



GIG  
CYMRU  
NHS  
WALES

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 20 MAY 2025 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

### **Meeting started at 09:30**

#### **PRESENT:**

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

#### **IN ATTENDANCE:**

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 (Left during 43/25)
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
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager (Left after Item 35/25)
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

#### **APOLOGIES:**

Rachel Marsh	Executive Director of Strategy, Planning and Performance
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

#### **OBSERVERS:**

Skye Banks	Compliance Administrator
------------	--------------------------

### **30/25 PROCEDURAL MATTERS**

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

**Minutes:** The minutes of the open session held on 18 March 2025 were considered by the committee and confirmed as a correct record.

**Matters Arising:** Hugh Bennett referred to the section of the Minutes in which it had been noted there had been a significant drop in 111 patient survey data as raised by the committee given satisfaction levels have dropped from 88% to 49%. It was agreed that Hugh Bennett would investigate further and provide details at the next meeting. Hugh advised that it does not distinguish between the part of the 111 service the Trust runs, and the part managed by Health Boards. Therefore, it was difficult to draw conclusions from these results. He suggested focusing on patient experience in the clinical model transformation (CMT) programme during their informal CMT board meetings. This approach was agreed by the committee.

**Action Log:** Action number 17/25: IMTP Delivery/Assurance – Progress Update 2024/27. *In response to the discussion and concerns regarding the impact of the pace of changes over the last year to staff it was agreed to refer to the People and Culture Committee (PCC) to seek assurance on the ways in which morale, wellbeing and support are a focus in the change management programmes in place to support delivery of the IMTP and provide an update back to the FPC.* An update has been given to PCC on 15 May by Carl Kneeshaw as follows - We are actively working to embed the principles of effective change management throughout WAST. We recognise that meaningful and sustainable change can only happen when people are brought on the journey and feel supported throughout; wellbeing is a central thread in this work, and we are aligning our efforts with our Health and Wellbeing Plan and the emphasis on listening through mechanisms such as Speaking Up Safely. We're also working to ensure that leaders and managers are equipped with the skills and confidence they need to support their teams effectively, including in relation to change, having meaningful, regular 1-1s and crucial conversations, supported through Our WAST Way leadership development framework and the Managers' Essentials programme. Change management capability was intentionally woven throughout Our WAST Way, reinforcing that these are core leadership skills as opposed to additional / separate skills. To help embed these principles more widely, we've established a Change Community made up of colleagues from across the organisation, all of whom have completed accredited change management training. This network was helping to embed change principles at every level, effectively supporting change and building momentum "from within". In larger programmes such as the CMT programme, we've introduced dedicated Change Leads within each workstream to maintain focus on the people aspects of change (including wellbeing and engagement), offer practical tools and support and bring a structured change lens to delivery. This work is closely aligned with our wider organisational efforts, including our response to the staff survey and our commitment to the three themes of the Our WAST Way leadership and management development framework (Care, Connect, Value Everyone). Any further updates will be provided post PCC meeting. This action was proposed and agreed for closure.

Action number 18/25. IMTP Delivery/Assurance – Progress Update 2024/27. *It was recognised that in respect of NHS 111 call back times, P2 and P3 performance has dropped away, and Hugh Bennett explained it may be due to the amount of deflection that was coming through from the remote clinical screenings which may be a factor. He agreed to investigate this matter further and update the committee on his findings.* The method of calculating P1 to P3 has

changed (linked to new system) with the triage now starting only when the patient answers the call back. Prior to the new CAD clock stop was the time we tried to contact the patient. Action agreed for closure.

The Committee highlight report dated 18 March 2025 was received.

**The Committee RESOLVED TO:**

- (1) Approve the minutes of the Finance and Performance Committee held on 18 March 2025.**
- (2) Consider the Action log and noted the update as described above.**
- (3) Receive the Committee highlight report dated 18 March 2025.**

**31/25 OPERATIONS UPDATE**

Lee Brooks highlighted key points from the Operations Report.

