

Bundle Finance and Performance OPEN 20 January 2026

Agenda attachments

- Item 00 FPC Agenda
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
 - Board Member Register of Interests – 18 November 2025
- 3 Minutes of the last meeting 18 November 2025
 - Item 03 2025-11-18 Draft OPEN FPC Minutes
- 4 Action Log & Matters Arising (to include QPMF Benefits Map)
 - Item 04 Action Log
 - Item 04 Annex 1 Q&PMF LBM
- 4.1 Finance and Performance Committee Highlight Report 18 November 2025
 - Item 04.1 FPC AAA November Open
- 4.2 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:45 – Operations Update – Q3 2025/26
 - Item 05 Operations Quarterly Report Q3 2025-2026
- 6 10:05 – NEPTS Capacity Management
 - Item 06 NEPTS Capacity Management
- 7 10:20 – Financial Performance at Month 8, 2025/26
The Committee will receive a presentation on the Financial Position for Month 9, 25/26. Annex 1 WAST Montirong Return submitted to Welsh Government for Month 8 2025/26 is available in the Reading Room
 - Item 07 Finance Performance at Month 8 25-26
 - Item 07 Annex 2 Month 08 2025-26 – Welsh Ambulance Services NHS Trust – Monitoring Return
- 8 10:40 – Monthly Integrated Quality Performance Report November/December 2025
 - Item 08 MIQPR November/December 2025
 - Item 08 Annex 1 MIQPR FPC November December 2025
- 8.1 11:00 – COMFORT BREAK
- 9 11:15 – Digital Reporting
 - Item 09 Digital Reporting
 - Item 09 Annex 1 Digital Reporting Metrics
- 10 11:25 – Information Governance Report
 - Item 10 Information Governance Reporting
 - Item 10 Annex 1 Information Governance Reporting Metrics
- 11.1 11:35 – Integrated Medium Term Plan (IMTP) Progress Report, Q3 Update
 - Item 11.1 IMTP 2025_26 Q3 Assurance Paper
 - Item 11.1 Annex 1 Programme Workstream Updates
 - Item 11.1 Annex 2 IMTP Delivery 25-26 Highlight Report Q3
- 11.2 Integrated Medium Term Plan (IMTP) 26-29 Development Update, including Financial Plan 26-27
 - Item 11.2 IMTP 2026_2029 Update
 - Item 11.2 Appendix 1 High level IMTP Project Plan 26-29
 - Item 11.2 2a. Cabinet Secretary for Health and Social Care Letter
 - Item 11.2 2b. Planning Framework 2026-29 Annex 1 – Delivery Expectations
 - Item 11.2 2c. Planning Framework 2026-29 Annex 2 – Enabling Actions
- 12 12:00 – Fire Safety Annual Report
 - Item 12 Fire Safety Compliance
- 13 12:10 – Environment, Decarbonisation and Sustainability Update
 - Item 13 Environment, Decarbonisation and Sustainability Update
- 14 12:25 – Risk Management and Board Assurance Framework Report
 - Item 14 Risk Management Report
- 14.1 CONSENT ITEMS

- 15 Committee Cycle of Business Monitoring and Priorities Report 2025/26
 - Item 15 Priorities and Cycle Monitoring Report January 2026
 - Item 15 Annex 1 Finance and Performance Committee CoB
 - Item 15 Annex 2 Finance and Performance Committee CoB Notes
- 15.1 12:35 – CLOSING ITEMS
- 16 Reflections and Summary of Decisions/Actions
- 17 Any Other Business
- 18 Date & Time of the Next Meeting: 17 March 2026

Length of Meeting: +DZ:Q9H18DD	00:10	Agenda Status:	[OPEN] FINANCE AND PERFORMANCE COMMITTEE - 20 January 2026	Deadline: 08 January 2026		Last good practice Exec Review: 05/01/26					
Time	Mins allotted	Agendum	Title	Format	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at ELT	Further approval route (if app.)
OPENING ITEMS											
09:30	00:15	1	Chair's Welcome, Apologies and Quorum	Verbal	Information	Standing	n/a	Chair	n/a		
		2	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair	n/a		
		3	Minutes of the last meeting 18 November 2025	Paper	Approval	Standing	n/a	Chair	n/a		
		4	Action Log & Matters Arising (to include QPMF Benefits Map)	Paper	Discussion	Standing	n/a	Chair	n/a		
		4.1	Finance and Performance Committee Highlight Report 18 November 2025	Paper	Discussion	Standing	n/a	Chair	Trish Mills		
FOR APPROVAL, ASSURANCE AND DISCUSSION											
09:45	00:20	5	Operations Update - Q3 2025/26	Paper	Assurance	Standing	Ops	Lee Brooks (Judith Bryce)	Judith Bryce Toni-Marie Norman		
10:05	00:15	6	NEPTS Capacity Management	Paper	Assurance	Forward Planner	Ops	Lee Brooks	Mark Harris, Hugh Bennett		
10:20	00:20	7	Financial Performance at Month 8, 2025/26 Financial Position for Month 9, 25/26	Paper Presentation	Assurance	CoB	FinCor	Chris Turley, Ed Roberts	Ed Roberts		
10:40	00:20	8	Monthly Integrated Quality Performance Report	Paper	Assurance	CoB	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor		
11:00	00:15	COMFORT BREAK									
11:15	00:10	9	Digital Reporting	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith		
11:25	00:10	10	Information Governance Progress Report	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith		
11:35	00:25	11	11.1 Integrated Medium Term Plan (IMTP) 2025/26 Q3 Assurance Report 11.2 Integrated Medium Term Plan (IMTP) 26-29 Development Update, including Financial Plan 26-27	Paper	Assurance	CoB	SPP	Rachel Marsh	James Houston Hugh Bennett		
12:00	00:10	12	Fire Safety Annual Report	Paper	Assurance	CoB	FinCor	Chris Turley, Ed Roberts	Richard Davies		
12:10	00:15	13	Environment, Decarbonisation and Sustainability Update	Paper	Assurance	CoB	FinCor	Chris Turley, Ed Roberts	Joanne Williams		
12:25	00:10	14	Risk Management and Board Assurance Framework Report	Paper	Assurance	CoB	Gov	Julie Boalch	Julie Boalch		
CONSENT ITEMS: The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.											
12:35	00:00	15	Committee Cycle of Business Monitoring and Priorities Report 2025/26	Paper	Information	CoB	Cor Gov	Trish Mills	Sarah Harland		
CLOSING ITEMS											
12:35	00:05	16	Reflections and Summary of Decisions/Actions	Verbal	Discussion	Standing	n/a	Chair	n/a		
		17	Any Other Business	Verbal	Discussion	Standing	n/a	Chair	n/a		
		18	Date & Time of the Next Meeting: 17 March 2026	Verbal	Information	Standing	n/a	Chair	n/a		
12:40	03:10	CLOSE									

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Chair and Non-Executive Director
Lee Brooks	Executive Director of Operations
Julie Boalch	Assistant Director of Corporate Governance and Risk
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services
Ed Roberts	Interim Assistant Director of Finance and Corporate Resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	Executive Director of Operations	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director – National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd I05268303	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair - Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director – Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021	January 2025	
Company Director - North Devon Homes	Directorships			01 April 2022		
Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation			26 March 2024		
Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships			26 March 2024		
Company Director - Green Square Estates Ltd [8719365]	Directorships			26 March 2024		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director – Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director – Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
		Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultancy (temporary cover for the Director of Operations - Clinical Trials Unit) at Wolverhampton University	Financial Interest	10 October 2025	31 December 2025	
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROBERTS, Edward	Interim Finance Director (from 09 September 2025)	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017	31 March 2025	
		Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	Chief Executive (from 01 October 2025)	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Sub-Yoga Teacher - Burnham Swim and Leisure Centre	Financial Interest	July 2025		



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 18 NOVEMBER 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
Judith Bryce	Assistant Director of Operations
Julie Boalch	Assistant Director of Corporate Governance and Risk (Joined at Item 89/25)
Matt Dugdale	Head of Commercial Development
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
David Murphy	Audit Wales (Joined at Item 85/25 and left at 86/25)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Left at Item 85/25 and rejoined at 84/25)
Alex Payne	Corporate Governance Manager
Ed Roberts	Assistant Director of Finance and Corporate Resources
Jonny Sammut	Director of Digital Services
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing
Emma Wood	Chief Executive

APOLOGIES:

Lee Brooks	Executive Director of Operations
James Houston	Assistant Director of Planning and Transformation Strategy, Planning & Performance
Fflur Jones	Audit Wales
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Chris Turley	Executive Director of Finance and Corporate Resources

80/25 PROCEDURAL MATTERS

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

Minutes: The minutes of the open session held on 16 September 2025 were considered by the Committee and subject to an amendment to the finance section confirmed as a correct record.

Matters Arising: Action originated from the Quality, Patient Experience and Safety Committee (QuEST) meeting on 4 November 2025: Patient Story. The Putting Things Right Report and Alison Clarke's lived experience highlighted the ongoing high demand for Non Emergency Patient Transport Services (NEPTS), which continued to generate complaints about unmet patient needs. Despite support through emotional mapping, enhanced data visibility, and efforts to encourage on-the-spot resolution, complaint levels have not declined. QuEST Committee Members discussed the impact on patient care and have asked the Finance and Performance Committee (FPC) to review current actions and plans to improve service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and limited capacity. Bethan Evans, the Chair of QuEST, suggested that a thorough examination of this issue would be valuable and that it would be more appropriately addressed at the FPC.

Action Log:

Action 53/25: Quality and Performance Management Framework (QPMF) Logic Benefits Map. *In terms of the QPMF benefits map and the benefits measures it was agreed that the QPMF Steering Group would consider this in further detail. It was agreed an update would be provided at the next meeting following discussion at the QPMG Steering Group.* The meeting was held on 7 October 2025, and a mock-up of the revised benefits map was currently being considered by the FPC Chair. Members recognised that the Chair of FPC and Peter Curran would review the revised benefits in further detail, and it was agreed that a further update would be provided at the FPC meeting on 20 January 2026. Action to remain open

Action 67/25: Phase 2 Go Live of Clinical Model Transformation. *It was agreed that ahead of the extraordinary board meeting (23 October 2025), an extraordinary meeting of the Quality, Patient Experience and Safety Committee (QUEST) will be held to consider the QIA and EqIA, Trish Mills would arrange the Extraordinary QuEST meeting.* The QuEST Extraordinary Meeting was arranged and took place on 10 October 2025. Action closed.

Action 68/25: Monthly Integrated Quality Performance Report (MIQPR). *It was agreed that Jonny Sammut would collaborate with Mark Thomas to explore ways to enhance the presentation of the visuals in the report for improved clarity.* A wider update of the MIQPR is in progress. Hugh Bennett noted that he and Jonny Sammut will attend a meeting on Monday, 24 November 2025, to hear Non Executive Director (NED) feedback. The MIQPR

visuals will be updated prior to this meeting. It was agreed that this action can now be closed.

Committee Highlight Report: The Committee highlight report dated 16 September 2025 was received.

The Committee:

- 1. Approved the minutes of the Finance and Performance Committee held on 16 September 2025 subject to a minor amendment to the finance section regarding duplication of text.**
- 2. Considered the Action log and noted the update as described above.**
- 3. Received the Committee highlight report dated 16 September 2025.**

81/25 OPERATIONS UPDATE

Judith Bryce updated the Committee on several points:

The Manchester Arena inquiry will be discussed further during today's closed session. However, it was worth noting that the Trust had its fifth scrutiny session with the Commissioners in September and was now expecting their response by December 2025.

On 07 October 2025, the Hazardous Area Response Team (HART) participated in *Exercise Tendley 2*, a multi-agency major incident scenario planned and delivered by South Wales Police. The exercise simulated a multi-vehicle road traffic collision involving a coach carrying high-risk football supporters and featured 40 live casualty actors.

The HART drone was now being utilised regularly in a training environment to ensure pilots maintain regular flying hours. In August, the drone capability was successfully demonstrated to the Senior Leadership Team, with live streaming.

The Trust's support for Yorkshire Ambulance Service (YAS) has concluded and since its inception on 07 April 2025, the Trust had dealt with over twenty-two thousand calls.

While recruitment and retention was stable in some regions, pressures arose when ambulances were diverted to urban centres during hospital handover delays, reducing rural coverage. A task and finish group was addressing these issues, including recruitment, retention, and tailored operational procedures.

The Committee acknowledged that work was also underway to strengthen the Trust's rural service offer to ensure equitable response times and outcomes.

Members also noted that hospital handover delays contributed to staff overruns, affecting well-being and increasing costs, particularly in rural settings. The forthcoming "release to respond" policy will require rapid adaptation by health boards.

Hugh Bennett added he was currently engaged in several modelling projects focused on shift overruns. The team was actively supporting operations and colleagues and were undertaking additional modelling to explore potential strategies for addressing overruns.

Members anticipated further deterioration in handover delays in the coming weeks due to the current level of infections and the likelihood that these will continue to rise. The next few months were therefore expected to present significant challenges for the Trust and health boards.

Emma Wood added that in terms of the Wait-45 initiative, both the cabinet Secretary and the NHS Chief Executive have recently raised the issue in the media. An official response will be released during the winter, so health boards must start preparing now; and will probably have four to five weeks to get ready. The situation was clearly unsustainable, so it was critical that they use this preparation period to figure out what changes were necessary to address this issue.

Hugh Parry expressed concern regarding shift overruns, noting a significant disparity between rural and urban areas, which was having an overall impact on the Trust.

Trish Mills recommended that a broader discussion should be held to determine the most appropriate forum to discuss this issue, given the various impacts involved. She will evaluate which forum is best suited for this discussion, considering the comments and concerns raised, and will seek input and assurance from each Committee based on their respective perspectives.

The Committee noted the update.

82/25 FINANCIAL POSITION FOR MONTH FIVE AND MONTH SIX 2025/26

MONTH SIX 2025/26

The month 6 position was noted, and the committee took assurance from the update. The Trust was reporting a revenue year to date deficit of £186k and a small in month surplus of £43k for month 6 2025/26. In line with the balanced financial plan approved as part of the 2025-28 IMTP the Trust is forecasting to breakeven by the year-end. Gross savings of £4.260m have been achieved in month 6 against the target of £4.216m

MONTH SEVEN 2025/26

A PowerPoint presentation update was given by Ed Roberts who provided the Committee with the following details:

The committee noted that for month 7 the Trust was showing a revenue overspend of £135k but delivered an in-month surplus of £51k. Capital expenditure plans continue to be progressed with plans to fully achieve in year.

The key financial risks included the volatility of handover delays and quantifying the cost of shift overruns, which could impact the forecast if they deteriorate over Winter, as well as ongoing uncertainties around the Welsh Risk Pool costs; with a potential additional cost pressure of £330k not yet confirmed.

The Committee also noted the importance of managing the timing of capital spend, given the significant outflows expected in the final months of the year; but received assurance that all procurement and delivery plans were in place.

In line with the Financial Savings Plan the target was £4.9m and the Trust achieved £4.97m and so an overachievement of circa £68,000, which again was positive given the pressures being seen across the rest of the system.

The public sector payment policy was on track for month 7 and the Trust had achieved 98.7% against the 95% target.

Most directorates were currently rated Amber for financial performance, which was generally positive. There have been some changes, but none were cause for concern.

The Trust continues to report the primary risks identified in month 7, consistent with previous months. However, following a reassessment based on the most recent intelligence available, the total reported risk now amounted to £2.5m.

With respect to savings, the Trust continued to exceed expectations both for the current month and cumulatively for the year. While the forecast assumes the Trust will meet the £8.5m savings target by year end, appropriate schemes were being actively pursued with potential for further overachievement.

There was some movement between recurrent and non-recurrent items, and as usual, there were noticeable changes in savings schemes. These adjustments were currently balanced according to forecasts, and further changes were anticipated as the financial year progressed.

Ed Roberts highlighted the capital forecast and as previously noted, the total budget for the year was £30.19m, comprising £5.948m from discretionary sources and £24.242m from all-Wales funding, the majority of which supported the vehicle replacement programme for 2025/2026. He added that all projects were currently on schedule.

Peter Curran queried if it had been determined when reduced shifts result in cashable savings, rather than just efficiency gains and has an analysis been done in this regard. Ed Roberts advised this was based on a shift by shift basis and based on rosters and therefore would be difficult to determine exactly. It was agreed that Ed Roberts would discuss this with Peter Curran in more detail outside of the meeting.

Members held a discussion which considered the recurrent and non-recurrent savings identified with the committee emphasising the importance of focusing on sustainable, recurrent savings. They also recognised the need to maintain close oversight of key risks

and the impact of operational pressures on financial performance was emphasised for future monitoring.

Jonny Sammut informed members that discussions were ongoing with Welsh Government about several discretionary schemes for end-of-year funding. Eight proposals have been submitted totalling approximately £1.7m, covering replacements for PCs and laptops, Wi-Fi improvements, server data storage upgrades, and video conferencing equipment, all aimed at addressing ongoing staff challenges.

Members reviewed the financial implications of shift overruns for the Trust and agreed that an analysis of this matter would be included in the Finance Report at the upcoming Committee meeting in January 2026.

The Committee:

- 1. Noted and gained assurance in relation to the Month 6 revenue financial position and performance of the Trust as of 30 September 2025.**
- 2. Noted the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.**
- 3. Noted the capital programme for 2025/26.**
- 4. Noted the Month 6 Welsh Government monitoring returns submission (as required by WG).**
- 5. Noted the Month 7 position.**

83/25 FINANCIAL SUSTAINABILITY PROGRAMME GOVERNANCE GROUP MEETING UPDATE

Carl Kneeshaw presented the report and gave substantive assurance on the Financial Sustainability Programme, which had focused on strengthening long-term financial resilience.

He added that the group has reorganised into three streams: opportunity identification, commercial strategy, and financial planning, with an emphasis on embedding accountability across all directorates. A commercial strategy steering group will be formed, and the committee endorsed the aim to deliver a plan by the next fiscal year.

Furthermore, external partnerships, particularly in digital and technology, were being explored to drive income and innovation. Next year's savings target was at least £9m, potentially rising to £10–15m. Carl added that directorates were modelling plans accordingly, with all proposals subject to board approval and alignment with strategic priorities.

In terms of the Administrative and Service review, Carl confirmed that all 24 recommendations from the original 2023 review have been implemented and incorporated into indirect plans with any outstanding items closed.

Carl confirmed that the new Head of Commercial Development, Matt Dugdale, joined the Trust on 6 October 2025 and he has commenced work on drafting a commercial plan. The plan will be developed around a more sustainable approach utilising applicable ideas and profitable opportunities. The Head of Commercial Development will now work with the Executive Director of Strategy, Planning and Performance to establish a Commercial Steering Group to develop what good looks like and a forecast of what income may be possible from commercial development.

Following the contract agreement with Omnicell in September 2021, the Trust selected the Supply X Inventory Management System for rollout across NHS Wales, beginning with five Make Ready Depots (MRDs). A dedicated working group, including stakeholders from the Trust and NHS Wales Shared Services Partnership, oversaw the implementation. Supply X integrates with Oracle to automate stock control and optimise inventory levels and has now been successfully deployed across all five MRD sites, with full stocktakes completed.

Going forward, Members acknowledged that senior leaders within the Trust will be reminded of their financial sustainability responsibilities and updated on governance activities within Opportunities, Commercial, and Financial Planning groups. The Trust's financial status and initial settlement information for 2025/26 will be provided, along with group discussions on cost-saving models. Furthermore, implementation of the new governance structure will progress, including forming the Commercial Development and Projects Opportunities Groups, while work continued the Service Review and Supply X.

Matt Dugdale added there was a lot of opportunities within the commercial space and his team was moving at pace and will share plans to the Committee in future updates.

Bethan Evans requested information regarding the timeline for developing this commercial plan and sought clarification about any potential external collaborators. Matt Dugdale commented that the plan will be in place for the start of the new fiscal year. In terms of partnerships the Trust would be looking at partners in Wales and in the digital space and the national bodies such as innovate UK that might help with funding streams linked to research and development as well.

Peter Curran queried how this group was coordinating with ELT and those handling budget models and the IMTP. This year, £8.5m was set as the financial sustainability goal. He asked when and how will next year's target be determined, and what criteria ensure it was reasonable.

Emma Wood mentioned that we do not yet know the settlement amount, but it will probably be around £9m. Ultimately, where the budget ends up will be decided by the board and Directorates will be asked to model their share of the savings plan. The Financial Sustainability Group needs to conduct testing, going through various scenario plans and aligning them with the IMTP, then reporting back to the board. Ultimately, all major decisions and responsibilities will rest with the board.

Ed Roberts commented that modelling has begun for all known costs for the year, including full-year impacts and inflationary increases. It was noted that ICT costs were rising faster than expected, so that was being factored in. The finance team was preparing projections for December, whilst awaiting the Welsh Government's allocation letter, which was likely to signal a nearly flat uplift of around 2.2%, including pay awards.

The Chair asked that in future papers, it would be helpful to include a brief reminder of the governance structure, as its development was important. The Committee will look forward to upcoming papers, including financial sustainability updates, which were expected at least every other meeting. However, if there were any January updates, even a short paper would be appreciated given how quickly things were progressing this financial year.

The Committee took assurance from the update.

