place.

12.2.2 The audit examined whether reporting arrangements were sufficiently standardised across the organisation. Members heard that work was underway to establish a Community of Practice model across the Trust, with the aim of improving consistency, governance, collaboration and professional standards across analytical and reporting functions.

12.2.3 Members noted the importance of strengthening data governance as analytical capability continues to grow across the Trust and took assurance from progress to establish a data and analytics community of practice to improve consistency, oversight and reporting standards.

12.2.4 The committee noted the discussion and feedback from ARAC and that there will be opportunity to scrutinise the impact and monitor the closure of these actions in response to audit recommendations via tracker reports and future assurance reporting on this issue.

12.3 EMERGING TECHNOLOGY ADOPTION

12.3.1 The committee received this reasonable assurance report and took assurance from progress in strengthening AI and automation governance arrangements, including the establishment of enhanced oversight, approval processes and supporting policies.

12.3.2 Members noted that the audit recommendations on the report were focused on formalising governance arrangements as adoption of emerging technologies (such as AI) increases, rather than addressing any significant weaknesses in current controls.

12.3.3 Members discussed the need to ensure that controls, governance and oversight arrangements scale alongside technology adoption and sought assurance that sufficient capacity exists within digital services to implement the recommendations arising from the audit. Members were assured that many of the audit actions will be supported by the new Digital Oversight Group, which will provide robust governance structures and visibility over digital initiatives. The Trust will also continue to consider whether

automation capability can be delivered internally or whether external support may be required where capacity is insufficient.

12.3.4 Members requested clarification on how the Trust intends to demonstrate and evidence the benefits realised from AI and automation initiatives as adoption increases across the organisation. Members were assured that the AI Steering Group is actively addressing complex issues in developing approval processes and ethical and responsible AI arrangements, as well as ensuring that AI adoption is supported by broad organisational involvement.

13. DIGITAL REPORTING JULY 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.

13.1 The committee received the Digital report for July 2026 and acknowledged the contents, which provided assurance on the progress of Digital Plan activities, IMTP commitments and Clinical Model Transformation (CMT) involvement of the Digital Directorate teams.

13.2 Members noted the progress in strengthening digital governance arrangements through the Digital Oversight Group and the development of a clinical digital safety work programme.

13.3 Members were assured that digital capacity and prioritisation are being actively managed in response to significant demand pressures, particularly within data and analytics. The need to clearly articulate the impact of dependencies on national digital and data-sharing programmes, where these may affect delivery of local priorities and benefits realisation, was highlighted.

13.4 Members discussed recent staff resignations, some in highly specialised roles, which could create significant operational challenges. While acknowledging that capacity and specialist skills remain a live issue, members were assured that recruitment processes to fill these positions were underway and accelerated where possible.

13.5 Members sought clarification regarding the development of the Single Directory of Services on a Once for Wales basis, asking whether wider system arrangements, including the role of national digital bodies, were impacting progress. Members were advised that the Trust had been engaged in the development stages for this and that Digital Healthcare Wales (DHCW) would play an important role in delivery. The main area requiring further clarity was the long-term operating model, including future governance, ownership and service management arrangements once implementation is complete.

14. INFORMATION GOVERNANCE 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 report and were assured on the Trust's information governance arrangements, noting continued progress in addressing records management pressures, reducing data protection impact assessment (DPIA) backlogs and strengthening management of information governance risks.

14.2 Members discussed a recent third-party data breach and were assured that appropriate investigation, mitigation and supplier assurance activities were underway, with broader work continuing to strengthen oversight of cyber, data protection and supplier-related risks across the Trust. Digital and Fleet teams were undertaking further assurance work through DPIA and other impact assessments to better understand data flows and associated risks. Members heard that consideration is also being given to the longer-term future of the system, including potential upgrade or re-procurement options.

14.3 Members sought clarity on how the Trust is assured that suppliers maintain appropriate cyber security standards and were advised that supplier cyber assurance has become a key focus for the Cyber Team and forms part of a wider programme of assurance activity. There is an ongoing review of digital systems against clinical safety standards, with DPIA and impact assessment activity helping to strengthen understanding of data flows, system risks and third-party assurance arrangements.

14.4 The committee were assured 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.

15. INTERNAL AUDIT REPORT: HIGH RISK RECORDS POLICY

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 and reviewed this reasonable assurance report, which acknowledged an established framework and controls for managing high-risk records, with the key challenge being consistent implementation and maintenance.

15.2 Members noted that the process is currently managed by a small central team and is heavily reliant on manual administration, contributing to review backlogs and compliance pressures. Members discussed progress to modernise the process through a new digital application, which is expected to improve resilience, oversight and the timely management of high-risk records.

15.3 Members noted the agreed management actions and mitigations of risk, noting that the audit findings primarily reflected capacity and compliance challenges rather than weaknesses in the underlying policy framework.

15.4 The committee noted the discussion and feedback from ARAC and that there will be opportunity to scrutinise the impact and monitor the closure of these actions in response to audit recommendations via tracker reports and future assurance reporting on this issue.

16. 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.

16.1 The committee received the Risk Management and Board Assurance Framework report and considered the controls in place against the risks, as well as the actions described to further mitigate the risks.

16.2 Members were assured that all risks had undergone quarterly review and been previously considered by ARAC, with no changes in scores. The activity undertaken during this period was due to be considered by the Executive Leadership Team on 12 August 2026.

16.3 Ongoing work to refine the corporate risk profile was noted, including a foreshadowed reduction to the score for Risk 690 *(SAR and Disclosure of Records Compliance)* and the reframing of Risk 100 *(Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience)* into two separate risks, to improve clarity

16.4 Regarding Risk 542 *(Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan),* members noted that whilst further work to reframe the risk remains outstanding, assurance continues to be received through capital planning, infrastructure programmes and related internal audit activity, where decarbonisation considerations are routinely embedded in decision-making and programme delivery. It was also confirmed that the risk had been discussed at Executive Leadership Team

(ELT) on 27 May 2026 and continues to be monitored through usual governance processes.

16.5 On this basis, members agreed that consideration of the proposed reframing of Risk 542 could be deferred until later in the financial year, without compromising oversight or assurance. Members were assured that the risk remains a priority and the delay is due to the operational consequences of reduced resources, capacity constraints and competing priorities.

16.6 Members noted a broader review of how risks are scored relative to one another across the Corporate Risk Register has also been discussed at ELT, which is expected to be progressed later in the year as part of ongoing risk management development.

CONSENT ITEMS

There were no consent items

CLOSING ITEMS

17. REFLECTIONS

17.1 Members noted that receiving six internal audit reports within a single meeting was unusual, however this emphasised the value of the reports in supporting risk triangulation and assurance.

17.2 The committee's continuing transition towards more strategic oversight was reflected upon, noting that emerging digital, data and technology governance structures would provide opportunities to review and streamline the flow of digital and information governance assurance, ensuring that committee reporting remains focused on key strategic risks and metrics.

18. ANY OTHER BUSINESS

18.1 There was no other business.

19. DATE AND TIME OF THE NEXT MEETING

19.1 The next meeting will be held on 15 September 2026 at 9:30am

The meeting closed at 12.22