1. Special Operations Response Team (SORT) Recruitment: Progress continued with the recruitment of SORT operatives and discussions with the Welsh Government (WG) about capital spending for vehicles.
2. The training for drone operations has been completed successfully, with all staff passing the training, and now awaiting the first use of drones in an operational context.
3. Manchester Arena Inquiry: Four scrutiny sessions have concluded, and the Trust was awaiting Commissioners' output. Four recommendations have slipped but were expected to be completed soon.
4. Hospital Handover Delays: The Minister's task and finish group was underway.
5. Non- Emergency Patient Transfer System (NEPTS) Roster Review: There was positive engagement with Trade Unions, and the Trust was working on further modelling.
6. Capacity Management Plan Cancellations: In March there were 900 eligible patients journeys cancelled due to capacity constraints. Discussions with Commissioners were ongoing, and an options appraisal was being prepared.
7. Two-Way Short Message Service (SMS) Development: A note of thanks was recorded for the Digital Directorate for technical advancements, aiming to reduce cancellation rates and improve patient experience.
8. 111 Roster Review: There was ongoing work to determine capacity needs and best rostering practices.
9. Quality and Support Days: Continued value has been seen in these days; a supplementary report was provided for more information.

A query arose on Short Notice Cancellations Analysis - Lee Brooks provided details on the previous analysis on short notice cancellations during the meeting adding that the detailed briefing document would be uploaded to the FPC reading room in iBabs following this meeting.

Jonny Sammut updated the committee on the development of drone usage which added credibility to efforts in exploring beyond visual line of sight capabilities for delivering medical supplies such as defibrillators or trauma packs. To achieve this, collaboration with the UK Government was essential for regulatory changes. Furthermore, the operational drone enhanced credibility as an ambulance service by improving situational awareness for both safety and patient care.

Bethan Evans raised several comments: Quality and Support Days: was pleased to see these days happening, emphasising their importance for staff support. National Volunteer Manager: Bethan was encouraged about the National Volunteer Manager's invitation to speak at the Ambulance Leadership Forum and the potential for additional funding. Overdue Investigations: Bethan provided assurance that the issue of overdue investigations, which breached WG Tier 1 targets, was discussed in detail at the Quality, Patient and Experience Committee (QuEST) meeting.

**The Committee RESOLVED TO note the update.**

## **32/25 FINANCIAL POSITION FOR MONTH TWELVE 2024/25 AND MONTH ONE 2025/26**

### **MONTH TWELVE 2024/25**

Jason Collins presented the Committee with the financial position of the Trust as at month twelve, 2024/25. The Trust was reporting a small revenue surplus £70K for month 12 and year end, subject to audit. In line with the financial plans that supported the Integrated Medium Term Plan (IMTP), gross savings of £6.838m have been achieved in month 12 against a target of £6.421m. The financial risks for 2024/25 have been managed effectively, with one financial risk escalated to WG in relation to the re-banding of the EMT 2/3 posts.

Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC) raised the following points: The achievement of the savings target, noting that 60% of the savings were recurrent, which was an improvement over the budgeted 56%. He commended the management of capital allocation, emphasising the difficulty of managing cash flow and ensuring capital was spent within the year. Peter praised the finance team for submitting the draft accounts by 02 May, noting the efficiency in completing the accounts within a month.

The Chair commended all those involved for their hard work notwithstanding the challenges.

**The Committee RESOLVED TO:**

- (1) Note and gain assurance in relation to the Month 12 (and therefore draft 2024/25 year end) revenue and capital financial position and performance of the Trust as at 31st March 2025.**
- (2) Note the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- (3) Note the Month 12 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

## **MONTH ONE 2025/26**

Jason Collins gave a presentation on the month one 2025/26 position with a cumulative year to date position reporting a small underspend of £4k with the savings plan overachieving by £50k of which an element of this was recurrent. Significant risks were highlighted early in the year relating to funding streams and the savings target which has increased to £8.5m for 2025/26. The Capital plan for 2025/26 was planned at c£32.2m of which c£26.2m was related to All Wales Capital programme schemes and the residual balance of c£6m for discretionary programmes.

Chris Turley mentioned that the Trust was forecasting to achieve a break-even position for the year. Chris highlighted several risks, including the need for additional savings and stressed the need to remain cautious, as there were growing pressures and unavoidable costs that would impact the financial position throughout the year.

Lee Brooks inquired about the status of additional savings required by the Joint Commissioning Committee (JCC), noting that a return had been provided to Commissioners weeks ago. Jason Collins confirmed they have not received any feedback from the JCC regarding the additional savings, which was why it was currently assessed as a low risk.

Jonny Sammut highlighted the challenges posed by inflationary pressures on technology pricing.