84/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – AUGUST/SEPTEMBER 2025

Hugh Bennett outlined the main points of the report:

1. The overall performance remained broadly stable, with improvements in patient cancellations, consult and close rates, and handover delays. Whilst performance has improved, winter pressures will be challenging.
2. The 999 call answering times during September 2025 saw the 95th percentile decreasing to 18 seconds, compared to 23 seconds in August 2025.
3. 111 Clinical response: clinical ring back times for patients with the highest priority remained above target at 99.1%. Response times for lower priority calls showed a minimal decrease, reducing to 71.4% and 65.1% for P2CT and P3CT respectively.
4. Major upcoming changes include new clinical response categories (orange, yellow, green, the biggest change in a decade) and rostering reviews in Q4.
5. A JCC commissioning review was underway, offering an opportunity to clarify operational realities, particularly handover delays.
6. Early data shows a positive link between reduced handover hours and jobs per shift, though further analysis and benchmarking were needed.

Bethan Evans inquired if the Trust was prepared to start phase two and was everything in place to deliver the expected performance. Hugh Bennett responded by stating that as vice chair of the core categorisation task and Finish group, he was chairing the meeting this afternoon; the group will review the final checklist and go through the operations order outlining all the necessary arrangements.

The Committee Considered the August/September 2025 Integrated Quality and Performance Report, and the actions being taken and determined that the report provided sufficient assurance.

85/25 DIGITAL REPORTING

The Digital KPIs relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Of note:

Digital teams face significant pressure from competing priorities and limited capacity whilst the teams continue to prioritise the Clinical Model Transformation.

Additional capacity in the digital team will be in place with 26 roles at various stages of the recruitment process. Several challenges had been posed by high volumes of applications, a large proportion of which were AI generated, which was being felt across all directorates. A related risk is being developed.

The Trust were engaging in a national project to unify the multiple Directories of Service managed around NHS Wales.

With the new Head of Digital Business Change & Benefits due to commence in post early December, the final arrangements were in preparation for Digital Trial Information Platform (DTIP). This included the development of the triage and prioritisation process, Key Performance Indicators (KPI)s and governance (including the Terms of Reference, standing agenda items and membership)

Jonny Sammut suggested a future deep-dive session on AI-driven cyber threats for the committee, given the fast-moving nature of these risks and the need for better understanding and questioning, which was supported by the chair.

Peter Curran asked about recruitment risks and IT department future proofing. Jonny Sammut commented that delays were affecting the Trust, with shortlisting 300 applications being a major effort. The Trust was using AI to assist, but it takes time and often highlights candidates who look good on paper, making it challenging to identify real talent. The Team was working with the Director of People to address this issue.

The Committee acknowledged the contents of the paper and agreed it provided assurance on the progress of the Digital Plan activities, IMTP commitments and CMT involvement of the Digital Directorate teams.

86/25 INFORMATION GOVERNANCE REPORT

Jonny Sammut introduced the Information Governance (IG) Report which highlighted key updates including the IG toolkit compliance at 90% which was commended. Other issues of note included:

Dormant account numbers have been significantly reduced from around 3,000 to 464, with ongoing work to refine definitions.

New Key Performance Indicators (KPI)s have been introduced for reporting timeliness and data quality awareness. The latest version of the KPI report sees the addition of new Data Quality metrics related to the timeliness of reporting to Commissioners and Welsh Government, as well as monitoring of the new Data Quality awareness training which was released Trust-wide early October.

Recent data breaches linked to social media use have prompted a new awareness campaign. Additionally, a proposal was made to run a deepfake simulation campaign to test staff awareness of cyber threats that may come through various media and communication channels.

IG Copilot Assistant: a Copilot AI-agent has been developed and was being trialled to support the IG team with data protection query related demand. The tool allows users to ask questions and provides tailored guidance, including direct links to internal and the Information Commissioner's Office (ICO) resources.

Expired Mandatory Training: in August, 290 members of staff were identified as having overdue mandatory IG training and therefore were non-compliant. After reminder letters were sent, the number reduced to 194; however, some of these staff members have not completed their mandatory IG training for several years, so further communication and escalation was deemed necessary.

WhatsApp usage: there have been several recent data breaches involving the use of WhatsApp, raising concerns about its widespread use for sharing of sensitive information between colleagues.

The Trust's Records Team was under extreme pressure, with a 34% increase in records requests in September 2025 compared to September 2024.

The Committee discussed the data breaches on WhatsApp usage and inquired about the wider use of social media. Jonny Sammut advised that a range of advisory statements have been issued on Siren, the policy was up to date and will be brought up at a WAST live session going forward.

Damon Turner added that the Trust must be mindful that staff were using their own mobile devices.

The Committee Considered the contents of the paper and were assured it gave assurance 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.

87/25 INTERNAL AUDIT: IMTP DEVELOPMENT PRACTICES (Q1 -Q2)

Hugh Bennett presented the internal audit report on the IMTP development process which had been given a substantial assurance rating. A single IMTP Development Group now coordinates planning across directorates through existing governance structures.

The overall process reflected political uncertainty post-2026 elections and a difficult financial outlook. To address change fatigue and capacity constraints, the focus had shifted to consolidating priorities and realising benefits, informed by staff and board feedback. Engagement was now embedded in existing meetings with increased board involvement. Directorates have reviewed deliverables for completion, rollover, or cessation, and identified new priorities. Despite capacity challenges, development remained on track for submission by 31 March 2026.

Trish Mills had received assurance that the three recommendations within the report were expected to be completed by the December deadlines.

The Committee received the Internal Audit Report on IMTP Development Practices (Q1-Q2)

88/25 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT AND DEVELOPING THE 2026/27 INTEGRATED MEDIUM TERM PLAN (IMTP) (REFRESHED APPROACH)

Hugh Bennett presented the Committee with the Integrated Medium Term Plan (IMTP) Q2 Assurance Report with a focus for this committee on the outcome measures for the strategic objectives (what good looks like) and the go live assurance process for phase two of the Ambulance Performance Framework.

The Clinical Model Transformation (CMT) Programme was progressing well, with key documents and processes now embedded. While the programme advanced at pace and IMTP deliverables showed positive progress, organisational capacity continued to be a constraint.

Hugh Bennett assured Members that all plans were in place and progressing well for go-live of phase 2 of the CMT in December 2025.

The Chair addressed comments about being too critical regarding "amber" ratings, noting there was nothing wrong with an amber rating. This category drew needed attention and was not common in programme management, which usually used only green or amber.

Judith Bryce, in addressing the Trust's level of preparedness for phase two advised that the team was fully briefed on the operations plan and a comprehensive command structure has been established.

The Chair asked what 'good' should look like and why the Trust focused on certain areas. Trish Mills explained that, based on the IMTP, it was defined what 'good' means for each strategic objective to enable measurement and clarify discussions about strategic risk.

Developing the 2026/27 Integrated Medium Term Plan (IMTP) (refreshed approach)

Hugh Bennett explained that the purpose of this paper was to provide the Committee with an update and overview of the urgent work undertaken to refresh the organisational approach to develop the 2026/27 Integrated Medium Term Plan (IMTP).

It was to be noted that the planning guidance has been developed at pace and was included in draft form for information, following an initial review by the Strategic Transformation Board (STB) on 03 November 2025. A final review was required with key groups in readiness for final sign off and approval at the next STB meeting

The Committee:

- 1. Noted progress for the quarter 2 IMTP deliverables (CMT & Directorate level reported deliverables).**
- 2. Noted the Go Live approach for implementing Phase 2 of the Ambulance Performance Framework.**
- 3. Noted the 'What good looks like' outcome measures.**
- 4. Noted the update provided in this report in terms of Developing the 2026/27 Integrated Medium Term Plan (IMTP) (refreshed approach)**
- 5. Noted the IMTP development approach described in the draft IMTP Planning Guidance (subject to further refinement and approval).**

89/25 COMMITTEE QUALITY AND GOVERNANCE REVIEW

Trish Mills reminded Members that the Committee has held the first part of its Quality Governance Review (formerly effectiveness review) for 2025/26.

Most major changes to the committee's terms of reference will be deferred until after the external board effectiveness review, however members agreed that the commercial partnerships element of the Academic Partnerships Committee's remit appropriately sat in this committee.

The improvements in quality and volume of reports were recognised. The presence and contribution of Non-Executive Directors were consistently valued, with positive feedback on their breadth of experience, scrutiny, and support, which strengthened the committee's operations.

The review will be driven by key project objectives:

- Aligning committee remits more closely to the six strategic objectives
- Improving efficiency and effectiveness in governance

- Reducing meeting frequency and alleviating quorum/Non-Executive Director (NED) availability pressures
- Ensuring strong scrutiny, challenge, and support through increased NED attendance on key committees
- Balancing workloads and minimising disruption during a period of executive transition

Members were keen to ensure that duplication with the board and other committees was avoided. The Committee terms of reference were approved, and the committee's annual report will be reviewed in March 2026.

Trish Mills added that it will be recommended to the Audit, risk and Assurance Committee (ARAC) that the following changes to the Board's committee framework take effect from 1 April 2026, with any material changes deferred until the external provider has reported back to the Board on committee structures:

- The Academic Partnership Committee (APC) will continue to meet twice annually in 2026/27, with a focus on the research and development portfolio. This was agreed at the APC meeting on 7 October.
- APC delegated responsibilities relating to education partnerships and collaboration will transfer to PCC and those related to commercialisation will transfer to FPC.
- Four NEDs will be asked to attend each of the following committees: Finance and Performance Committee (FPC), Quality, Patient Safety and Experience Committee (QUEST), People and Culture Committee (PCC) and ARAC. This will ensure a quorum of three per meeting. The board skills mix has been updated, and the Trust Chair and NEDs will hold discussions in October on their committee commitments.
- Minor changes are proposed for the QUEST committee with the transfer of value based healthcare from FPC.
- No changes are proposed for the Charity or Remuneration Committees.

Trish Mills referenced the questions that were asked during the recent survey

1. Are there any changes you wish to see to the terms of reference
2. Are there any changes you would like to see to the committee's membership
3. What works well in this committee
4. What improvements would you recommend

Members noted that the answers to these questions were contained in the report and further discussed each one in more detail during the meeting.

Trish Mills added that standing orders require the Trust to review the committee's effectiveness every year, and they must be documented in the annual report.

Trish Mills presented the FPC Terms of reference drawing out salient points for their attention which were approved.

The Chair, reflecting on the comments, raised a valid point that the Committee has effectively managed situations where actions were taken from the QuEST Committee at this meeting, and she recalled in the past six months, the Committee also assigned an action to the PCC. This demonstrated the ability to handle those points of intersection appropriately.

The Chair further added that in terms of development, it was important to balance the committee's overall needs with those of individuals, especially for new Non-Executive Directors who face a steep learning curve. The goal was to distinguish between gaining specific knowledge and understanding the broader dynamics and behaviours that make us an effective committee and board. I appreciate all the work done so far and look forward to seeing the results.

The Committee recorded a note of thanks to Trish Mills and her team for their efforts behind the scenes in producing this work.

The Committee:

- 1. Noted the wider board committee framework changes proposed and provide feedback on the recommendations.**
- 2. Noted the responses to the survey, inviting members who did not have an opportunity to complete the survey to provide further feedback.**
- 3. Approved changes to the terms of reference.**

90/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The committee received the Risk and Board Assurance Framework report noting that all risks have undergone their quarterly review, with no material changes to scores.

Financial risks were discussed throughout in the context of ongoing pressures, including the need to revisit Risk 139. (*Failure to Deliver our Statutory Financial Duties in accordance with legislation*)

Members acknowledged that financial risks were significant, especially given the challenging outlook highlighting the pivotal role the committee will play in navigating the future financial situation.

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*) will be reviewed for possible integration into the new stakeholder risk, which has been disaggregated from the Trust's reputational risk.

Members discussed the ongoing work to distinguish and score risks and factors that were within the Trust's control versus those that were externally monitored, with research on best practices underway for scoring these dimensions. Risk 542 (*Failure to deliver the*

Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan) will be presented at the next meeting showcasing the new approach.

Peter Curran requested an update on future risk developments, such as the decarbonisation risk. Julie Boalch responded that a workshop was planned and research on scoring was in progress; although this will not affect the overall risk score, it will provide better insights into how the score was changing. The decarbonisation risk will be discussed at the January meeting, where the new template will highlight factors both within and outside of the Trust's control.

Jonny Sammut suggested a future deep-dive session on AI-driven cyber threats for the committee, given the fast-moving nature of these risks and the need for better understanding and questioning.

Judith Bryce advised that on 28 October 2025 the Operations Directorate reviewed the Risk 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and made the recommendation in reducing the score from the likelihood of harm occurring from 25 to 20. Julie Boalch suggested that this should probably be included in the FPC AAA, since reductions in scores need to follow governance protocols involving the ELT, which will meet in December. The Committee should consider adding a note under "risk" in the AAA to indicate that a reduction in risk was anticipated. This issue can then be addressed more formally during the next review. Trish Mills suggested it would be more appropriate for this to be reported through the QuEST AAA because Risk 223 was monitored by that committee.

The Committee Considered the contents of the report including:

- a. **The controls in place against the risks.**
- b. **The actions described to further mitigate the risks.**

91/25 AUDIT TRACKER - SEPTEMBER 2025 (2025/26 Q2)

Trish Mills updated the Committee on the audit tracker for Q2 with good progress on closures. Where there were extensions of dates members were assured that they were appropriate and realistic.

In terms of the External Audit recommendations, one had been closed with two not due during this cycle.

Peter Curran inquired if the revised due dates on the vehicle accident management recommendations, by December any update are they likely to be implemented
Judith Bryce advised a group was looking at this and was acutely aware of deadlines and was confident this would be achieved.

The Committee:

- 1. Received assurance on the monitoring of management actions to address recommendations in the Tracker and the rationale for the closure of actions.**
- 2. Raised minor concerns regarding the impact on the risks raised in audits by extending the dates for completion of management actions relating to the Vehicle Accident Management audit.**
- 3. Noted the progress reported against the remaining 2024/25 Data Quality internal audit recommendations which now concludes the actions associated with this audit.**

92/25 POLICY FOR APPROVAL

Trish Mills explained that the Estates, Environmental and Facilities Management Policy was with the Committee for approval and had followed a robust governance process.

Trish Mills added the Trust was aiming to streamline policy approvals by delegating most decisions and only bringing essential policies. A review of this process was planned for next year and will be discussed with the ELT; more details will follow. For now, this policy was here for approval, though there was strong interest in shifting policies away due to the thorough oversight they already received.

The Chair advised the Committee should focus on policies that were more strategic.

The Committee approved the Estates, Environmental and Facilities Management Policy.

93/25 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE

Trish Mills advised that the Committee's annual priorities were reviewed and were progressing well.

The Committee noted the update to the Committee Cycle of Business Monitoring Report and Committee Priorities.

94/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Chair drew out the actions that were agreed during the meeting.

- 1. Operations Update - Impact of Shift Overruns:** Trish Mills proposed a wider discussion on the most suitable forum, taking into account various impacts on the shift overruns both from a rural and urban perspective and will determine where to discuss this. The discussion will also ensure that each Committee's perspective is addressed.

2. Finance report - Shift overruns cost analysis - Members reviewed the financial implications of shift overruns for the Trust and agreed that an analysis of this matter would be included in the Finance Report at the upcoming Committee meeting in January 2026.
3. Digital Reporting - Jonny Sammut suggested a future deep-dive session on AI-driven cyber threats for the committee, given the fast-moving nature of these risks and the need for better understanding and questioning.

Members reflected that that the committee was currently well-positioned, with strong in-year financial management and effective agenda planning, but faced significant future challenges such as financial pressures, cyber risks, and changes within Welsh Government.

The committee's pivotal role in steering through these headwinds while also grasping opportunities for innovation and resource optimisation was acknowledged. The effective and efficient flow of the meeting was commended; with discussions regarding risk management embedded throughout.

Meeting concluded at 12:50

Date of Next Meeting: 20 January 2026

ACTION LOG - CURRENT
FINANCE AND PERFORMANCE COMMITTEE

Action	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
51/25	21 July 2025	Monthly Integrated Quality Performance Report	Peter Curran asked about the relationship between the reduction in handover lost hours and the average jobs per shift, noting that despite the improvement in handover delays, the jobs per shift metric was below average. He sought clarification on how much of the change was attributable to handover delays versus other factors. Hugh Bennett confirmed he would investigate further, noting that the metric in question is average jobs per shift by all vehicle types. He stated he would look into the connection further and provide an update at the next meeting.	Hugh Bennett	16 September 2025	<p><u>Update for 16 September 2025</u></p> <p>Hugh Bennett circulated details (23 July 2025) to Committee Members in a PowerPoint presentation format which illustrated details in graphical form showing a correlation between EA jobs per shift and hospital handover. The presentation is included in the iBabs reading room.</p>	Complete
53/25	21 July 2025	Quality and Performance Management Framework (QPMF) Logic Benefits Map	In terms of the QPMF benefits map and the benefits measures it was agreed that the QPMF Steering Group would consider this in further detail. It was agreed an update would be provided at the next meeting following discussion at the QPMG Steering Group.	Hugh Bennett	20 January 2026	<p><u>Update for January 2026 meeting.</u></p> <p>Hugh Bennett has provided a simplified Q&PMF Logic Benefits Map, approved by Rachel, Liam and Trish, to be attached to the Action Log on publication of papers.</p> <p><u>Update 28 November 2025</u></p> <p>Hugh Bennett confirmed this has been completed and will come back to the meeting on 20 January 2026 for approval. Intention for the updated benefits map to be appended to the Action Log for the January 2026 meeting.</p> <p><u>Update for 18 November 2025</u></p> <p>The meeting was held on 7 October 2025 and a mock up of the revised benefits map was currently being considered by the FPC Chair. Members recognised that the Chair of FPC and Peter Curran would review the revised benefits in further detail and it was agreed that a further update would be provided at the FPC meeting on 20 January 2026.</p> <p><u>Update for 16 September 2025</u></p> <p>The QPMF Steering Group further considered this on 4 September. Whilst some amendments were agreed, both Hugh Bennett and Trish Mills would benefit from a discussion with the committee chair and Peter Curran on the mapping and the best way to represent benefit going forward. A suitable date was being sourced for this meeting to take place prior to the end of September 2025.</p>	Complete
QuEST Reference	4 November 2025	Action originated from the QuEST meeting on 4 November 2025: Patient Story (Alison Clarke had contacted the previous Chief Executive and spoken to him regarding her concerns about NEPTS and her transfers to hospital appointments)	The PTR Report and Alison Clarke's lived experience highlighted the ongoing high demand for NEPTS, which continues to generate complaints about unmet patient needs. Despite QPSE support through emotional mapping, enhanced data visibility, and efforts to encourage on-the-spot resolution, complaint levels have not declined. Members discussed the impact on patient care and have asked the Finance and Performance Committee (FPC) to review current actions and plans to improve service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and limited capacity.	Lee Brooks Hugh Bennett	20 January 2026	<p><u>Update for January 2026 meeting</u></p> <p>Lee Brooks will be presenting a report at the January 2026 meeting, Agenda Item 6, Ambulance Care Capacity (in partucular NEPTS)</p> <p><u>Update at FPC meeting on 18 November 2025</u></p> <p>Bethan Evans, the Chair of QuEST, suggested that a thorough examination of this issue would be valuable and that it would be more appropriately addressed at the FPC. The FPC accepted the action from QuEST, and this detail is registered on the Forward Planner</p>	Complete
81/25	18 November 2025	Operations Update - Impact of Shift Overruns	Trish Mills proposed a wider discussion on the most suitable forum, taking into account various impacts on the shift overruns both from a rural and urban perspective and will determine where to discuss this. The discussion will also ensure that each Committee's perspective is addressed.	Trish Mills	17 March 2026	<p><u>Update 18 December 2025</u></p> <p>Trish Mills advised that the discussions on rurality will be held by the ELT in January, therefore it is proposed that this action be held over to the March FPC Meeting.</p>	Not due
82/25	18 November 2025	Finance report - Shift overruns cost analysis	Members reviewed the financial implications of shift overruns for the Trust and agreed that an analysis of this matter would be included in the Finance Report at the upcoming Committee meeting in January 2026.	Ed Roberts	20 January 2026	<p><u>Update for January 2026 meeting</u></p> <p>Ed Roberts confirmed this will be included in the month 8 Finance Paper.</p>	Complete
85/25	18 November 2025	Digital Reporting	Jonny Sammut suggested a future deep-dive session on AI-driven cyber threats for the committee, given the fast-moving nature of these risks and the need for better understanding and questioning, which was supported by the Chair.	Jonny Sammut	20 January 2026	<p><u>Update 28 November 2025</u></p> <p>This action has been transferred to the closed FPC given the sensitivities around cyber. The deep dive will be scheduled for the March FPC meeting.</p>	Complete

PURPOSE

A Q&PMF is an integrated system for the Trust to enable the delivery of quality and performance at an individual, team, service, directorate, Trust-wide, and system level.

Inputs

Q&PMF Steering Group established (ToR)

Executive Attendance at the Steering Group (AAA)

IDS Capacity (% staff in post v revised establishment)

Access to **Quality & Performance Software** (PowerBI etc. (activity levels))

B7 managers and above trained in WAST quality & performance management modules

Activities

Revised MIQPR (updated version with evidence FAST: frequently discussed, ambitious, specific, and transparent)

Progress reports on LTS, IMTP, Directorate Plans, and CMT Programme (evidence of FAST)

Directorate & service level Q&PMF self-assessment and work plans (100% self-assessments completed and 100% of work plans delivered).

Balanced Scorecards (existence for: key plans, key programmes, and directorates & services, and FAST)

Specific **WG WAST QOF** (evidence of development and FAST)

Assurance

Duty of Quality compliance (independent assessment)

WG approved IMTP (letter from WG)

Trust at lowest level of WG escalation (letter from WG)

Perception survey feedback from patients and staff on confidence in service (CIVICA survey results and staff survey results)

Internal audit assurance reports on Q&PMF and related (substantial assurance ratings)

A structured and embedded framework that provides assurance that the Trust is delivering an appropriate level of quality & performance

Outcome



GIG
CYMRU
NHS
WALES

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

FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	27 November 2025
Committee Meeting Date	18 November 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Whilst no escalations were required from this meeting, the financial pressures for 2026/27 were a feature of several of the discussions. The board will have a number of opportunities through November to February to engage regularly on the plans being developed by the Executive Leadership Team to address those pressures. The importance of the financial sustainability programme was emphasised and early scenario planning and directorate engagement to identify cost reductions and disinvestment options was welcomed. The Financial sustainability group will meet more frequently to maintain pace, ensuring all decisions align with the IMTP, commissioning intentions, and board risk appetite.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The **Q2 Operational Update** discussions centred on rurality challenges. While recruitment and retention are stable in some regions, pressures arise when ambulances are diverted to urban centres during hospital handover delays, reducing rural coverage. A task and finish group is addressing these issues, including recruitment, retention, and tailored operational procedures. Work is also underway to strengthen the Trust's rural service offer to ensure equitable response times and outcomes. The meeting highlighted the fragility of recent improvements in handover delays, which may not withstand winter pressures. Delays contribute to staff overruns, affecting well-being and increasing costs, particularly in rural settings. The forthcoming "release to respond" policy will require rapid adaptation by health boards, adding strain. There is agreement to bring this issue back for consideration, drawing in the relevant board committees.
3. The **Estates, Environmental and Facilities Management Policy** was approved.
4. Members **reflected** that that the committee is currently well-positioned, with strong in-year financial



management and effective agenda planning, but faces significant future challenges such as financial pressures, cyber risks, and changes within Welsh Government. The committee's pivotal role in steering through these headwinds while also seizing opportunities for innovation and resource optimisation was acknowledged. The effective and efficient flow of the meeting was commended; with discussions regarding risk management embedded throughout.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their next meeting however members may benefit from the following points of discussion from the committee:

5. With respect to the **financial position for months 6 and 7 2025/26**. The month 6 position was noted, and the committee took assurance from the update. The Trust is reporting a revenue year to date deficit of £186k and a small in month surplus of £43k for month 6 2025/26. In line with the balanced financial plan approved as part of the 2025-28 IMTP the Trust is forecasting to breakeven by the year-end. Gross savings of £4.260m have been achieved in month 6 against the target of £4.216m. The committee heard that for month 7 the Trust is showing a revenue overspend of £135k but delivered an in-month surplus of £51k. Capital expenditure plans continue to be progressed with plans to fully achieve in year.
6. The key financial risks discussed included the volatility of handover delays and quantifying the cost of shift overruns, which could impact the forecast if they deteriorate over Winter, as well as ongoing uncertainties around the Welsh Risk Pool costs; with a potential additional cost pressure of £330k not yet confirmed. The committee also noted the importance of managing the timing of capital spend, given the significant outflows expected in the final months of the year; but received assurance that all procurement and delivery plans are in place. Consideration was given to the recurrent and non-recurrent savings identified with the committee emphasising the importance of focusing on sustainable, recurrent savings. The need to maintain close oversight of key risks and the impact of operational pressures on financial performance was emphasised for future monitoring.
7. With respect to the **Monthly Integrated Quality and Performance Report (MIQPR)**, a meeting will take place ahead of the November board meeting on the annual review of the MIQPR. However, for the August/September report the following is of note for the board:
 - The numbers remain broadly stable, with improvements in patient cancellations, consult and close rates, and handover delays. Whilst performance has improved, winter pressures will be challenging.
 - Major upcoming changes include new clinical response categories (orange, yellow, green—the biggest change in a decade) and rostering reviews in Q4.
 - A JCC commissioning review is underway, offering an opportunity to clarify operational realities, particularly handover delays.
 - Early data shows a positive link between reduced handover hours and jobs per shift, though further analysis and benchmarking are needed.
8. The Committee received the **Integrated Medium Term Plan (IMTP) Q2 Assurance Report** with a



focus for this committee on the outcome measures for the strategic objectives (what good looks like) and the go live assurance process for phase two of the Ambulance Performance Framework. The Clinical Model Transformation (CMT) Programme is progressing well, with key documents and processes now embedded. While the programme advances at pace and IMTP deliverables show positive progress, organisational capacity continues to be a constraint. Members were assured that all plans are in place and progressing well for go-live of phase 2 of the CMT in December.

9. Following receipt of a **substantial assurance internal audit** report on the IMTP development process which was reviewed at this meeting (with the teams being commended on this excellent outcome), the **approach to the IMTP for 2026-2029 has been streamlined** with updated guidance, an eight-pillar framework, and clear milestones. A single IMTP Development Group now coordinates planning across directorates through existing governance structures. The process reflects political uncertainty post-2026 elections and a difficult financial outlook. To address change fatigue and capacity constraints, the focus has shifted to consolidating priorities and realising benefits, informed by staff and board feedback. Engagement is now embedded in existing meetings with increased board involvement. Directorates have reviewed deliverables for completion, rollover, or cessation, and identified new priorities. Despite capacity challenges, development remains on track for submission by 31 March 2026.

The following items were only presented to this committee, and assurance is provided to the board as follows:

10. Substantive assurance was provided on the **Financial Sustainability Programme**, focused on strengthening long-term financial resilience. The group has reorganised into three streams: opportunity identification, commercial strategy, and financial planning, with an emphasis on embedding accountability across all directorates. A commercial strategy steering group will be formed, and committee endorsed the aim to deliver a plan by the next fiscal year. External partnerships, particularly in digital and technology, are being explored to drive income and innovation. Next year's savings target is at least £9 million, potentially rising to £10–15 million. Directorates are modelling plans accordingly, with all proposals subject to board approval and alignment with strategic priorities.
11. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Of note:
 - Digital teams face significant pressure from competing priorities and limited capacity. The teams continue to prioritise the CMT.
 - Additional capacity in the digital team will be in place with 26 roles at various stages of the recruitment process. Challenges are posed by high volumes of applications, a large proportion of which were AI generated, which is being felt across all directorates. A related risk is being developed.
 - WAST are engaging in a national project to unify the multiple Directories of Service managed around NHS Wales.

Members welcomed ongoing efforts to improve recruitment efficiency, invest in staff development, and align digital and workforce strategies given the risk of delayed recruitment. The proposal to provide additional development to committee members on AI, to ensure a deeper understanding of



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the relative risks and opportunities was also welcomed.

12. The **Information Governance (IG) Report** highlighted key updates including the IG toolkit compliance at 90% which was commended. Other issues of note included:

- Dormant account numbers have been significantly reduced, with ongoing work to refine definitions.
- New KPIs have been introduced for reporting timeliness and data quality awareness.
- Recent data breaches linked to social media use have prompted a new awareness campaign.
- Late engagement with IG in projects has led to ICO reports; a new framework and communications plan are being developed.
- WhatsApp-related data breaches are under review, with a possible ban on corporate devices.
- Emphasis was placed on strong communication, clear policies, and line manager involvement to improve IG compliance, especially regarding social media and personal device use.

13. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. Most major changes to the committee's terms of reference will be deferred until after the external board effectiveness review, however members agreed that the commercial partnerships element of the Academic Partnerships Committee's remit appropriately sits in this committee. The improvements in quality and volume of reports were recognised. The presence and contribution of Non-Executive Directors are consistently valued, with positive feedback on their breadth of experience, scrutiny, and support, which strengthens the committee's operations. Members are keen to ensure that duplication with the board and other committees is avoided. Committee terms of reference were approved, and the committee's annual report will be reviewed in March.

14. The **audit tracker for Q2** was reviewed with good progress on closures. Where there were extensions of dates members were assured that they were appropriate and realistic.

15. The **committee's annual priorities** remain in view with progress through the cycle of business. included metrics and assurances on areas of resilience, and commercially sensitive/confidential issues including various business cases and updates thereon, particularly related to vehicle procurement, passenger transport system, 111 Wales website, and ESN phase 2.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that all risks have undergone their quarterly review, with no material changes to scores.

Financial risks were discussed throughout in the context of ongoing pressures, including the need to revisit **Risk 139**, which relates to financial sustainability. Members acknowledged that financial risks are significant, especially given the challenging outlook highlighting the pivotal role the committee will play in navigating the future financial situation.

Members discussed ongoing work to distinguish and score risks and factors that are within the Trust's control versus those that are externally monitored, with research on best practices underway for scoring these dimensions. **Risk 542** relating to Decarbonisation will be presented at the next meeting showcasing



the new approach.

Risk 100 will be reviewed for possible integration into the new stakeholder risk, which has been disaggregated from the Trust’s reputational risk.

In private session, Members received assurance on the detail of **Risk 260** noting that there were no material changes during this period; however, a future deep dive session on AI driven cyber threats for the Board was supported by members as a valuable idea with additional development of knowledge being welcomed.

COMMITTEE AGENDA FOR MEETING

Operations Update for Q2	Financial position M6 and M7 2025/26	Financial sustainability programme
MIQPR	Digital reporting	Information governance report
IMTP Development Practices Internal Audit	IMTP progress report	Committee quality and governance review
Risk management and BAF	Audit tracker Q2	Estates, environmental and facilities management policy
Committee cycle and priorities update		

COMMITTEE ATTENDANCE

Name	20 May 2025	21 Jul 2025	16 Sep 2025	18 Nov 2025 ¹	20 Jan 2026	17 Mar 2026
Jayne Beeslee (Chair)						
Bethan Evans						
Peter Curran			2			
Chris Turley			Ed Roberts	Ed Roberts		
Rachel Marsh	Hugh Bennett	Hugh Bennett	Estelle Hitchon	Hugh Bennett		
Lee Brooks				Judith Bryce		
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut			From 1022			
Trish Mills						
Hugh Parry				3		
Damon Turner						
Matt Dugdale						

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Emma Wood, Chief Executive Officer joined for this meeting.

² Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.

³ Left for items 6 and 7



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OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2024-25 Q3 (October – December 2025)

National Operations & Support

General Update

Covid Inquiry - Public Accounts and Public Administration Committee (PAPAC)

The Trust was invited to appear at the PAPAC to provide evidence on 10 December. The Executive Director of Operations and Executive Director of Paramedicine appeared at the Senedd's Committee alongside representatives from two Fire and Rescue Services to respond to Module 1 of the Covid Inquiry. The Committee replaces the former Special Purpose Committee and will focus on Welsh Government's preparedness, response structures and progress since the Covid19 Pandemic. Considerable work was undertaken in preparation for the Committee with a written submission presented ahead of the session.

Exercise Pegasus

A unit debrief was conducted concerning the national tier 1 exercise 'Pegasus.' The goal of Exercise Pegasus was to assess our preparedness for a pandemic situation. While the exercise successfully showcased multi-agency collaboration and overall emergency response capabilities, it did not necessarily test our internal Pandemic Response Plan. The most critical finding was that the exercise did not trigger or validate WAST's Pandemic Response Plan, indicating a gap in assurance concerning pandemic-specific processes, structures, and decision-making. To address this and provided there is capacity, WAST will implement a series of targeted objectives and an exercise in Autumn 2026 to test the Pandemic Response Plan. Additionally, training and familiarisation sessions will reinforce awareness and usage of action cards, SOPs, and pandemic-specific documentation across all relevant teams.

SORT Uplift

Following the release of funding from Welsh Government, training is now complete for 222 SORT operatives of the 290 required. Training is now paused during the winter pressure period, resuming in Q1/2 of the next financial year to reach full complement of 290 operatives.

HART Drone

Our HART drone capability is now live from 23 December. This is the Trust's first drone capability and a great advancement for our HART and incident management capability. Live streaming accounts have been set up for the ODU and NILOs for incidents with accounts for commanders to follow. Our first deployment of the drone was very soon after go live – on 26 December. The drone was deployed at the scene of a high velocity road traffic collision to search a large, wooded area for other occupants of the vehicle who could have been at risk of major trauma or deterioration. The drone was successfully deployed in this multi-agency incident and a large area searched, making full use of the drone's thermal imaging capability to establish no further occupants from the vehicle. Each deployment will be monitored and reported in line with other KPIs.

Resourcing, EMS Coordination and Quality

Challenges

Go Live 2nd December

EMSC played a pivotal role in the successful launch of the new Ambulance Performance Framework on 2nd December. This included the implementation of revised protocols, processes and coordination mechanisms to enhance service delivery and resilience during a period of increased demand. The transition was managed collaboratively, ensuring minimal disruption to operations. Revisions of the Clinical Safety Plan, training and various SOPs have been undertaken to compliment Go Live across the EMSC service area.

Business Continuity Plan

Following changes introduced by the Clinical Model Transformation (CMT), EMSC reviewed and updated their Business Continuity Plan. The main focus on this review was addressing scenarios involving a total loss of staffing within the clinical navigator team. The team ensured that contingency measures were robust and actionable.

Texting

EMSC, with key internal stakeholders, implemented and facilitated the integration of texting solutions from Computer Aided Dispatch direct to our 999 callers and patients to enhance communication and manage expectations once the call had been assessed by the Clinical Navigator following Rapid Clinical Screening. This initiative supported real-time updates and improved coordination especially during operational surges, when benefits of less duplicate calls being presented and managed by the organisation, which releases the call handlers to answer new incoming 999 calls, and increase the Clinical Navigators capacity.

Socialised a proposed dispatch framework

EMSC Leadership team socialised a proposed dispatch framework, ensuring that staff were informed and engaged in the development of a proposed new deployment approach. This collaborative approach supported the teams being involved and engaged from the onset and gauging their appetite for this change going forward.

Revision of the Powys and other boundary works

EMSC contributed to the revision of operational boundaries, including Powys and other areas. This work aimed to optimise coverage and resource allocation, addressing cross-boundary challenges and supporting equitable service provision. This work continues to progress, with engagement with EMS colleagues.

IMTP

E-Timesheets & GRS Cloud

During this quarter, the E-Timesheet groups merged and held workshops to develop the timesheet SOP and technical specifications for implementing WAST Agenda for Change payments for unsocial hours and overtime. The technical specification is expected to be submitted to the February Project Board in quarter four. Progress continues on updating the timesheet SOP, with TU colleagues agreeing to revise the current Excel timesheet and publish the SOP before implementing E-Timesheet.

111 to GRS

Weekly meetings are underway to review and align processes with new rostering methods from the Optashift project and updates to self-rostering through GRS. The group will produce an Integrated Care Resourcing SOP and training materials for the transition. Staff engagement briefings to share a high-level overview of these changes are scheduled for January 2026.

General Update

Resourcing Christmas production

Focus by the team during this quarter are the collation and updates subsequent publication of Christmas rosters from across the operations directorate.

Resourcing Culture

During this quarter, the OD team facilitated listening sessions with full participation from the team. A Teams feedback session was held to discuss key themes, and a team away day workshop is being planned for quarter four.

Emergency Medical Service

Challenges

Performance

Following the introduction of phase 1 of the Ambulance Performance Framework, the median and 90th percentile have mostly been within required ranges. Further rural work is required to consolidate response and availability of community resources. Phase 2 commenced on 02nd December, and it is too early to directly feedback on response elements which have initially been impacted by elevated call demand.

45 Minute Release

The Welsh Government 45MR initiative commenced on 01st October 2025 and since then there have generally been improvements in the lost time at hospital EDs. However, BCU have remained an outlier with only a very recent improvement towards the end of December with the introduction of actions that have made a difference in line with the Winter Sprint Metrics exercise. Aneurin Bevan HB compliance with 45MR has been inconsistent but mostly continuing to experience handover delays. NHS Wales has provided direction to health boards that in January, they must return to their best position from either October, November or December and they have also set out that an approach to 45MR is to be activated come the end of January.

IMTP

APP roster review

OMDA have now been awarded the tender to produce modelling data for APP rosters. APP response codes, demand data and core principles have been shared with ODMA with weekly touchpoints introduced. Cardiff and Vale will be the first Health Board to receive the modelled data with estimated timescales of December/early January, with subsequent Health Boards receiving data monthly thereafter.

Increasing Capacity in Rural Areas

A Task & Finish Group is focussed on an action plan to work through short-, medium- and long-term actions to increase capacity in rural areas. Focus on staffing levels and specifically recruitment and retention are key drivers.

Fleet Review T&F Group

A request for volunteers to support the Fleet Review was placed on Siren in November, with an overwhelming number of volunteers coming forward. 16 staff from all grades and all service areas across Wales were selected to support the workshop in January.

TUP's, Quality, Health and Safety and Clinical Logistics will also support the work alongside Fleet colleagues. The aim of the piece of work is to review the layout and equipment within

the rear of the ambulances for both EMS and Ambulance Care, and to identify if any changes can be made to support clinicians, improve patient care and enhance patient experience.

General Update

Quality and Support Day November 25

Questions in relation to overruns were incorporated across all areas to ensure information is captured from all staff who experience a shift overrun whether frontline staff or contact centre based capturing feedback, lessons learnt and additional actions which may help reduce overruns. The group will then consider these responses which will feed into the program of work to reduce overruns.

Smart tethering

This initiative can utilise a tool to calculate the total job cycle time which compares to the remaining shift time to predict if a resource will overrun. A dashboard will display resources in order of least to most likely to overrun, supporting real-time allocation decisions within EMSC. First iteration of smart tethering is currently being developed for use.

Alternative Dispatch Arrangement Framework: Clinical and Operational Considerations

The framework is being developed to support non-clinical response coordinators in making out-of-time deployment decisions with clinical backing. The group is expanding to include more clinical and quality input to ensure a robust and safe process.

Ambulance Care

Challenges

Discharge and Transfer

Throughout the quarter we have continued to see sustained pressure in discharge & transfers. The level of completed journeys in October was higher than any other recorded month as Health Boards worked to attain 45MR standards. December also saw the busiest day of the year both in terms of demand and output. The service has also been working with system partners as part of a system reset process with the aim of increasing the volume of early discharges and activity on a weekend. Indications from this process were that some progress has been made, but this has not been consistent. The period has provided some learning with a number of process changes which will be implemented to support wider system awareness and efficiency.

IMTP

NEPTS Roster Review

The service has continued to progress its work on the implementation of new rosters and will recommence working parties in January 2026. The proposal, which is modelled to improve output by upto 300 additional journeys per week to be worked through involves an extension of the original proposed shift times and a reduction in weekend working, which should improve the work life balance of colleagues.

A number of pre-engagement events have been held with managers, TU partners, support teams and working party representatives to feedback on the adjustments made and the process to be adopted. These have been overwhelmingly positive and should support a more efficient and expeditious process. This is now a good example of taking on board feedback from our people.

General Update

Waiting List Initiative Contract Delivery

The service has continued to support the provision of an additional 200,000 outpatient appointments across Wales through the provision of additional transport provision at weekends and evenings. Despite significant weekly variation to demand both in terms of volume and geography, delivery has been overwhelmingly positive with no issues of note and patients receiving the transport they require to attend their appointments. The service has achieved this using the support of our plurality of external providers, volunteers and additional WAST employees and continues to deliver within the provided budget.

Culture Review

This year, WAST commissioned an external Culture Review to address the need for improvements in the working environment and morale within the NEPTS team. Resolution at Work led the review, providing staff with a confidential space to share their honest perspectives on critical issues such as workplace culture, leadership, management, communication, behaviours, training, and current practices.

The analysis from the review has now been returned and shared with staff. The management team will use this feedback and the resulting recommendations to develop a structured plan for service improvement, which will be communicated and implemented in the new year.

Integrated Care

Challenges

111 Online Outage

On 20th of October, 111 Online experienced a major outage from around 07:30, making the service unavailable. The incident response process was activated immediately, with technical teams working closely with the web host, providing updates through strategic on-call channels and hourly incident calls. Core systems such as CAD remained fully operational,

and although minor Microsoft 365 issues were noted, no direct link to the outage was identified. Cyber security monitoring was increased due to wider global service instability. Call demand on 20th of October was noticeably higher, with a 20–25% rise in peak morning activity, particularly between 07:00 and 10:00. Although the data does not conclusively demonstrate causation, this pattern suggests the outage may have diverted more users to the phone service, adding pressure to operations. The Integrated Care team managed the impact through CSP oversight and normal escalation processes.

IMTP

First Line OCP

As part of the consultation process, 1:1 meetings were held in October and November to address staff queries and capture first and second role/location preferences. On 25 November, it was confirmed that all colleagues will receive their first-choice role and location, with no competitive selection required. Formal confirmations have been issued. In early December, a small number of colleagues requested changes to their preferences. To accommodate this, the deadline for any further changes was extended to 18th December. Adjustments will be made where vacancies allow; a competitive process may apply if multiple requests target the same role.