**The Committee RESOLVED TO note the month one 2025/26 financial position.**

### **33/25 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE – END OF YEAR REPORT**

Hugh Bennett provided details on the following points:

1. Clinical Model Transformation (CMT) Programme: The overall programme was rated yellow due to documentation and workload pressures. However, all five clinical frontline work streams were rated green.
2. Directorate Led IMTP Deliverables: Most were on target (green) or complete (blue), with three rated yellow (cautionary).
3. Ministerial Priorities: The report included the status against ministerial priorities, with some areas needing improvement, such as the 111 abandonment rate and discharge and transfer journeys.
4. Commitments to Our People: Actions were being taken to address shift overruns, digital experience, and flexible working.
5. Forward Assurance for 2025-2026: Focus areas included prevention, timely access to care, mental health, community capacity, and Women's Health.
6. Shift overruns: a task and finish group has been set up collaboratively with Trade Union partners, with workshops in Q4 focussed on what further actions were within the Trust's gift to address overruns.

Bethan Evans raised a question regarding the recruitment of a Head of Commercial. Carl Kneeshaw added that the recent initial recruitment for Head of Commercial was unsuccessful. The job description was being revised to better align with market expectations, with plans to use internal networks and LinkedIn.

Jayne Beeslee questioned whether a highlight report from the CMT Board could be presented to the committee.

It was agreed that a highlight report from the CMT Programme Board 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.

Furthermore, 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 Red, Amber, Green (RAG) rating system, against these priorities, would be incorporated into the next update to help focus the committee's attention on specific areas. Hugh Bennett agreed to take this action forward.

**The Committee RESOLVED TO:**

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

**34/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

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

1. Data quality issues were being addressed, with more capacity being put behind this effort.
2. Handover lost hours remained high, with ongoing efforts to address this issue.
3. Clinical screening and Advance Paramedic Practitioner (APP) recruitment were progressing well.
4. 111 call handling was stabilising but not yet meeting the target abandonment rate.
5. Non-emergency patient transport was stable, but there were underlying capacity issues.
6. Sickness absence was at 7.35%, slightly above the target of 6%.
7. The consult and close metric has a new definition agreed with the Commissioner, showing a significant uplift.

8. Patient cancellations and conveyance to Emergency Departments (ED) were down, indicating positive trends.

Peter Curran raised a point regarding the average jobs per shift metric, which was currently classified as amber. Given the 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.

Bethan Evans commented on the distressing impact of system-wide pressures on staff and patients. She highlighted the frustration felt by staff due to spending the majority of their shifts on very few calls.

Jayne Beeslee inquired about the measures and actions required for Health Boards to achieve the newly established 45-minute target. She requested clarification on the Trust's efforts towards meeting this target and sought information on how Non-Executive Board Members could support the engagement initiatives.

Lee Brooks commented that achieving the 45-minute target would require collaboration with Health Boards, specifically the availability of space and beds. He mentioned that the WG task and finish group was charged with looking at the 45-minute target and the four-hour emergency department target.

**RESOLVED: The Committee RESOLVED TO:**

- (1) Consider and note the March 2025/ April 2025 Integrated Quality & Performance Report and actions being taken.**
- (2) Note that the report provided sufficient assurance**
- (3) Note the response to the Board development feedback and the iterative work on the indicators.**

**35/25 INFORMATION GOVERNANCE REPORTING**

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

1. Data Protection Impact Assessments (DPIA) Non-Compliance: There was a significant backlog in DPIAs. Efforts were being made to address this by establishing an Information Asset Owners group and retraining them to take accountability for DPIAs.
2. IG Training: The Trust failed to meet the 85% target for Information Governance (IG) training, achieving 78.98%. Despite this, it was the highest rate seen in the Trust. Efforts to improve include integrating training into LMS365, targeted sessions, and reminders to line management about mandatory training requirements.
3. Freedom of Information (FOI) Compliance: Compliance rates for FOI requests were good in January (84%) but dropped significantly in February (27%) due to higher priority work. Efforts to improve included reviewing the platform used to manage FOI

requests and increasing scrutiny through the Information Governance Steering Group (IGSG).

4. Phishing Campaign: Results of the Phishing campaign were mentioned as a lowlight and would be discussed in further detail in the closed session.

In terms of FOIs Trish Mills commented that the Team was working to define "complex" requests and apply exemptions where appropriate. She emphasised the need for a comprehensive review of the FOI process to improve compliance and manage complex requests more effectively.

Bethan Evans expressed concern about the low compliance rate for FOI requests in February and pointed out a discrepancy in the numbers reported for FOI requests, noting that the total should be 26 instead of 25. Trish Mills acknowledged the discrepancy and agreed to double-check the numbers.