Working groups will be established in Q4 to progress roster planning and confirm the revised go-live date, currently anticipated for February.

General Update

Phase 2 Training and Engagement

Training and engagement sessions were delivered in October and November for all Integrated Care teams to prepare for Phase 2 of the Clinical Model Transformation (CMT), implemented on the 2nd of December. The Ambulance Performance Framework Phase 2 engagement session complemented planned training by introducing new categories, providing an overview of Time, Purpose, and Skill, outlining role implications, and detailing available support. Over three weeks, 170 staff attended these sessions. Additional drop-ins were offered for further queries, but minimal attendance indicated the effectiveness of initial training and engagement.

Care Planning Desk

The Care Planning Desk was relaunched on the 7th of October with a redefined structure to improve workload management. The service was reorganised into three distinct queues to support Care Planners, as follows:

- Remote Community Monitoring
- Falls Desk
- Extended Waits

As part of the relaunch, a new Assessment Quality Module (AQM) for remote monitoring was also introduced into the Care Planning function. The new AQM allows for more efficient patient touchpoints without requiring a full clinical assessment if the patient's condition is unchanged. CWR utilisation has shown improvement, increasing from 42% in July to 60% in November and 63% (as of 15th December). In real terms, July saw 162 verified incidents attended with 140 on-scene rate, compared to November's 261 verified incidents and 231 on-scene rate, enhancing service capacity and response

Falls Desk Trial

Following a successful bid for Welsh Government funding, a dedicated Falls Desk resourced with Integrated Care Clinicians, and a Response Coordinator (from EMSC) was launched on the 12th of November as a trial. The service operates 7 days a week from 07:00 to 19:00.

As of the 12th November, the Falls Desk:

- Managed care for 782 patients, ensuring rapid clinical assessment, remote management, and prompt allocation of a Falls Responder.
- Assisted 102 patients off the floor prior to face-to-face response, preventing prolonged time on the floor that would otherwise have occurred.

Falls Responder utilisation has improved significantly, rising from 52% in June/July to 65% as of 12th of November, and has remained consistently at this level since. We have however been engaging with St John Ambulance to fulfil the falls responder requirements.

Single Point of Access

Single Point of Access (SPoA) commenced in Hywel Dda University Health Board, Swansea Bay University Health Board and Cwm Taff Morgannwg Health Board on the the 1st of October focussing on 'consult before dispatch'. This process enables WAST remote clinicians to collaborate directly with Health Board clinicians for patient referrals, reducing the need for ambulance dispatch. As of the 12th of December, 279 calls have been jointly assessed, with 28% resulting in a consult-and-close outcome.

Datix Backlog

On 11 September 2025, the Datix Lead presented the Operations Datix incident backlog to the Senior Leadership Team (SLT). The review highlighted a significant accumulation of unresolved incidents, requiring urgent intervention. A strategic response plan was implemented to address the backlog and prevent recurrence through improved incident management processes. Progress continues to be monitored and reported via the Senior Operations Team (SOT).

The backlog position as of 1 September 2025 stood at 3,205 incidents. The largest areas were:

- EMSC: approximately 55% of the backlog
- EMS: approximately 23% of the backlog

A total of 39 actions were identified to address the backlog. To date 26% of actions have been completed, 44% are in progress, and 33% are yet to start. Toward the end of November and into December, a small number of planned activities were cancelled due to the increase in winter pressures, with rescheduling planned for January to maintain momentum and ensure delivery of key improvements.

As of the week commencing 8th December, 49% of the backlog was closed. Closures peaked during September and October, showing strong early momentum; however, there has since been a decline in November and December, which correlates with increased winter pressures.

The next phase will focus on completing all outstanding actions and rescheduled activities to maintain progress. In addition, the implementation of the Datix Dashboard to provide real-time compliance monitoring, with a particular emphasis on ensuring new incidents are closed within 30 days, will also be critical to preventing future reoccurrence of a backlog. Regular reporting to both the Senior Leadership Team (SLT) and the Senior Operations Team (SOT) will continue to ensure accountability and sustained improvement.

Quality and Support Days

Quality and Support Days were delivered across Operations during October and November, with sessions held on 22nd and 23rd of October and on the 19th and 20th of November for Integrated Care only. These sessions were paused in December due to anticipated winter pressures. Across October and November, a total of 1,123 MS Forms were completed, demonstrating strong engagement from staff.

The purpose of these days was to prioritise staff wellbeing while addressing both Trust-wide themes and local service priorities. Key areas of focus included:

- Emotional wellbeing status

- NHS Wales Staff Survey
- Clinical Model Transformation Programme
- Infection Prevention and Control
- Ambulance Care Capacity Management Plan and Performance Standards
- Overruns and Shift Start and Finish SOP
- Statutory and Mandatory Training including MIST
- Compliance
- Communication

Feedback gathered during these sessions is actively shaping local action plans and informing national programmes, driving meaningful improvements. Among the actions taken are:

- Engaging in supportive conversations with staff who may benefit from additional support
- Increasing PADR compliance
- Supporting staff in accessing ESR training through iPads
- Influencing MIST training to ensure consistency and relevance across roles,
- Contributing to work aimed at reducing overruns.

Additional priorities include reinforcing understanding of guidance and legal requirements such as seatbelt use and Shift Start and Finish SOP, promoting completion of the NHS Staff Survey, and offering support to encourage participation.

Feedback also highlighted communication challenges, particularly difficulties navigating Siren to locate essential information and documents. This insight is being considered to guide improvements in communication channels and accessibility.

Staff Survey

At the close of the NHS Wales Staff Survey 2025, the Operations Directorate achieved a closing response rate of 43.1% (1,931 responses), marking a significant improvement from last year's 35.2% and reflecting strong engagement across teams. It is also highly likely that Operations staff contributed to the rates exceeding 100% for the Clinical Directorate. Weekly updates and targeted communications, including the use of Teams backgrounds and reassurances about anonymity, steadily increased participation. Notably, EMS South East (54.1%) and Integrated Care North (54.9%) led response rates, while incentives such as prize draws for teams reaching 50% further motivated staff. This improved engagement ensures that the directorate's feedback will more accurately inform future actions on culture, leadership, development, and wellbeing, with final validated figures and prize arrangements set for early December and full results expected in Spring 2026.



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Agenda Item No.

06

REPORT TITLE

NEPTS Capacity Management

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Executive Director of Strategy, Planning & Performance Lee Brooks – Executive Director of Operations
Author(s) of report	Hugh Bennett – Assistant Director Commissioning & Performance Mark Harris – Assistant Director Operations (Ambulance Care)

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. At the Nov-25 QUEST meeting, the Committee listened to a NEPTS patient story, from Alison Clarke, on the impact of cancellation of her transport on her health and well-being. QUEST identified an action to review options for improving the service provided by NEPTS and transferred the action to the F&P Committee's action log.
2. The purpose of this report is to update Finance & performance Committee members on the challenges faced by the NEPTS service due to demand regularly exceeding funded capacity which is causing a level of patient journey cancellations to be higher than is ideal.
3. The report sets out the background that led to the introduction of the Capacity Management Plan (CMP), the purpose of the plan, the drivers behind the challenges being faced and the range of actions underway to address the current position.
4. In particular, the report focuses on the actions taken by the Trust to re-roster the operational element of NEPTS rosters and independent modelling completed to assess scenarios that could reduce the number of patient cancellations within the existing commissioned resource envelope.
5. Finally, the report provides details of next steps to be taken to manage the position into the future.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to:

1. Note the information provided within the report above.
2. Confirm it is assured that the trust is taking the necessary steps to address the position.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

N/A



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Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation.

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
160 - High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service
558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences
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
139 - Failure to deliver our Statutory Financial Duties in accordance with Legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a



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IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 January 2026	Finance and Performance committee



SITUATION

1. A lack of NEPTS capacity is causing a level of patient journey cancellations in excess of 20,000 per annum. This has been identified internally by the Trust, by the JCC and via a QUEST Committee patient story, as an issue that requires options to reduce the level of cancellations and improve the service to patients.
2. The Trust is currently re-rostering the transport part of NEPTS and has undertaken independent modelling of scenarios for reducing the number of patient cancellations within the existing commissioned resource envelope.
3. The paper sets out the issues and actions underway to address. Some of the content will be familiar to committee members following previous information provided to Trust Board on the NEPTS service.

BACKGROUND

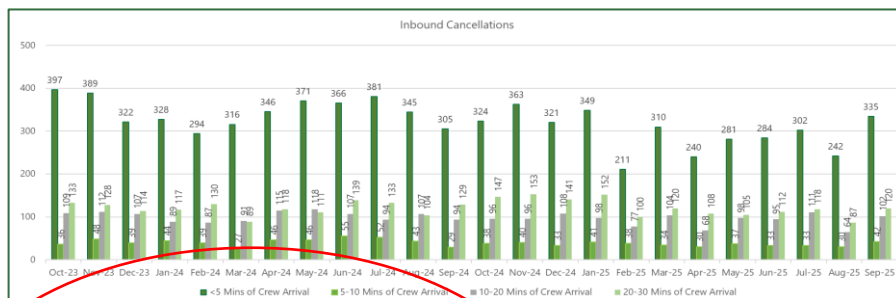
4. The Monthly Integrated Quality & Performance Report always provides Committee with information on NEPTS performance, including CMP cancellations: -

Finance, Resources and Value Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



FPC



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw an increase in September 2025 to 335, compared to 242 in August 2025. The total number of cancellations within 30 minutes also increased from 423 in August 2025 to 599 in September 2025.

Same day cancellations decreased slightly in September 2025 to 14.3% compared to August 2025 (14.7%).

Capacity Management Plan (CMP) cancellations decreased from 2,734 in August 2025 to 2,407 in September 2025.

Remedial Plans and Actions

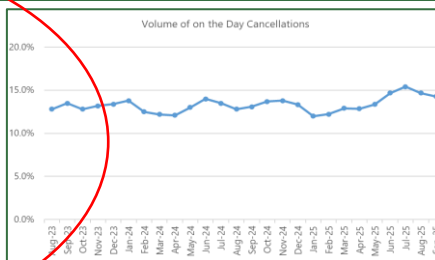
The work with Hywel Dda to connect patient management systems went live in August and is now in a BAU position. Although still in its infancy, a continued stream of avoided late notice cancellations has been observed.

The biggest challenge and risk to the service lies in the level of capacity management cancellations. Focused work has commenced in Aneurin Bevan and a significant decrease in cancellations has been observed. Similar work will commence in other areas through September.

Expected Performance Trajectory

It is anticipated that CMP cancellations will continue to reduce in September.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.



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5. Similarly, the Trust provided the JCC's Ambulance Services and 111 Collaborative Commissioning Group (06 October 2025) with an "Ambulance Care: Potential Issues Analysis (Sep-24 to Aug-25)" report which included the following slide on CMP cancellations: -



1. Journey Cancellations – CMP: No Resource at Planning

Month	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	Total CMP Cancellations
Sep-24	419	600	18	214	61	30	107	1,449
Oct-24	391	362	18	140	312	64	124	1,411
Nov-24	304	238	38	122	277	27	146	1,152
Dec-24	517	276	116	112	164	14	174	1,373
Jan-25	388	261	74	98	133	38	56	1,048
Feb-25	667	309	154	220	154	56	83	1,643
Mar-25	648	304	88	412	206	71	109	1,838
Apr-25	963	380	216	222	334	59	241	2,415
May-25	1,004	412	164	296	306	104	168	2,454
Jun-25	1,549	600	266	510	434	70	221	3,650
Jul-25	1,484	657	192	467	570	96	293	3,759
Aug-25	857	646	172	415	405	62	179	2,736



CMP – No Resource at Planning

These charts illustrate monthly CMP cancellations over a 12-month period, revealing a clear upward trajectory in cancellation volume starting early 2025.

After initial stability (Sep–Jan), Feb 2025 saw the beginning of a sharp month on month increase, peaking in Jul 2025 with **3,759** CMP Cancellations. This is an increase of over a **250%** from Feb 2025 levels.

Aug 2025 however does show a notable drop to **2,736**, suggesting the peak may have passed and a potential return to more manageable levels is underway.

Note – these figures represent journeys, not patients. Each patient would normally have 2 journeys per appointment

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- The Director of Commissioning for Ambulances & 111 subsequently requested options from the Trust for reducing the level of cancellations, within the existing commissioned resource envelope.
- At the Nov-25 QUEST meeting, the Committee listened to a NEPTS patient story, from Alison Clarke, on the impact of cancellations on her health and well-being. QUEST identified an action to review options for improving the service provided by NEPTS and transferred the action to the F&P Committee’s action log

ASSESSMENT

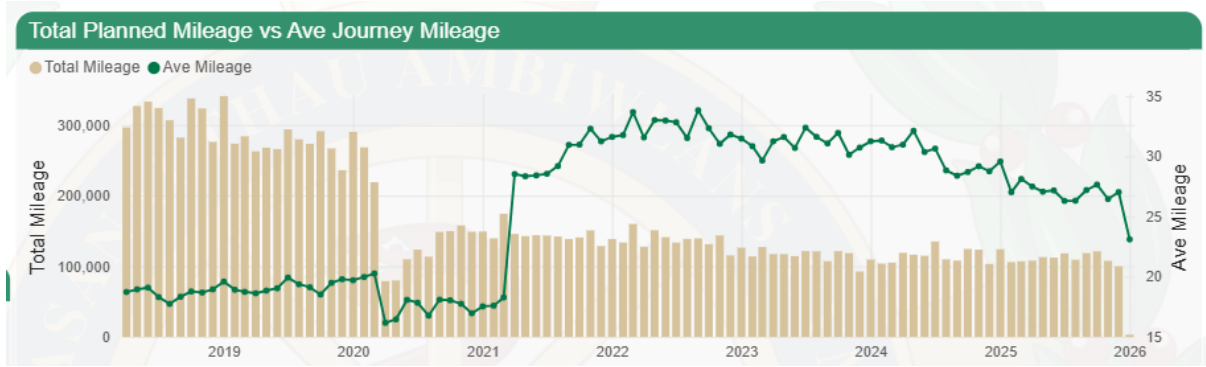
- The Capacity Management Plan was introduced in 2022 following increases in planned care demand, a return to the financial deficits seen prior to the pandemic and an increase in complaints from patients due to late notice capacity cancellations.
- The new plan refreshed the question set used to determine eligibility to allow for a more accurate assessment of eligibility compared to the Welsh Health Circular guidance. The plan also introduced the concept of managing demand within available funded capacity by prioritising patients when demand exceeded capacity and by only taking bookings on a provisional basis for ineligible patients.



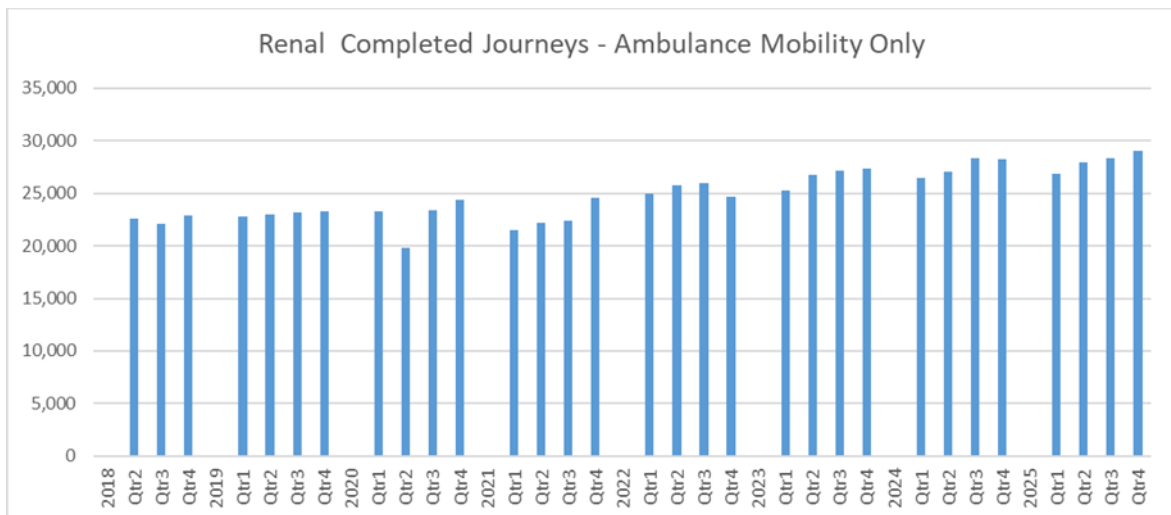
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10. In May 2024 this was updated to provide patients with more definitive information by removing provisional status as an outcome and not providing transport unless a patient met the eligibility criteria.
11. Prior to the pandemic the NEPTS service was routinely in a position of financial deficit of up to £645,677 in 2018/19. This was offset by utilising funding from elsewhere to achieve overall balance, including from Emergency Medical Service Provision. Drivers for this level of overspend included:
 - High conveyance of social patients, often by Taxi.
 - Misaligned rosters with minimal relief.
 - Low levels of historical funding, as low as £8 per journey compared to actual costs of £35-50 per journey.
 - Unachievable performance standards.
 - An unfunded deficit of circa £800k within the NEPTS business case.
12. The pandemic had significant impacts upon NEPTS activity, initially leading to a reduction in overall demand but a more complex delivery environment whilst also reducing multi-loading of patients to accommodate IPC requirements. Following the pandemic the service has seen changes in both the nature and complexity of demand. Although overall demand has decreased the remaining demand is much more complex, journeys are longer and the acuity of patients is higher.
13. There has also been reduced demand from patients who are classed as T1 mobility (patients who can independently travel in a car and do not require dedicated ambulance personnel). It is not completely clear why this reduction has occurred, although it is thought to be from a mix of changes in patient behaviour for IPC reasons and adjustments made to call scripts within the patient needs assessment (PNA) moving patients toward alternative transport options.
14. Whilst T1 activity has reduced, so have the number of volunteers that traditionally conveyed a high proportion of T1 patients, offsetting the positive impacts of the reduction. The impacts of the pandemic, the age of our volunteers and challenges in recruiting to match the rate of attrition has been the greatest driver of this reduction. The below chart shows mileage completed by volunteer drivers since 2018 and clearly shows this continued reduction.



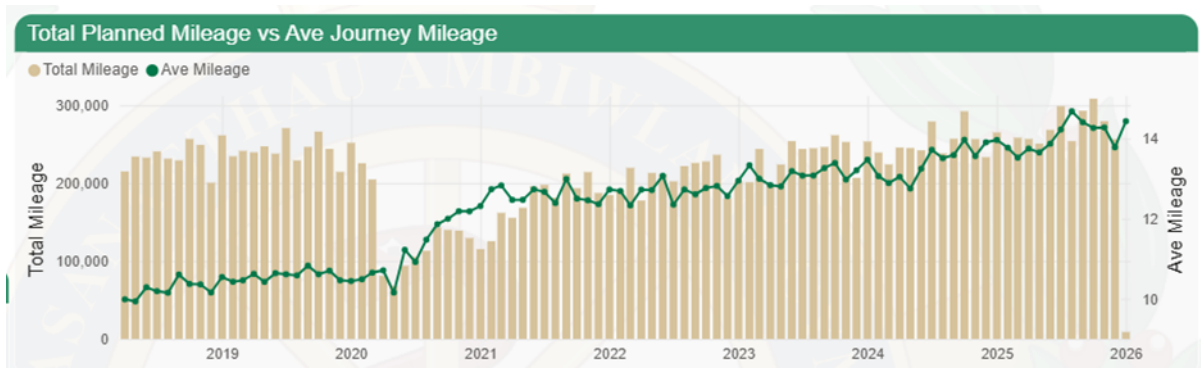
- Another key change is a shift to a higher volume of conveyance for more complex patients. Whilst this has been seen across a number of categories, renal demand has shifted the most and the below chart shows journeys completed by Quarter from 2018 on where the patient needs specialist transport provision.



- The impact of this increase is that more of our ambulance type resource is being pulled toward covering renal demand. This has the effect of moving resource hours to times of the day when other patients are less likely to be travelling e.g. early mornings or evenings and pulls resource away from the times of the day when outpatients travel.
- A shift to higher acuity transport has also occurred in oncology and outpatient transport. Whilst overall volumes of journeys requiring dedicated ambulance transport have not increased significantly, the length of journeys has increased. This is most likely due to Health Boards centralising and relocating services.
- The below chart shows the overall journey mileage for oncology and outpatients requiring an ambulance. An increase to the overall mileage and average journey distance can be clearly seen over time and some monthly distances and average



journey mileages in 2025 have been the highest recorded. This has been further compounded by reductions in road speed limits.



19. Performance has also improved with service timeliness now consistently higher than at any time since the creation of the NEPTS service. The below table shows performance against the key standards for 2025 and 2019, the green highlight indicates measures that are above the expected service standards.

Whilst D&T advanced is shown as being below the expected standard, it is important to note the service is not funded to deliver at this level.

Key Measure	2019	2025	Difference
Inward Outpatient 1	59.4%	72.9%	13.5%
Inbound Oncology 1	62.4%	78.1%	15.7%
Inbound Renal 1	58.6%	73.9%	15.3%
Outbound Outpatient	77.8%	76.4%	-1.4%
Outbound Oncology	77.1%	79.6%	2.5%
Outbound Renal 1	69.1%	75.1%	6.0%
D&T Advanced	67.5%	80.3%	12.8%
D&T Same Day	97.4%	95.3%	-2.1%

Service Response

Roster Review

20. A demand and capacity review was commissioned in 2019 and identified a resource shortfall of approximately 201.2 FTE across the service if the current performance standards and demand levels were to be met. Several efficiencies that could be completed to improve service response were also identified and many of these have since been completed.

21. The review also identified the need to re-roster NEPTS transport. However, due to the pandemic and the priority of re-rostering Emergency Medical Services, the



Trust did not proceed with the NEPTS re-roster. In 2024 the Trust revisited the modelling undertaken, based on a much more complex and deeper transformation of re-aligning all NEPTS capacity, both in-house and third party focusing in-house delivery on the most vulnerable patients rather than just focusing on performance metrics.

22. This modelling identified that the Trust could make an efficiency gain of +354 patient journeys per week or 18,458 a year whilst also producing workable shift patterns for our people. It should be noted that this modelling is predicated on delivering a modelled abstraction rate of 27.71%, including 5.99% sickness absence.
23. After people's pay, rostering is the most sensitive thing for our people. After the initial working parties were postponed due to the proposed patterns not being deemed viable, the Trust is now recommencing working parties for the NEPTS re-roster, with trade union partners at the table and the planned introduction of the new shifts in quarter one 2026/27. The re-rostering is more complex than usual, because it also involves the re-alignment of third-party capacity around the demand gaps that the in-house rosters cannot meet.

Escalation and identification of system actions

24. Over the past 2 years the service has regularly updated the JCC on the position and provided numerous options to address the challenges faced. To date these options have not been actioned by commissioners, but following an ask to identify some modelled options, the Trust identified a range of scenarios that may release further NEPTS capacity within the existing commissioned resource envelope:
 - A) A reduction in T1 patients who travel less than 10 miles to their appointment.
 - B) A reduction in wait and return NEPTS vehicle downtime.
 - C) A reduction in journeys cancelled on the day; and
 - D) A relaxing of the core NEPTS key performance indicators.
25. The modelling results were:
 - A) For every three T1 patient journeys removed (under 10 miles) one core C3 patient journey could be added. Further modelling has been requested on the positive impact on T1 journeys over 10 miles, with the expectation that the ratio would be better.
 - B) Data issues meant that this option could not be modelled with sufficient accuracy, with an action to link with Insight & Data Services and resolve this data issue.



- C) 10%, 25% and 50% of aborted journeys were removed with the impact being a modelled 16, 40 or 80 weekly journeys, with a modelled limited impact on timeliness of 0.5% in the 80 aborts scenario; and
- D) If core inbound one times were estimated to worsen by 7% to 64% and core renal and oncology key performance indicators (KPIs) protected the modelling estimated that an additional 324 additional core C3 journeys could be serviced.
26. It is important to note that modelling is just modelling and not a business case. Modelling is an aid to decision making, quantifying problems and potential solutions.
27. No decisions have been made about these modelled options. At this stage they have been provided to the Director of Commissioning for Ambulance & 111 Services.
28. Prior to national consolidation under the business case the service was historically commissioned in a local and disparate manner by Health Boards. Most of the funding arrangements currently in place have been adopted over time and there has not been a structured national review of existing arrangements. A formal review of the current arrangements would be beneficial but is likely to be very complex and require significant resources to complete.
29. Existing eligibility criteria, which is now more than 20 years old, is well overdue for a review both in terms of applicability and affordability. It has been indicated by commissioners that no formal review is planned at present.

Internal Actions

30. The service has also implemented numerous internal initiatives to help manage the level of CMP cancellations. These are contained within a CMP action plan and include:
- Raising awareness of CMP and “What can I do” actions for all key roles.
 - Improved planning guidance to coordination teams.
 - Completed a culture review of coordination function to identify any cultural barriers or attitudes to CMP usage.
 - Reallocating any available funding to address CMP hotspots.
 - Reprioritising key personnel to actions to minimise CMP.
 - Reviewing the PNA to identify potential loopholes to incorrect eligibility classification.



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- Increased focus on increasing VCS driver numbers.
- Introduced additional measures to minimise late notice cancellations

31. The Trust will also be conducting an internal audit in Q4 on the use of the CMP to identify options to further improve utilisation

NEXT STEPS

- The service will continue with internal actions to mitigate, as best as it can, the level of CMP cancellations.
- The re-roster will proceed with an estimated delivery date of quarter one 2026/27.
- The Trust and the JCC need to consider the results of the modelling and any resultant actions required.
- The Assistant Director Operations (Ambulance Care) and Assistant Director Commissioning & Performance will work with Insight & Data Services to resolve the data issue around NEPTS ambulance waits.
- The service will continue to work to achieve the JCC 2026/27 commissioning intentions, which include:
 - Align NEPTS resource capacity to meet to the patient and system demand for NEPT services (planned care, enhanced care and discharge and transfer)
 - Continue to review NEPTS resource capacity to respond to outpatient, oncology, renal, discharge and transfer demand, aligned to health boards strategic and operational requirements.
 - Working with the NWJCC and partners, the provider will aim to maximise NEPTS resource availability by implementing systems to reduce the number of cancelled journeys.
- Whilst there are no plans at this time to undertake a strategic demand & capacity review of NEPTS to test affordability of the current demand compared to existing levels of funding and eligibility criteria. The Trust will continue to work with commissioners to advocate the benefits of undertaking a formal review and formal reporting to the JCC.

RECOMMENDATION(S)

The recommendation(s) are set out in the front cover above.



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Agenda Item No.

7

REPORT TITLE

Financial Performance as at Month 8 – 2025/26

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Edward Roberts (Acting Director of Finance)
Author(s) of report	Steph Taylor (Deputy Head of Financial Business Intelligence & Capital Planning)

PURPOSE OF REPORT

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

1. This paper presents to the Committee the latest Financial Performance Report of the 2025/26 financial year, the reported position as at Month 8 (November 2025).



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2. The Committee is asked to review, comment, note and receive assurance on the financial position and 2025/26 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.
3. Key highlights from the report for the Committee to note are:
 - The Trust is now reporting a revenue year to date deficit of £0.066m. For month 6 (November 2025) the Trust is reporting a small in month surplus of £0.069m;
 - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust is currently forecasting to breakeven by the 2025/26 financial year end;
 - Capital expenditure plans continue to be progressed with plans to fully achieve in year;
 - In line with the financial plans that support the IMTP, gross savings of £5.800m have been achieved in month 8 against a target of £5.621m;
 - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.6% for the number, and 99.0% of the value of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

The Committee is requested to:

1. **Note** and gain **assurance** in relation to the Month 8 revenue financial position and performance of the Trust as at 30th November 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 8 Welsh Government monitoring returns submission (as required by WG).

ADDITIONAL PAPER(S)

The Committee is requested to receive the following:

Annex 1 Monitoring Return submitted to Welsh Government for month 8 – as required by WG
(is available in the Reading Room)

Annex 2 Monitoring return letter submitted to Welsh Government for month 8, as required by WG



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 January 2026	Finance and Performance Committee



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SITUATION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 30th November 2025 (Month 8 2025/26), along with an update on the 2025/26 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1st April 2025 – 30th November 2025) are that:
 - The cumulative revenue financial position reported is an **overspend against budget of £0.066m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2025/26. The underlying year-end forecast for 2025/26 is currently a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£5.800m** have been achieved against a target of **£5.621m**;
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.6% for the number, and 99.0% of the value** of non-NHS invoices paid within 30 days.
3. Whilst any adverse reporting of the year-to-date financial position is not welcomed, the month 8 surplus of £0.069m does represent an improvement from that forecasted in previous months. This does give some positive signs for future months and the Trust's ability to further improve the month-on-month position and recover it before the year end.
4. This has in part been achieved through the delay in the timing of some elements of additional unavoidable costs, some further improvements in variable pay spends, and reduced sickness absence rates. Further updates will regularly be provided through various leadership groups, Committees and Boards.
5. Given some of the above, we have again at this stage did not reflect any change to the year-end forecast, which remains at breakeven and one we will continue to do all that we possibly can to achieve. This is also in part to seek to ensure some consistency across NHS Wales in terms of how some of the external pressures continue to be treated.



6. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 8 are set in line with the submitted IMTP and summarised later in this report. As we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, given that as discussed above, these risks now do reflect an element of the financial shortfall.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 8 2025/26

7. The table below presents an overview of the financial position for the period 1st April 2025 to 30th November 2025.

Revenue Financial Position for the period 1st April - 30th November				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-326,924	-215,669	-215,666	3
Expenditure				
Pay	244,988	162,026	160,302	-1,724
Non-pay	62,752	40,646	42,223	1,576
Total pay & non-pay expenditure	307,740	202,672	202,525	-148
Depreciation & Impairments / interest payable & receivable	19,184	12,997	13,208	211
Total	0	0	66	66

Income

8. Reported Income against the initial budget set to Month 8 shows an underachievement of **£0.003m**.

Pay Costs

9. Overall, the total pay variance at Month 8 is an underspend of **£1.724m**.
10. Detail of the toil paid per month is shown in the table below, to note this is only the amount paid and doesn't include any amounts for hours banked or the agreed arrangement that staff have to offset these hours against their next shift:

	April	May	June	July	August	September	October	November
	£000	£000	£000	£000	£000	£000	£000	£000
Toil Paid	110	108	100	93	91	86	83	91



Non-pay Costs

11. The overall non-pay position at Month 8 is an overspend of **£1.576m**. In addition, for reporting purposes Depreciation, Impairment and interest is excluded from the above figure, overspend of **£0.211m**, hence the total overspend to budget of **£0.066m**.

Savings

12. As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including Income generation) are required to achieve financial balance in 2025/26, this equates to c2.7% of the Trusts discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is currently deemed non recurrent.
13. Month 8 in month performance was, plan of £0.717m and £0.827m achieved, therefore an overachievement of £0.110m (recurrent overachievement of £0.036m and non-recurrent overachievement of £0.073m), as per the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	6,225	527	564	36	4,105	3,962	-143	6,225	6,111	-114
Non Recurrent Schemes / Themes	2,275	190	263	73	1,517	1,837	321	2,275	2,389	114
Overall Total	8,500	717	827	110	5,621	5,800	178	8,500	8,500	0

**Please note figures are rounded to the nearest whole number*

14. The split between savings, net income generation and accountancy gains as at month 8 is shown on the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Savings (Cash releasing and Cost Avoidance)	8,350	713	822	110	5,588	5,766	178	8,350	8,450	100
Net Income Generation	150	4	4	0	33	33	0	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
Overall Total	8,500	717	827	110	5,621	5,800	178	8,500	8,500	0

15. **Appendix 1** provides the overall detail for Month 8 by theme. This is now further split over recurring and non-recurring schemes



Financial Performance by Directorate

16. Whilst there is an overall year to date deficit reported at Month 8, there are also some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 30th November	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
Directorate					
Operations Directorate	223,496	148,222	146,744	-1,477	-1.0%
Chief Executive Directorate	2,163	1,490	1,503	13	0.9%
Board Secretary	731	463	462	-1	-0.2%
Partnerships & Engagement Directorate	656	404	391	-12	-3.1%
Finance and Corporate Resources Directorate	36,632	23,898	24,910	1,012	4.2%
Planning and Performance Directorate	3,034	1,937	1,888	-49	-2.5%
Quality, Safety and Patient Experience Directorate	7,731	5,099	4,996	-103	-2.0%
Digital Directorate	16,345	9,891	9,876	-15	-0.1%
People and Culture	6,503	4,220	3,975	-245	-5.8%
Medical & Clinical Services Directorate	6,524	4,174	4,162	-12	-0.3%
Trust Reserves	948	229	419	189	82.5%
Trust Income (mainly JCC)	-304,764	-200,027	-199,261	766	0.4%
Overall Trust Position	0	0	66	66	

17. A brief commentary on significant key variances above is as follows: -

- Most directorates are either underspending or broadly in line with budget plan for Month 8 except for Trust reserves, Finance and Corporate Resources and Trust income. It is through these areas that the previously highlighted main drivers of the current YTD position are reported, as follows:
- Core budgets set for **Finance and Corporate resources** at opening of the financial year are broadly balanced with the exclusion of the current cost pressure around Welsh Risk Pool (WRP) as follows.
 - i. **Forecasted Increase:** The forecast spend in relation to the Welsh Risk Pool has increased by £42 million across Wales, over and above the £36 million already included in organisational plans. This leaves a balance to be covered across NHS Wales under the risk share agreement.
 - ii. **Provisions and Cases:** At the end of March last year, there were £1.7 billion of provisions for 1,100 cases across NHS Wales. The increase in forecasted losses is attributed to additional court dates being opened up, possibly due to a backlog from COVID-19. This has led to more trials being booked earlier in the year, limiting the scope for settlements to move.
 - iii. **Impact of Personal Injury Discount Rate:** The change in the personal injury discount rate in January was expected to shift claimant preference towards periodic payment orders rather than



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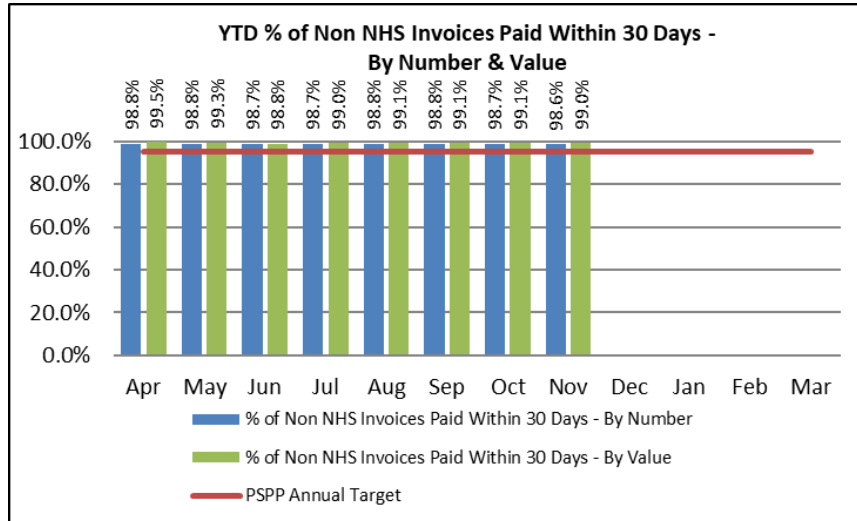
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lump sums. However, this shift has not been observed, with some cases potentially settling for significantly higher amounts than forecasted.

- Core budgets set for **Income** at the opening of the 2025/26 financial year included two main components
 1. Income from main commissioner (JCC) for core services provision of EMS, Ambulance Care and 111 related services
 2. Income from WG for the increased costs of the changes to Employers National Insurance from April 2025 which is where a cost pressure has emerged since Month 3.
 - i. The rate of employer's National Insurance Contributions (NICs) increased by 1.2%, bringing it to 15%. The Employer's NI Secondary Threshold also decreased from £9,100 to £5,000.
 - ii. Impact on WAST was a cost increase of c£4.69m and this was included in the opening financial plan with assumed full income coverage from WG.
 - iii. Discussions in Deputy Directors of Finance in June 2025 via WG updates had flagged a potential funding shortfall of c7% (WAST risk of £0.330m) for NHS Wales organisations and hence based on this M3 ¼ of this (£0.082m) was included in the M3 financial reported position.
 - iv. Further correspondence then received from WG in July 2025 identified a much larger shortfall figure of c25% (c£1.2m) based on the full NHS Wales funding allocated for Employers NI, due to UK treasury funding being far less than the public sector costs.
 - v. This has resulted in the Trust only being able to invoice WG for £3.540m.
- Trust reserves due to rebasing some balance sheet provisions from 2024/25 for annual leave sold.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

18. Public Sector Payment Policy (PSPP) compliance to Month 8 was **98.6%** against the **95%** WG target set for non-NHS invoices by number and **99.0%** by value.



2025-26 CAPITAL PROGRAMME

19. At Month 8, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£32.030m**. This includes **£26.082m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.

20. There is no suggestion at this stage of the financial year that this value will not be spent in full.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solutions	94	421
MDVS	0	72
Special Operational Response Teams (SORT) Enhancement Equipment	2	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	6,006	22,452
TEF - Infrastructure	65	300
TEF - Decarbonisation	29	707
Replacement PC/Laptops, Server & Switch upgrades - End of Year Digital funding 2025-26	0	550
EA Chassis 26-27 - End of Year funding 2025-26	0	1,290
Sub Total	6,195	26,082
Discretionary:		
I.T.	453	1,149
Equipment	128	250
Statutory Compliance	0	0
Estates	110	4,350
Other	23	180
Unallocated Discretionary Capital	0	19
Sub Total	714	5,948
Total	6,909	32,030
Less NBV reinvested		
Total Funding from WG	6,909	32,030



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RISKS AND ASSUMPTIONS

21. As we progress through the financial year, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this report, we may continue to move towards higher risks having to be reported, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.
22. There are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.
23. Given the month-on-month improvement, the risk around the additional savings requirements has now been removed despite there still being a gap, it is expected that this will be mitigated through the remainder of the financial year.
24. A medium risk of **£0.210m** has been identified following the NWSSP risk sharing paper. The figure included in last month's return was based on a figure shared prior to the completion of the month 7 position, this has been revised based on the latest report the Trust has seen. This will continue to be monitored monthly when updates are provided by NWSSP.
25. The low risk of additional JCC savings has now been completely removed from the table, following conversations with the JCC.
26. Given the pressures the Trust feels every winter, the Trust has included a figure of **£1.000m** to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.
27. The risk associated with the increase in handover delays (increase in overrun costs, due to HB reducing services) remains at **£1.000m** (low risk), however this is being monitored closely based on the financial position of the HBs and how this could impact on the Trust if HB positions deteriorate.
28. As noted in prior months, in terms of the risk related to the costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken forward additional funding would be required in order to deliver. However, the risks to the services are much more than financial.



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29. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties continues to be included on the Trust's Corporate Risk Register.

RECOMMENDATION

30. The recommendation(s) are as set out in the front cover above.

It is recommended that the Committee:

- **Note** and gain **assurance** in relation to the Month 8 revenue financial position and performance of the Trust as at 30th November 2025.
- **Note** the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.
- **Note** the capital programme for 2025/26.
- **Note** the Month 8 Welsh Government monitoring return submission (as required by WG).

NEXT STEPS

31. Monitor the ongoing revenue and capital position over the remaining months of the year, linking in with key stakeholders, to ensure delivery to plan.

32. Continue to closely monitor the risks and ensure plans are developed to ensure the Trust can meet its statutory duties.



Appendix 1

The first table is the total savings delivery, which is then broken down into that being delivered recurrently and non-recurrently in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 25-26

Reporting Month

8

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	33	33	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	100	50	-50	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	30	30	0	115	115	0	250	250	0
End of Shift Overrun	100	8	8	0	71	69	-2	100	98	-2
Fuel	230	19	51	32	158	481	323	230	599	369
Interest Receivable	516	43	27	-16	344	133	-211	516	252	-264
Non Pay Local Schemes - Corporate	914	94	115	21	539	455	-84	914	885	-29
Non Pay Local Schemes - Operations	650	54	48	-7	428	343	-85	650	561	-89
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	267	273	6	2,275	2,241	-33	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	263	73	1,517	1,837	321	2,275	2,389	114
Pay Vacancy Management - Corporate 25-26	75	8	8	0	41	41	0	75	75	0
Totals	8,500	717	827	110	5,621	5,800	178	8,500	8,500	0

Savings Performance by Theme 25-26 - Recurrent

Reporting Month

8

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	33	33	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	100	50	-50	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	30	30	0	115	115	0	250	250	0
End of Shift Overrun	100	8	8	0	71	69	-2	100	98	-2
Fuel	230	19	51	32	158	481	323	230	599	369
Interest Receivable	516	43	27	-16	344	133	-211	516	252	-264
Non Pay Local Schemes - Corporate	914	94	115	21	539	455	-84	914	885	-29
Non Pay Local Schemes - Operations	650	54	48	-7	428	343	-85	650	561	-89
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	267	273	6	2,275	2,241	-33	3,140	3,140	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate 25-26	75	8	8	0	41	41	0	75	75	0
Totals	6,225	527	564	36	4,105	3,962	-143	6,225	6,111	-114

Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month

8

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	0	0	0	0	0	0	0	0	0	0
Balance Sheet Flexibility	0	0	0	0	0	0	0	0	0	0
Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
End of Shift Overrun	0	0	0	0	0	0	0	0	0	0
Fuel	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable / Net Vacancies) - Operations	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,275	190	263	73	1,517	1,837	321	2,275	2,389	114
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
Totals	2,275	190	263	73	1,517	1,837	321	2,275	2,389	114

Please note figures are rounded to the nearest whole number



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Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

Mrs A Hughes
Head of NHS Financial Management
Welsh Government
North Wales NHS Financial Management
Sarn Mynach
Llandudno Junction
LL31 9RZ

11th December 2025

Your ref:

Dear Andrea,

Re: NOVEMBER 2025 (MONTH 08 2025/26) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for November 2025.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2025.