Following a query on IG training compliance, Carl Kneeshaw emphasised the importance of ensuring staff complete their IG training, linking it to agenda for change terms and professional body requirements. He suggested that operational managers need to give staff sufficient time for training.

In terms of the DPIA non-compliance issue Trish Mills suggested it might be appropriate for it to be added to the alert section of the committee AAA report, indicating its importance and the need for focused attention.

**The Committee RESOLVED TO note the contents of the report.**

## **36/25 DIGITAL REPORTING**

Jonny Sammut updated the committee on the following points:

1. The team was working with a supplier on an enhanced Interactive Voice Response (IVR) system for 111 and NEPTS. The new IVR will be able to take basic demographic details from the patient, such as name and date of birth, which will save each call taker approximately 15 seconds.
2. Recruitment into the new digital posts following additional investment during 2024/25 was progressing well.
3. A Copilot artificial intelligence (AI) pilot was running for approximately 150 participants. An engagement session has been conducted called "promptathons" to help users improve their prompting with AI. Linked to this, an AI policy was being developed in response to the increasing prevalence of AI and the need for a structured approach.
4. The Trust was planning to relax the restrictions on the copy and paste function across devices in a safe and controlled manner commencing with the ePCR tool which will be particularly helpful for neurodiverse users.
5. The Microsoft Hello project, which involved introducing facial recognition software on laptops, was progressing.

6. Early infrastructure and architecture work has commenced for the Computer Aided Dispatch (CAD) replacement, which was a significant upcoming project.

**The Committee RESOLVED TO note the contents of the report and the trends in metrics presented.**

#### **37/25 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE - MAY 2025**

Chris Turley presented the report which highlighted the significant progress in the decarbonisation and environmental sustainability efforts but noted there were still challenges, including financial constraints and reliance on national infrastructure. He mentioned the need to refresh the Board approved environment strategy, which expires in 2025.

**The Committee RESOLVED TO note the update.**

#### **38/25 INTERNAL AUDIT REPORT: ENERGY MANAGEMENT**

Chris Turley conveyed satisfaction with the results of the internal audit report, which delivered substantial assurance. He pointed out that there were three medium-rated recommendations, and the management's responses to these recommendations were incorporated into the report. Chris mentioned that the audit encompassed aspects of national energy contracts, which were outside the Trust's direct control. He underscored the Trust's ISO accreditation in this domain, which has been upheld for several years, thereby contributing to demonstrating sound governance and assurance.

**The Committee RESOLVED TO note the report.**

#### **39/25 REPORT ON COMMISSIONING**

Jayne Beeslee advised that the report was received very late, and the item was not considered.

Hugh Bennett apologised for the lateness of the paper, and it was agreed the paper would be circulated by e mail and presented as an updated report at the next meeting.

**The Committee RESOLVED TO note that the paper was to be circulated to attendees following the meeting and be added to the forward planner for presentation at the next meeting.**

#### **40/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT**

Julie Boalch provided an overview of the Risk Management Report, highlighting to members that the detail in the report was that presented to the March Trust Board, and provided assurance that the risks have all been reviewed during this period and were due to be considered by the Executive Leadership Team (ELT) tomorrow.

Julie mentioned that the highest scoring risks in the Trust would form part of a deep dive process to be undertaken by the Assistant Directors' Leadership Team and Executive Leadership Team. This process aimed to examine the controls and mitigating actions, particularly focusing on how these risks were scored.

Trish Mills noted that all risks were reviewed quarterly with no score changes. The highest rated risks were prioritised in the agenda setting meetings.

There was a specific discussion on the Decarbonisation Risk (Risk 542 - Failure to deliver the Welsh Government's NHS decarbonisation strategy action plan) Julie Boalch agreed to take an action that at the next meeting, as part of the risk update to include a detailed review of the controls and mitigations in place for this multifaceted risk.

**The Committee RESOLVED TO note the contents of the report.**

#### **41/25 AUDIT TRACKER -Q4**

Trish Mills presented the Q4 audit tracker, noting no escalations for internal or external audits. She reported a strong 95% closure rate of audit recommendations, including those previously escalated. The Committee had agreed to focus each report on the data quality internal audit following November board escalations. While some management action dates have shifted, the changes related to the new clinical model and recent digital team recruitment. Trish Mills added that the audit trackers were not included in the pack of papers and were now available in the iBabs reading room.