The Trust's performance against financial targets for month 08 2025/26 is as follows: -

1. Actual Year to Date 2025/26 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2025/26 being that the 2024/25 funding is, where applicable, fully recurrent, and the 2025/26 funding will include: -

- The nationally made available 1.77% uplift for core cost growth, which excludes any funding to meet the 2025/26 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2024/25 pay funding and an assumed level of funding for Employers National Insurance contribution increase for 2025/26 funding (see below).

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

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Pencadlys Rhanbarthol
Ambiwllans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Beacon House
William Brown Close
Llantarnam
Cwmbran NP44 3AB
Ffôn/Tel
01633 626262

The resulting reported performance at month 8 as per Table B, is a overspend against budget / deficit of **£0.066m**

The reported total pay variance against plan as at month 8 is an underspend of **£1.724m**, set against the budgets.

The non-pay position at month 8 is a reported overspend of **£1.787m**.

Income at month 8 shows an underachievement of **£0.003m**.

Whilst an adverse financial position is not welcomed, the month 8 surplus of £69k does again represent an improvement from that originally forecasted in prior months. This does give some positive signs for future months and the Trust's ability to further improve the month on month position and potentially recover it before the year end.

This has again in part been achieved through the delay in the timing of some elements of additional unavoidable costs commencing, some further improvements in variable pay spends, and reduced sickness absence rates.

Given some of the above, we have again at this stage not reflected any change to our year end forecast, which remains at breakeven and one we will continue to do all that we possibly can to achieve. This is also in part to seek to ensure some consistency across NHS Wales in terms of how some of the external pressures continue to be treated, the WRP updated forecast in particular, plus noting the ongoing work by NWSSP in relation to this and to further understand the actual level of any further risk share that could eventually be incurred in relation to this in 2025/26.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

The change in month 7 around the Planned FYE has been reverted in month 8 (**Action Point 7.1**)

The remaining months element of the £0.750m WRP pressure has been profile equally as requested, (**Action Point 7.2**)

The movements picked up in month 7 around the pay and non-pay elements related to the decision to not outsource resources and to instead provide internally, this was in relation to Winter pressure items such as the Falls desk (**Action Point 7.3**)

3. Underlying Position (Table A1)

Table A1 has been adjusted to agree with Table A

4. Risk (Table A2)

The risks have again been reviewed in detail and depending on the outcome of some of the issues highlighted elsewhere in this return, we may continue to move towards higher risks, as noted above, having to be reported, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

Given the month on month improvement the risk around the additional savings requirements has now been removed despite there still being a gap, expected that this will be mitigated through the remainder of the financial year.

A medium risk has been identified following the NWSSP risk sharing paper, the figure included in last months return was on the basis of a figure share prior to the completion of the month 7 position this has been revised again based on the latest report the Trust has seen. (**Action Point 7.6**)

The low risk of additional JCC savings has now been completely removed from the table, this is on the back of conversations with the JCC. (**Action Point 7.5**)

Given the pressures the Trust feels every winter, the Trust has included a figure of £1.000m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

As noted in prior months returns, the risk related to the costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken forward additional funding would be required in order to deliver, however the risks to the services are much more than financial.

The risk associated with increased handover delays remains at £1.000m given the pressures currently in the system, however this is being monitored closely based on the financial position of the HB's and how this could impact on the Trust if HB positions deteriorate. **(Action Point 7.7)**

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also been included, alongside a more detailed review of this risk on the Trust's Corporate Risk Register.

Now excluded from the opportunity table, is the VAT rebate for the Microsoft licences following the latest intelligence from DHCW.

5. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

Due to timing of the Non-cash submission and the changes being reflected in the ledger there were differences in the figures within the tables these have been adjusted in the month 8 tables **(Action Point 7.9)**

6. Expenditure Movement (Table B2)

Table B2 has been completed in accordance with the guidance.

The Finance and Sustainability committee are undertaking a detailed analysis of future recurrent and non-recurrent savings, the additional recurrent pressures that are being carried forward into 26-27 relate mainly to the gap in funding assumptions around the employers NI increase. As the Trust moves into 26-27 the board is going to have to assess a number of factors to ensure it can set a balance financial plan. **(Action Point 7.4)**

7. Pay and Agency/Locum (premium) Expenditure (Table B3)

Agency costs for month 8 totalled £0.047m. The current percentage of agency costs against the total pay figure remains very small, at 0.2%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future. Due to the uncertainty that remains around some ICT funding that has been received on a non-recurrent basis, as such we are having to utilise agency staff in these roles to deliver the service, therefore there remains costs going into November and December, however as mentioned above these have non-recurrent funding and couldn't be appointed on a permanent basis.

8. Saving Plans (Table C, C1, C2 & C3)

Year to date at month 8 the Trust is reporting planned savings (including Income generation) of £5.621m and actual savings of £5.800m.

As can be seen from Table C3, the Trust overachieved its savings target in month 8 but it still forecasting to achieve the total original savings target for the year. The Trust is doing all that can be done to ensure delivery of the saving schemes and profiles these in a way that reflects local intelligence **(Action Point 7.8)**

9. Income/Expenditure Assumptions (Tables D, E and E1)

These are set out in Tables D, E and E1.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)

At month 8 there was 5 invoices over 11 weeks, more detailed comments have been provided in the narrative section and the Trust is actively chasing these invoices.

11. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance, included below is the details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G.

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	12	15	13	13	10	11	19	13	13	13	13	161
Other Non NHS Income	329	268	293	135	453	213	242	370	266	266	266	270	3,371
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	0	435	384	0	622	381	331	359	800	400	400	400	4,512
Risk Pool Refund	1,519	0	1,020	0	8	0	283	0	0	0	0	0	2,830
Total	1,864	715	1,712	148	1,096	604	867	748	1,079	679	679	683	10,874

12. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust endeavours to ensure that NHS invoices along with Non-NHS invoices are paid within targets.

The quarter 2 cumulative percentage of Non-NHS invoices paid within 30 days by number was 98.8% and 99.5% by value against a target of 95%.

13. Capital (Tables I, J and K)

The capital tables have been completed in accordance with the guidance.

Works are progressing well and expenditure is flowing through the ledger as expected, the Trust is still forecasting to achieve its CEL by the 31st March.

14. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its committees.

The month 8 Financial Monitoring Return will be presented to the Finance and Performance Committee on 20th January 2025.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Edward Roberts, Acting Director of Finance and Emma Wood, Chief Executive.

15. Other Issues

There are no other matters of major significance to draw to your attention at this stage.

As requested the email will include the Word version of this letter excluding the signatures

If you would like to discuss any matter included in this monitoring return letter or attached tables, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to be 'EA', with a long horizontal line extending to the right.

Edward Roberts
Acting Director of Finance

A handwritten signature in blue ink that reads 'Emma Wood'.

Emma Wood
Chief Executive

Enc cc:
Mr C Dennis, Chairman
Non-Executive Directors Executive Directors



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Agenda Item No.

08

REPORT TITLE

Monthly Integrated Quality Performance Report – November/December 2025

MEETING

Name of meeting	Financial and Performance Committee (FPC)
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Executive Director of Strategy, Planning & Performance
Author(s) of report	Hugh Bennett – Assistant Director Commissioning & Performance Mark Thomas - Commissioning & Performance Manager Melanie O'Connor - Senior Performance Analyst

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **November/December 2025**.
2. The general data quality in the report is good (and the amount of data comprehensive), but a number of specific data quality issues have previously been identified. Some have been resolved, and others are being worked through with a clear executive focus on Phase 2 of the Ambulance Performance Framework, which is planned to go live next month. Additional capacity is being sought for the Insight & Data Services (IDS) function with a number of appointments into new posts being made, but onboarding and then a lead in time for these new staff to come up to speed is required. In the interim, IDS capacity is being actively managed by senior IDS managers and also through a CMT Metrics workplan.
3. The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025 and data from the first five months of reporting is contained within this report.
4. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in December 2025 and is not expected to within the current resource envelope.
5. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with oncology and renal journeys remaining above target.
6. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.

RECOMMENDATION(S):

See writing and presentation guidance [here](#) to inform this section

The FPC is requested to:

Consider the November/December 2025 Integrated Quality and Performance Report and actions being taken and determine whether:

- a. The report provides sufficient assurance.
- b. Whether further information, scrutiny or assurance are required, or
- c. Further remedial actions are to be undertaken through Executives.



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ADDITIONAL PAPER(S):

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Monthly Integrated Quality and Performance Dashboard

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation.

STRATEGIC OBJECTIVES(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

139 - Failure to deliver our Statutory Financial Duties in accordance with Legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to goals\]](#)

<input checked="" type="checkbox"/> A socially responsible employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a



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IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
13 January 2026	Rachel Marsh – Executive Director Strategy, Planning & Performance



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SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **November/December 2025**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:

- Our Patients (Quality, Safety and Patient Experience).
- Our People;
- Finance and Value; and
- Partnerships and System Contribution.

- a) December's Board Development received a presentation on options for the MIQPR, based on feedback received from NEDs and Executives. The following actions were agreed:
To review the current set of KPIs against the Trust's strategic objectives, with a view to reducing the number of KPIs (the Trust will undertake the usual review against the IMTP and other changes in the health care system in Wales);
- b) Disaggregate the MQIPR into committee specific KPIs, but retain the overall scorecard for each committee in order to avoid silo working and maintain an overall awareness of the Trust's operating context across its balanced scorecard;
- c) Report by exception, so for the committee specific KPIs, only that that are off target will receive a narrative detailing what is causing the KPI to be off target and what is being done about it. For KPIs that are on target, graphs will be provided in an appendix with no supporting narrative;
- d) Retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form;
- e) Seek to add a more predictive element to the reporting (this will take a period of time to achieve, but the Trust has a strong track record of forecasting & modelling);
- f) Remove the use of upward/downward trend as a target and replace with agreed benchmarks/targets.
- g) Board is interested in greater use of SPC but agreed that the Trust's analysts will have the discretion to determine the best way of visualising the data.



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These changes will take place over a number of months, with full go live in Q1, once the 2026-29 IMTP has been agreed. As a first step, the F&P report focuses on the KPIs for which it is the lead committee.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

3. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
4. **999** call answering times during December 2025 saw the 95th percentile increasing to 36 seconds, compared to 15 seconds in November 2025. However, the 65th percentile and median performance times remained consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.
5. **111 call answering performance has minimally decreased over recent weeks**, with the call abandonment rate for December 2025 being 21.8%, and therefore not achieving the 5% target. 111 demand in December 2025 did see a 6.02% increase compared to December 2024. In addition, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increase in its workforce (including efficiencies). The current position with commissioners is to focus on efficiencies (roster practices) and the 111 digital front ends as a way of managing demand rather than investment in call handlers. A letter has been sent to commissioners proposing that the performance metrics and ambitions are reviewed.
6. **111 Clinical response:** clinical ring back times for patients with the highest priority dropped below target at 89.1%. Response times for lower priority calls also showed a decrease, reducing to 25.7% and 26% for P2CT and P3CT respectively.
7. **Ambulance Response** (safety / patient experience): on 1 July 2025, the Trust's new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response. In November 2025, there were 842 purple calls to the ambulance service, around 2.38% of all calls, and 4,701 (Emerg) red calls, around 13.28% of all calls. The main measure for



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Purple Arrest calls is the Return to Spontaneous Circulation (ROSC) rate which was 21.9% in December compared to 19.5% in November 2025. The median response times for purple and red calls were 7 minutes 5 seconds and 8 minutes 27 seconds respectively, with the required range being 6- 8 minutes.

8. The Clinical Safety Plan will protect Arrest and Emergency demand, but Amber is where the impact of handover lost hours is most felt i.e. there is a strong correlation. Amber 1 response times have seen a significant improvement in recent months, in line with the fall in the number of hours lost to handover. However, these response times still remain too high and have a known impact on avoidable patient harm.
9. On 2nd December, the second phase of the ambulance performance framework went live. Amber and Green categories were removed, and new Orange (Now), Yellow (soon) and Green (planned) categories were introduced for those patients needing a face-to-face response. The changes are designed to improve patient safety and patient outcomes by better stratifying patient demand.
10. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good and increased to 92% in December, and handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber/ Now category's performance. Health Boards are implementing new actions in order to further reduce handover lost hours. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus for 2025/26 include: -
 - Further investment into remote clinical capacity;
 - Further investment in APPs;
 - Development of the remote integrated care service (111 clinicians and CSD clinicians);
 - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: use of volunteers, mental health response pilot, Falls response etc.; and
 - The transformation of the various clinical model categories as per the previous paragraph.
11. **Ambulance Care (Patient Experience):** Oncology performance in December 2025 was 79.9%, achieving the 70% target. Renal performance reduced minimally but remains above the 70% target achieving 74%. Advanced discharge and transfer journey performance decreased to 72% (95% target), with this primarily



being an issue with capacity. Same day discharge and transfer journey performance achieved 95.8% hitting the 95% target. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive health transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS transport which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.

Our People (workforce resourcing, experience, and safety)

12. **Hours Produced:** The Trust produced 122,863 Ambulance Response unit hours during December 2025 and delivered an emergency ambulance unit hours production (UHP) of 92%, remaining below the 95% target (This will be a product of abstractions being above benchmark and the current vacancy factor).
13. **Response Abstractions:** EMS abstraction levels decreased minimally to 30.09% during November 2025 and are close the 30% benchmark figure. Response sickness abstractions stood at 7.85% (benchmark 5.99%).

Finance & Value

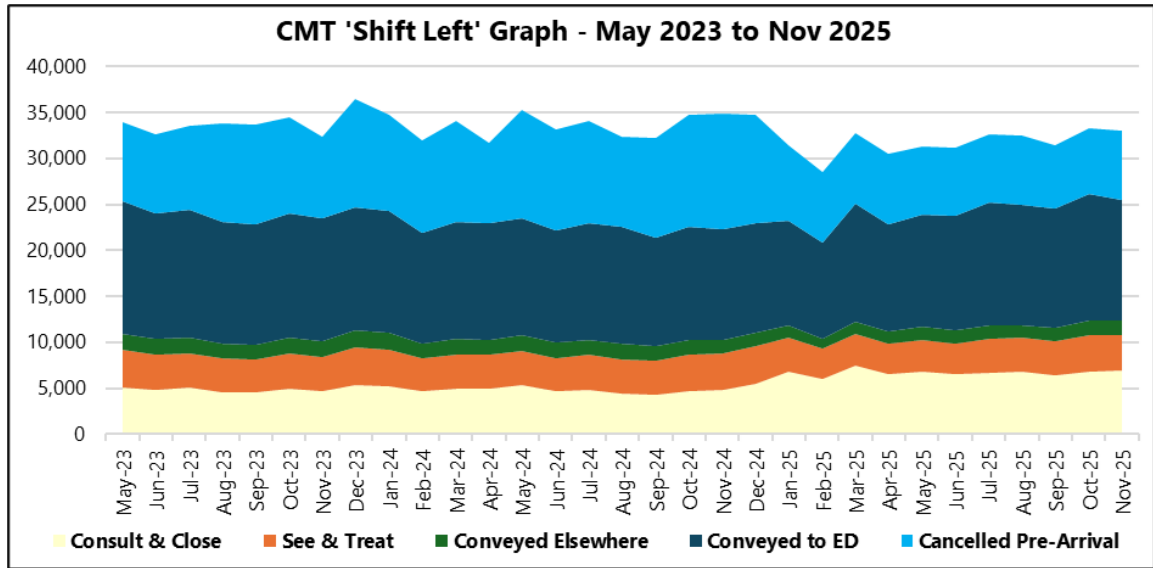
14. **Financial Balance:** the reported outturn performance at Month 8 is a deficit of £0.66m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

15. The consult & close rate was 20.8% in December 2025, a slight increase from the previous month but not achieving the IMTP ambition (and Welsh Government target) of 22%.
16. Same Day Emergency Care (SDEC) centres continue to see only a low level of ambulance activity.



17.



RECOMMENDATION

18. The recommendation(s) are as set out in the front cover above.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

November/December 2025

Annex 1 – Top Indicator Dashboard



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Annex 1 – Top Indicator Dashboard
Version 1.0
Released: January 2026

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2025/26	Sep-25	Oct-25	Nov-25	Dec-25	2 Year Average	RAG	Top Monthly Indicators		Target 2025/26	Sep-25	Oct-25	Nov-25	Dec-25	2 Year Average	RAG
Our Patients									Sickness Absence (<i>all staff</i>)		6.0%	7.80%	7.84%	8.32%	N/A	7.91%	R
Timeliness Indicators									Mental Health Absence Rates		Reduction Trend	2.96%	2.81%	2.78%	N/A	2.51%	G
NHS111 Call Handling Abandonment Rates		< 5%	10.5%	12.0%	14.6%	21.8%	10.9%	R	Staff Turnover Rate		Reduction Trend	8.02%	7.99%	8.12%	7.98%	8.32%	A
111 Clinical Triage Call Back Time (P1)		90%	99.1%	97.9%	94.6%	89.1%	97.0%	A	Statutory & Mandatory Training		>85%	84.61%	85.56%	87.21%	88.00%	84.95%	G
999 Call Answer Times 95th Percentile		00:06	00:18	00:10	00:15	00:36	00:22	R	PADR/Medical Appraisal		>85%	75.35%	76.32%	76.53%	76.48%	74.61%	R
Arrest (Purple) Median		6-8 Minutes	07:15	07:29	07:05	N/A	N/A	G	Number of Shift Overruns		Reduction Trend	3,292	3,583	3,538	3,537	3,780	G
Emerg. (Red) Median		6-8 Minutes	08:36	08:49	08:27	N/A	N/A	A	Inclusion & Engagement / Culture								
999 Amber 1 Median			01:21	01:27	01:38	N/A	01:38		NEPTS % of Total Calls Answered in Welsh		Increasing Trend	1.50%	1.40%	1.40%	1.60%	1.9%	A
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time		70%	77.8%	81.1%	78.4%	79.9%	75.9%	G	Value								
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)		90%	80.6%	82.1%	82.7%	72.0%	79.8%	R	Financial balance - annual expenditure YTD as % of budget expenditure YTD		100%	100%	100%	100%	N/A	100%	G
Clinical Outcomes / Quality Indicators									EMS Utilisation Metric (CHARU)		Increasing Trend	26.4%	27.3%	28.5%	31.4%	28%	G
Return of Spontaneous Circulation (ROSC)		25%	23.7%	20.4%	19.5%	21.9%	20.4%	R	Average Jobs per Shift (All Vehicles)		Increasing Trend	2.39	2.88	2.85	2.86	2.46	A
Stroke Patients with Appropriate Care		95%	88.5%	86.7%	88.3%	92.1%	86.7%	A	NEPTS on the Day Cancellations		Reduction Trend	14.3%	15.2%	14.8%	13.1%	13%	G
Stroke Call to Hospital Door Times		Reduction Trend	02:09	02:21	02:22	02:25	02:24	R	Partnerships / System Contribution								
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care		95%	67.5%	75.9%	74.7%	74.0%	64.3%	R	Inverting the Triangle								
National Reportable Incidents reports (NRI)			3	3	6	N/A	4		Successful Consult & Close Outcome		22.0%	18.7%	18.9%	19.5%	20.8%	16.7%	A
Can't Send & Cancelled by Patient Volumes		Reduction Trend	5,314	5,651	6,021	6,479	7,849	R	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department		Increasing Trend	10.20%	10.30%	10.70%	10.25%	10.9%	G
Concerns Response within 30 Days		75%	56%	62%	43%	N/A	58%	R	Number of Handover Lost Hours		7,500	12,284	12,477	14,501	13,044	19,701	R
Enactment of the Duty of Candour Total			4	5	7	N/A	5		NHS111								
Capacity									NHS111 Dental Calls		Increasing Trend	8,852	9,016	8,577	8,932	8,315	R
Hours Produced for Emergency Ambulances		95-100%	89%	91%	93%	92%	93%	A	Consult & Close Volumes by NHS111		Increasing Trend	1,940	2,035	1,883	2,414	1,588	A

In-Month RAG Indicates = TBD: Status cannot be calculated (To Be Determined)
Green: Performance is at or has exceeded the target (Indicates no action is required)
Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
Increasing/Reducing Trend is over the last 3-month period

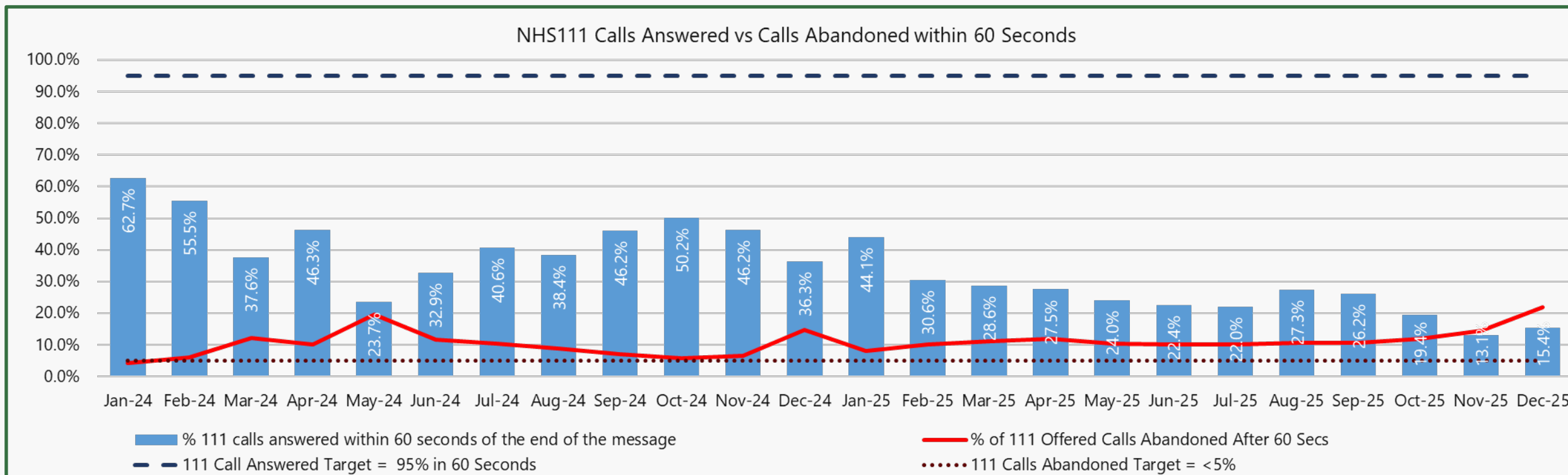
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis

The 111-call abandonment rate increased to 21.8% in December 2025 from 14.6% in November 2025. The percentage of 111 calls answered within 60 seconds increased from 13.1% in November 2025 to 15.4% in December 2025 but continues to remain significantly below the 95% target and the levels seen during 2024.

111 call demand reached 107,920, the second highest since November 2022 when call levels reached 144,198 this follows historical patterns whereby a high levels of demand negatively impacts performance.

This call answer rate of 15.4% in December 2025 is the second lowest seen in the past two years and is significantly below the 46.1% recorded in December 2023. This is at a time when UHP capacity for call handlers has increased slightly and is higher than the levels produced in September 2024.

However, the external rostering preview suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to achieve the performance targets without an increased workforce.

Remedial Plans and Actions

Key actions include:

Actions were taken to improve the call handling resourcing position through the summer; this included an active recruitment plan.

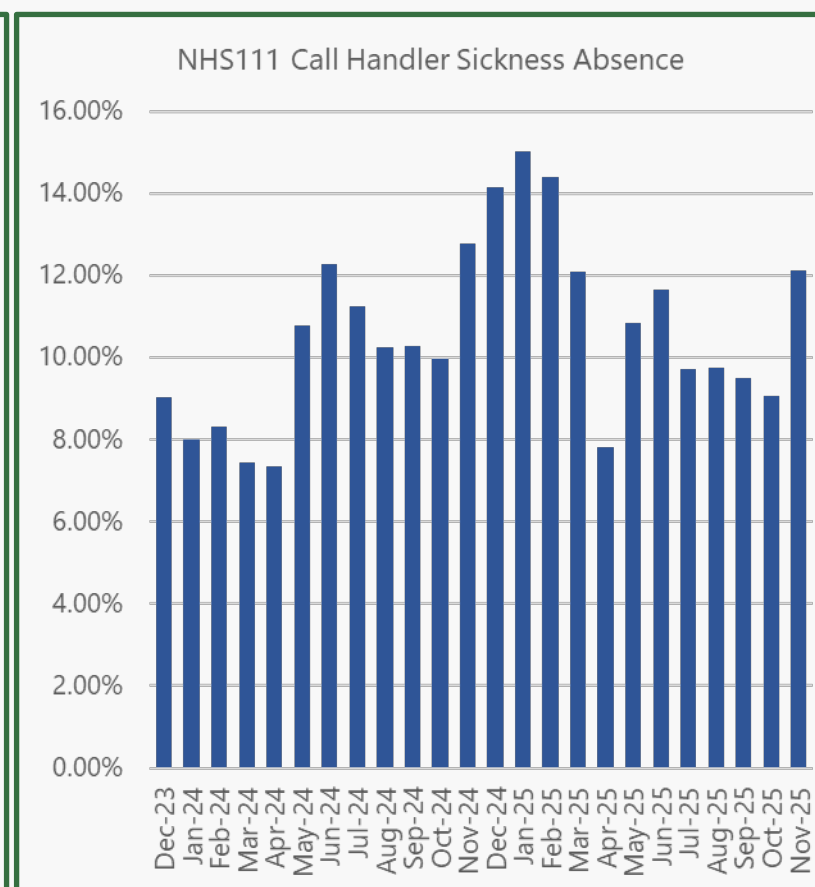
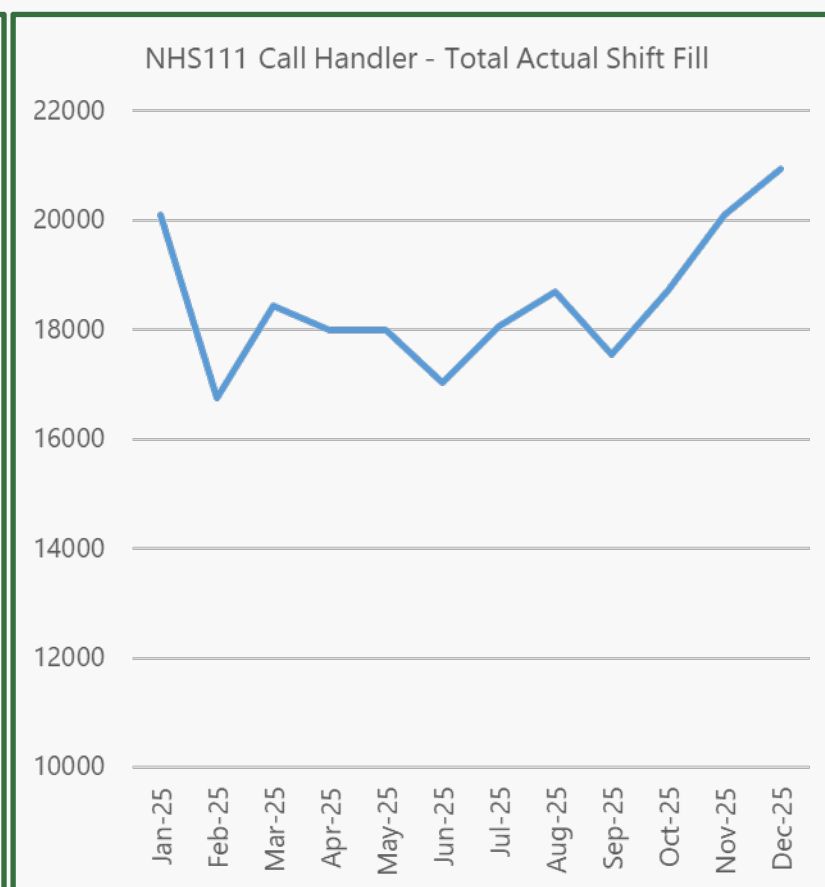
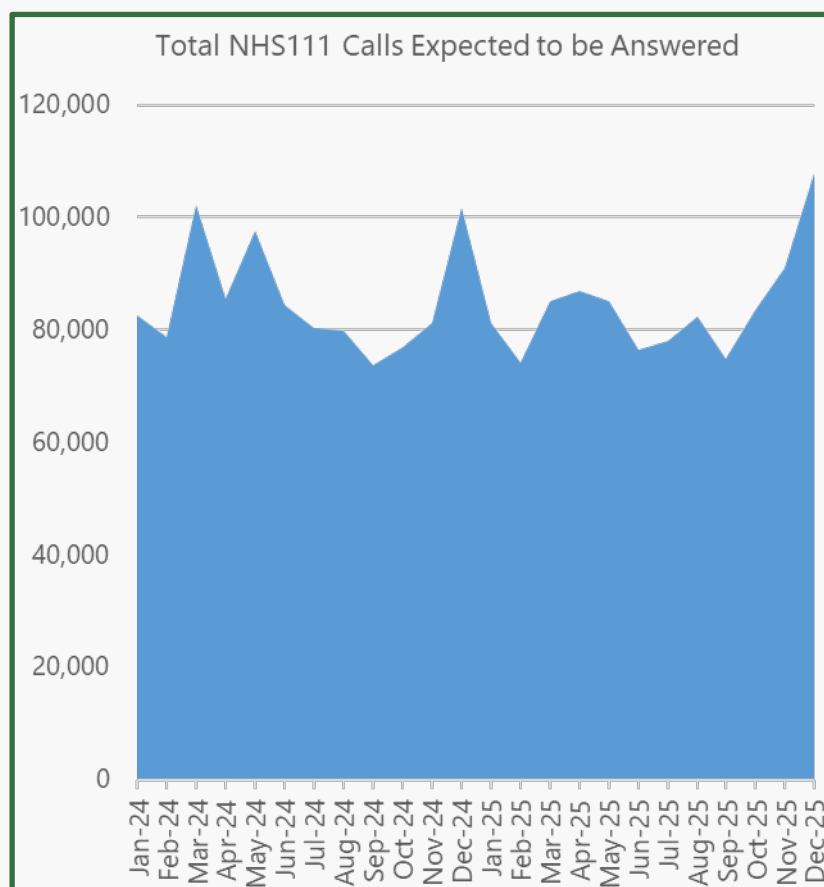
A 111-re-roster review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory

We would expect to see performance levels decline slightly during the Winter if abstraction levels continue to rise at the same time as demand increases.



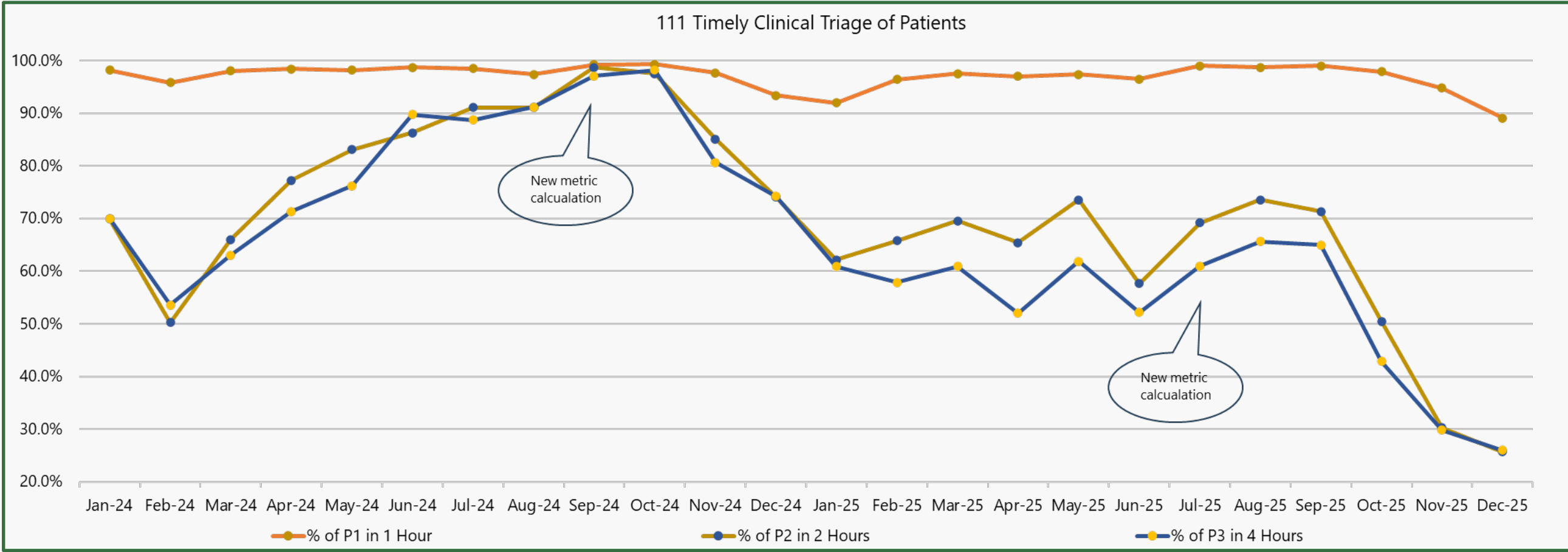
Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
A



Analysis

The highest priority calls, P1CT, dropped just below the 90% target, recording 89.1% in December 2025.

Ring back times for lower category calls decreased during December 2025, with P2CT calls at 25.7% and P3CT at 26%. A factor affecting this would be increase in demand.

Number of clinician hours produced increased during December 2025, rising from 10,926 hours in November 2025 to 11,962 hours in December 2025. This is against one more day in the month and they remain consistent with the figure produced for December 2024 (12,052).

Remedial Plans and Actions

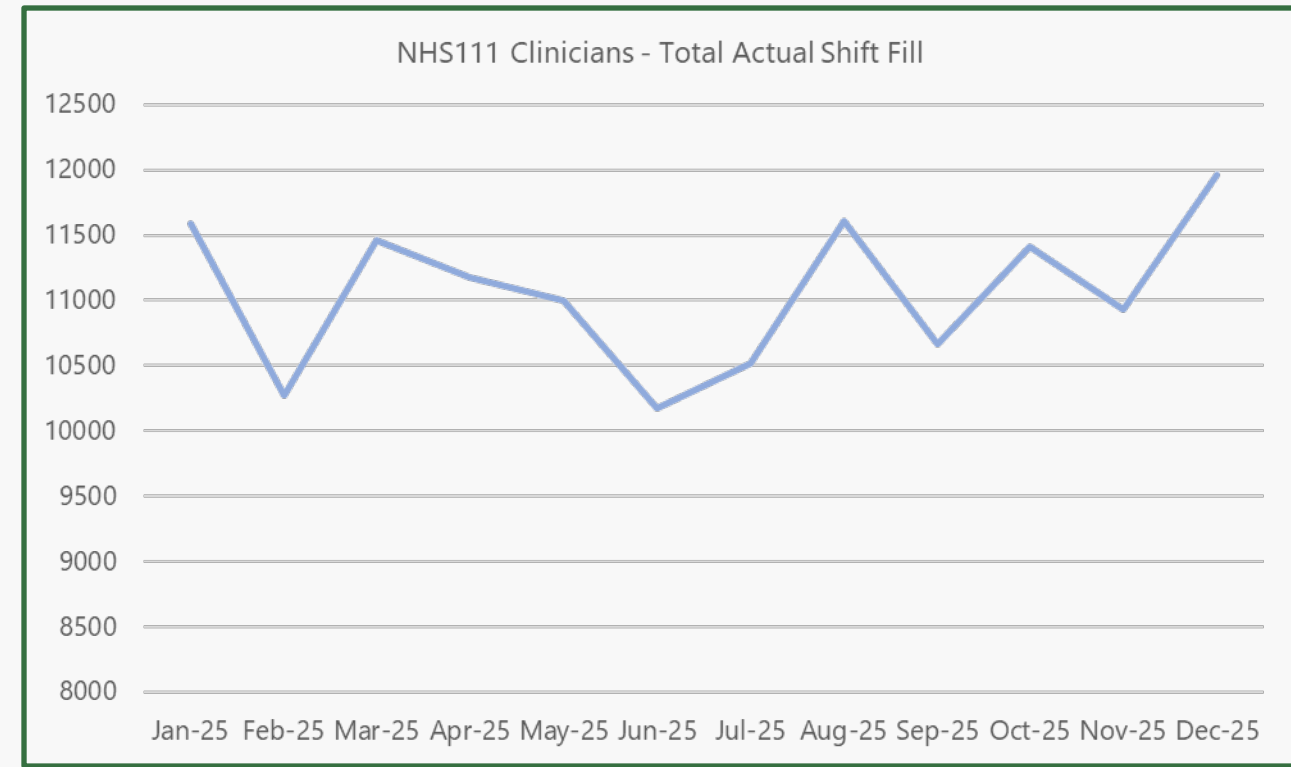
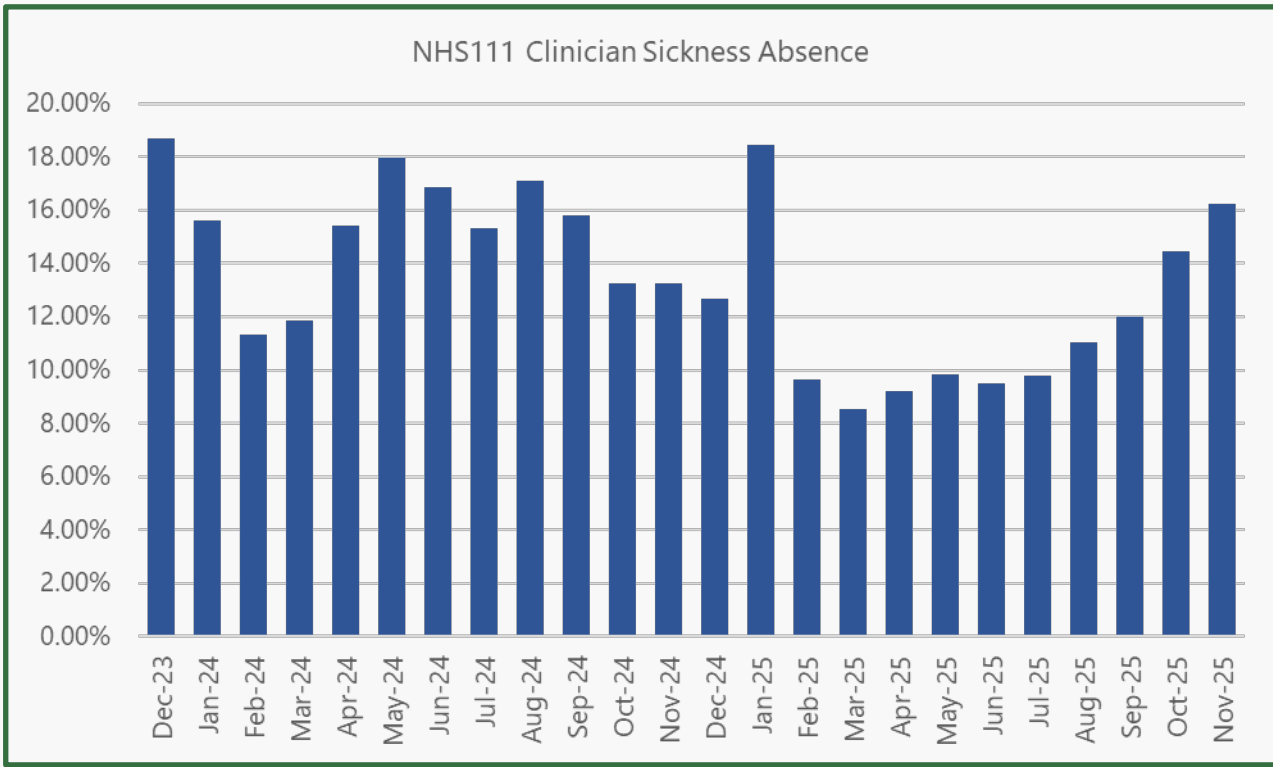
The key actions include:
A focus on delivering the benefits of the new 111CAS. A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers.

Expected Performance Trajectory

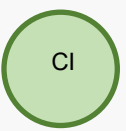
It is likely we will see performance levels decrease during the Winter month due to historically higher levels of demands and abstractions. The external rostering review also suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increased workforce.



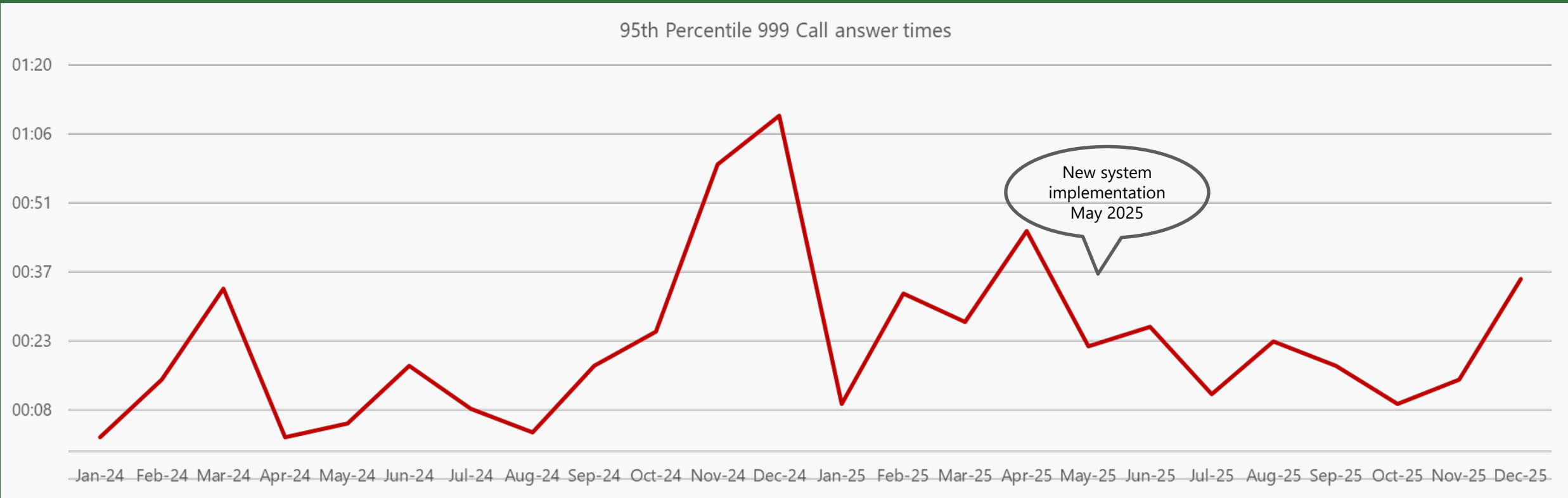
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



Analysis
 The 95th percentile 999 call answering performance decreased to 36 seconds in December 2025 and remained above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was an increase in demand during December 2025 to 49,985 calls from 45,200 in November 2025.