**The Committee RESOLVED TO:**

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

#### **42/25 POLICIES FOR APPROVAL**

##### **Information Risk Policy**

Jonny Sammut mentioned that the information risk policy has undergone review by various stakeholders, including IG specialists within his team, to ensure all relevant regulations were linked throughout the policy. The policy has also been reviewed by the leadership team and was presented for approval.

The Committee approved the Information Risk Policy.

**The Committee RESOLVED TO approve the Information Risk Policy.**

## **43/25 FEEDBACK FROM EFFECTIVENESS REVIEW, COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES**

Trish Mills highlighted the need to ratify the Chair's action for the approval of the annual report and the terms of reference, which were required before the meeting.

Trish Mills provided an update on the first Audit, Risk and Assurance Committee (ARAC) meeting, noting that it reviewed the annual report and terms of reference from all board committees. The common themes and changes would be compiled and presented to the board. The ARAC aimed to explore committee quorums, meeting frequencies, and potential reductions. A subgroup, including Non-Executive directors, the ARAC chair, Chris Turley, and Trish Mills, would oversee this work.

### **Committee Priorities**

Trish Mills suggested that priorities should focus on areas within the committee's remit rather than additionality. She mentioned specific focus areas such as the benefits of the quality and performance management framework, value-based healthcare, and the performance of new Clinical Model Transformation (CMT) codes.

Peter Curran commented that all committees have proven effective adding there was a potential issue of paper duplication and excessive length, as highlighted in the update. He added it was important to adopt a lighter approach next year, as well as undertake a fundamental review of committee structures. The committees should incorporate performance within their remit, considering the various technical and clinical areas they addressed. Furthermore, it was essential to examine the interaction between the performance committee and other committees focusing on specific areas such as digital information governance and commercialisation.

Lee Brooks underscored the significance of long-term financial planning and the ongoing attention to the Manchester Arena Inquiry's developments.

Chris Turley acknowledged the discussion about shifting the committee's focus towards more forward-looking scrutiny. He agreed with the idea but emphasised the need to balance this without creating additional work outside of business as usual. He suggested that the change should involve presenting and evidencing assurance or scrutiny in a slightly different way rather than adding new tasks.

Jonny Sammut drew attention to Artificial Intelligence (AI), its ethics, and managing it to ensure proper adherence. There was also a need to balance getting the basics right with focusing on future advancements in digital elements.

Jayne Beeslee stressed the importance of focusing on financial sustainability highlighting the need to look beyond the current year and consider the financial challenges and opportunities in the coming years, advocating for a forward-looking approach that considered future financial challenges and integrated with other priority areas. Jayne added that when considering performance, there should be a focus on the CMT and its significant impact.

Regarding performance metrics, the committee should prioritise addressing the Cabinet Secretary's priorities and the 45 minute challenge. Furthermore, resilience remained a critical focus, alongside strategic planning which encompassed not only cyber security but also information security, ensuring continuous development.

Trish Mills mentioned that the committee will receive metrics on what good looks like for its remit and this would help in understanding and measuring performance and strategy effectively. Priorities should guide the committee's agenda without creating extra work. The focus should be on ensuring existing reports and discussions aligned with these priorities.

Chris Turley acknowledged the concerns about capacity constraints, highlighting the need to consider the Trust's ability to take on additional priorities. He noted the importance of avoiding commitments that might exceed current capacity suggesting that the Committee should prioritise existing tasks and ensure efficient delivery rather than adding new ones.

The Committee agreed that the priorities for 2025/26 were as follows; a focus on financial sustainability, CMT performance, and resilience including information security and progress on any MAI recommendations.

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

- (1) Ratify the decisions made by Chair's Action effective 24 April 2025 in relation to the outputs of the annual committee effectiveness review.**
- (2) Note the output of the Mentimeter survey held on the 18 February 2025.**
- (3) Note the proposed changes to operating arrangements for 2024/25 and the outcome of the meeting of the ARAC on 01 May.**
- (4) Discuss and agreed its priorities for the 2025/26.**
- (5) Note the cycle of business monitoring report for quarter one of 2025/26.**

#### **44/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

Members noted the effective chairing, clear papers, and well managed discussion on priorities. There was positive feedback regarding the use of the iBabs reading room, which facilitated focus on more concise reports during the meeting. Additionally, several actions were identified throughout the meeting, and these would be documented in the action log.

**Meeting concluded at 12: 45**

**Date of Next Meeting: 22 July 2025**