Call taker UHP for the month of November was at 95% and all EMSC sickness level saw an increase, from 11.20% in October 2025 to 12.49% in December 2025.

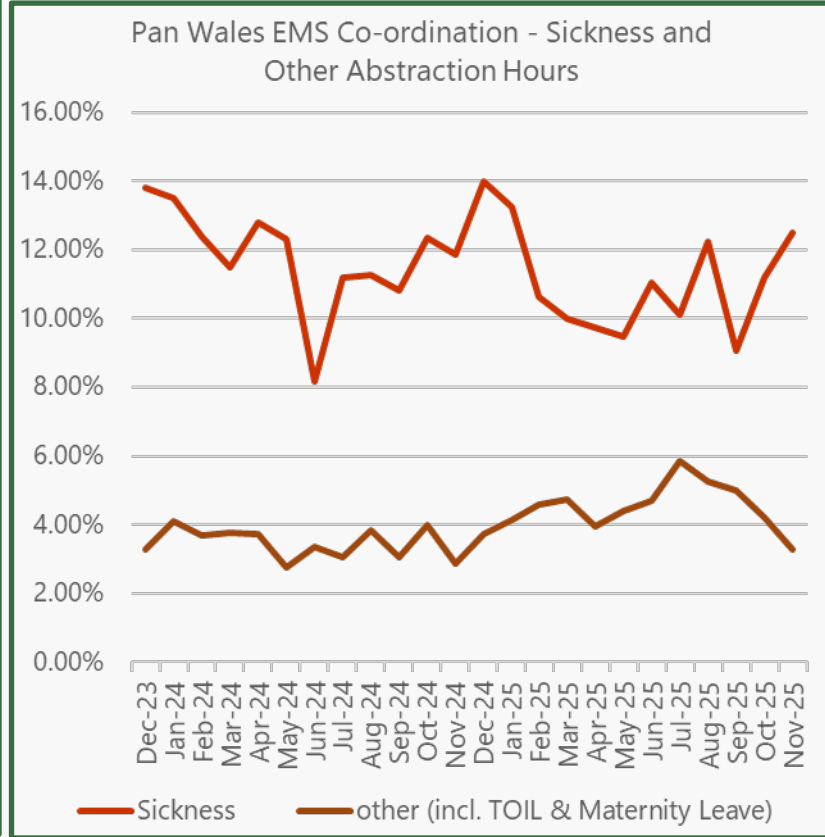
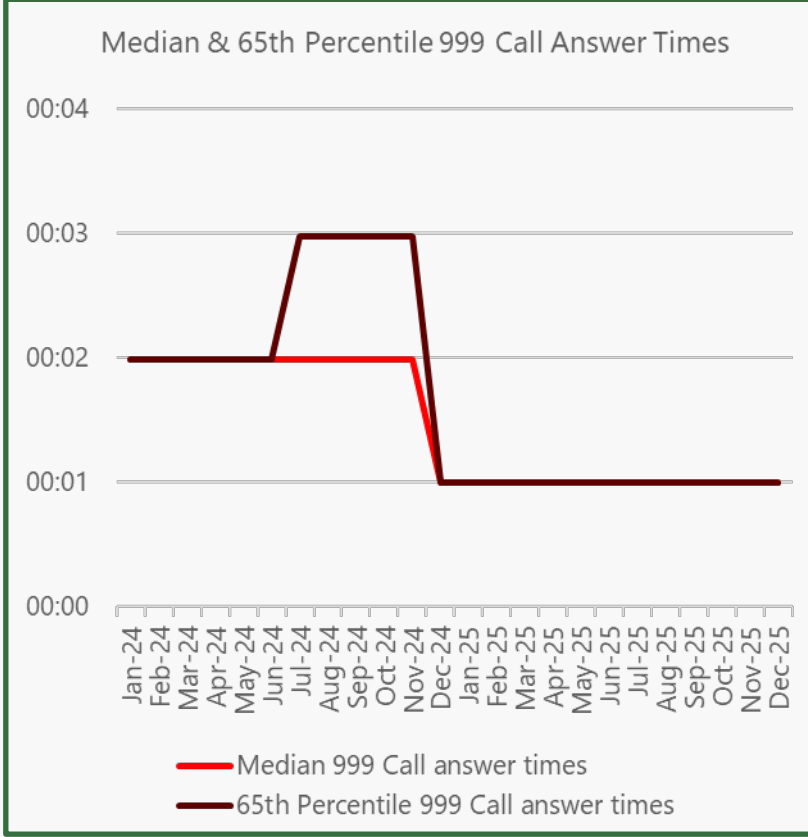
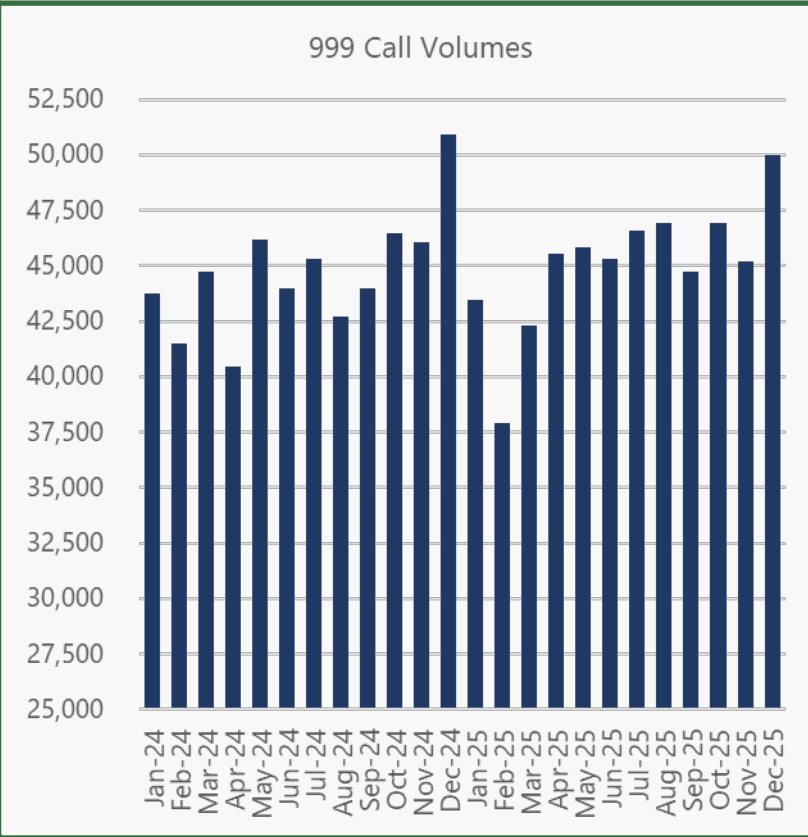
Remedial Plans and Actions

Whilst the EMSC transformation programme has concluded, there are various follow up actions:

- There is feedback from EMS that the new dispatch boundaries are adversely affecting performance, particularly within the South-East and South-Central regions. Analysis has been undertaken, and a meeting is scheduled in the next two weeks to discuss how we go forward.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity.
- There is a need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable.

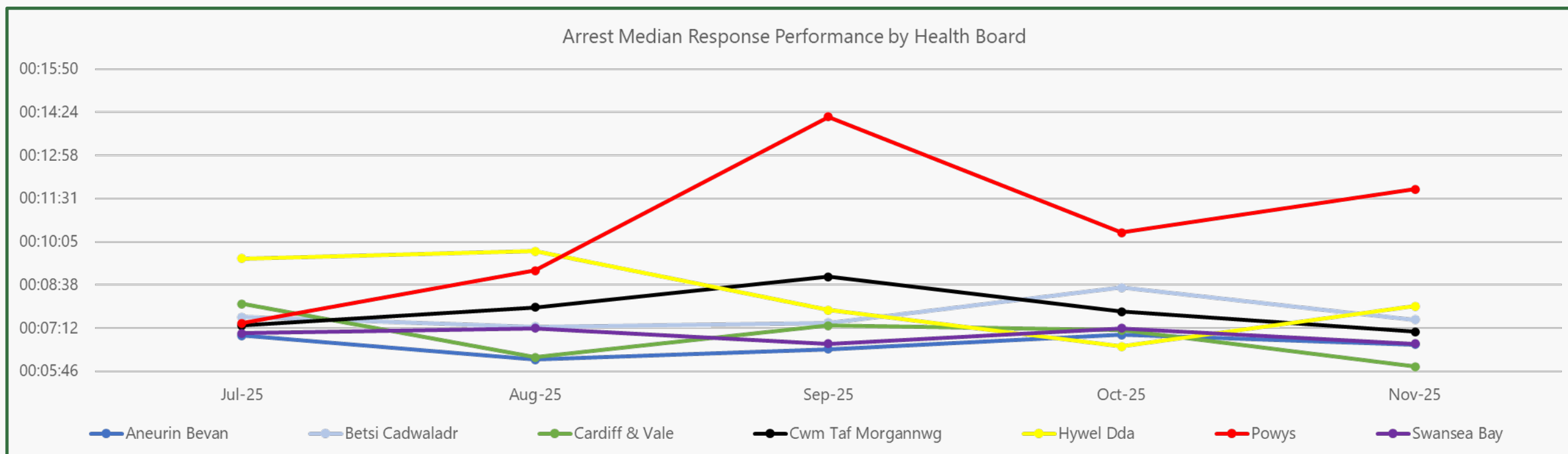
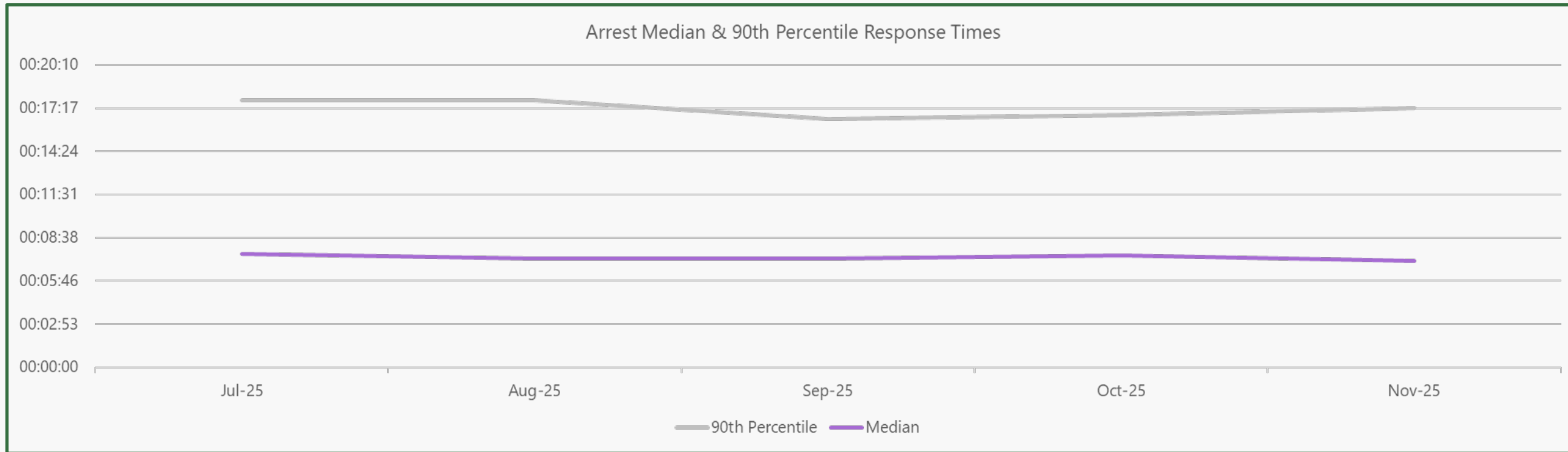
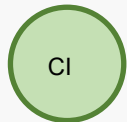


Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

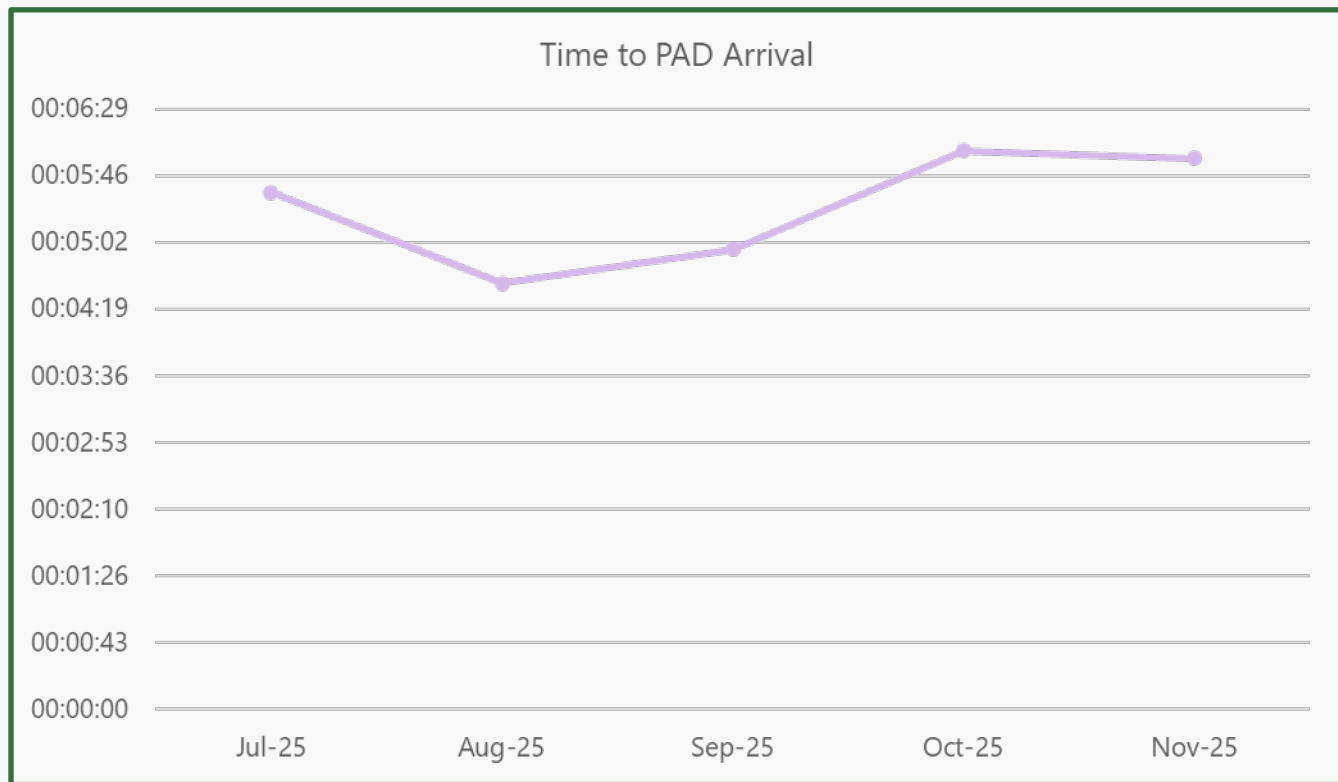
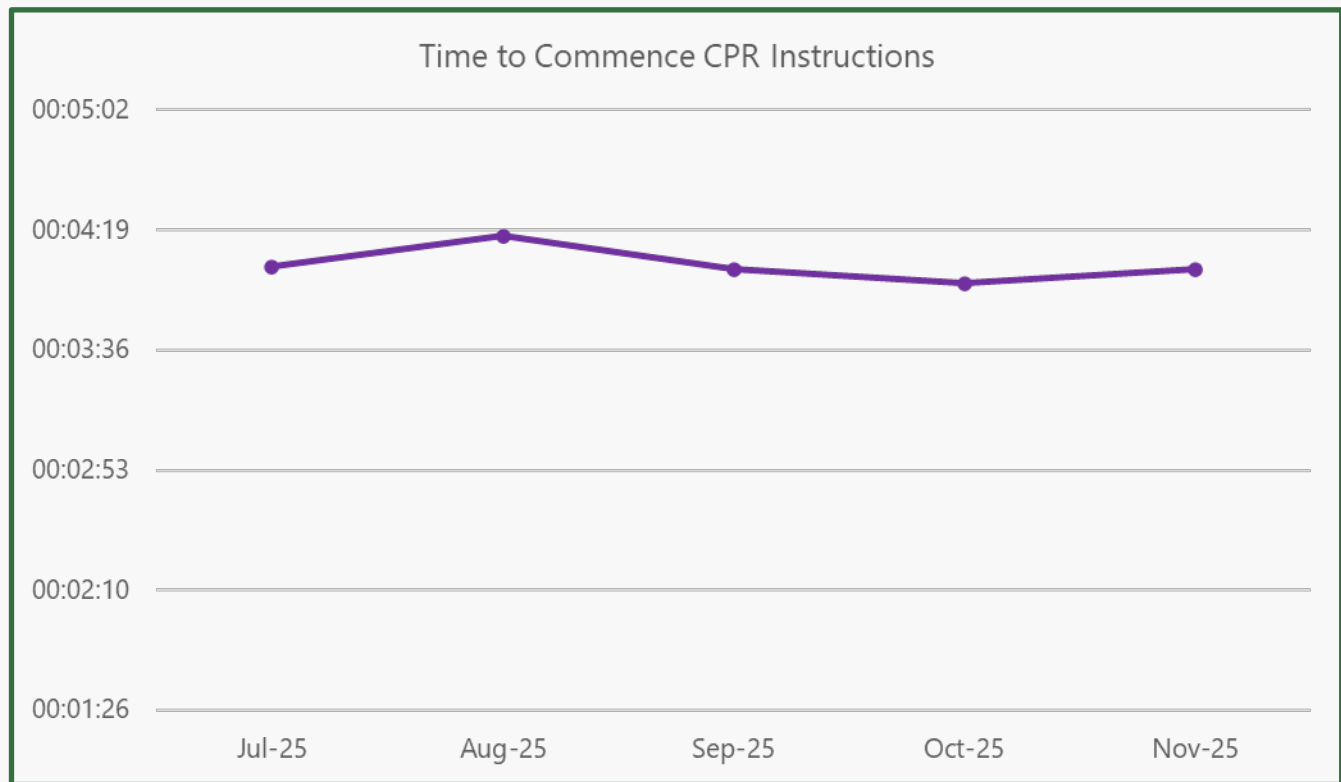
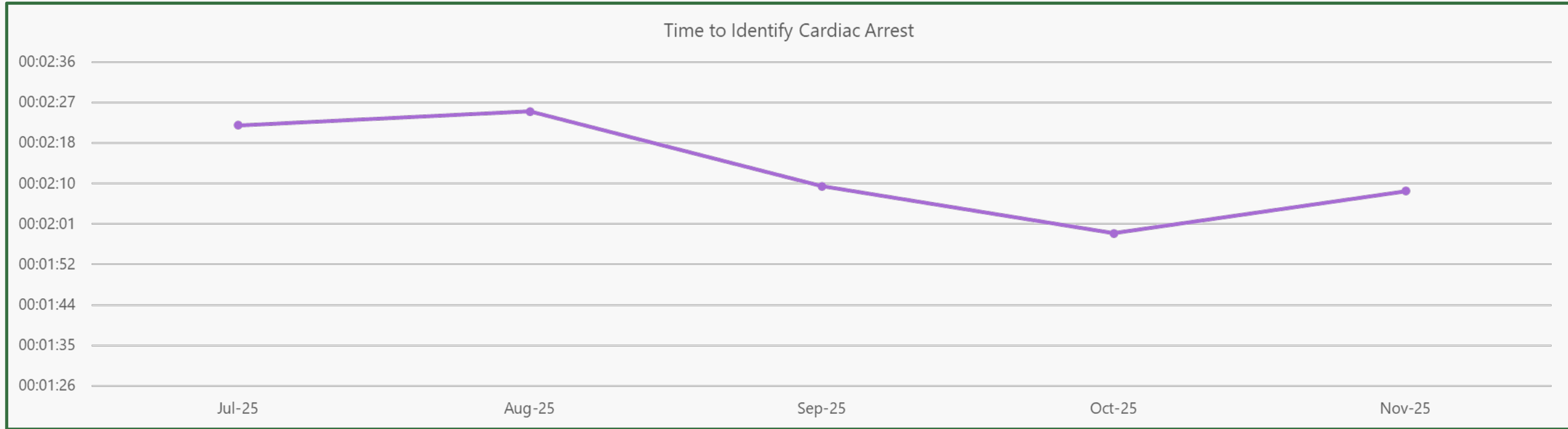
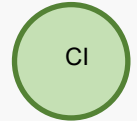


Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Our Patients: Quality, Safety & Patient Experience

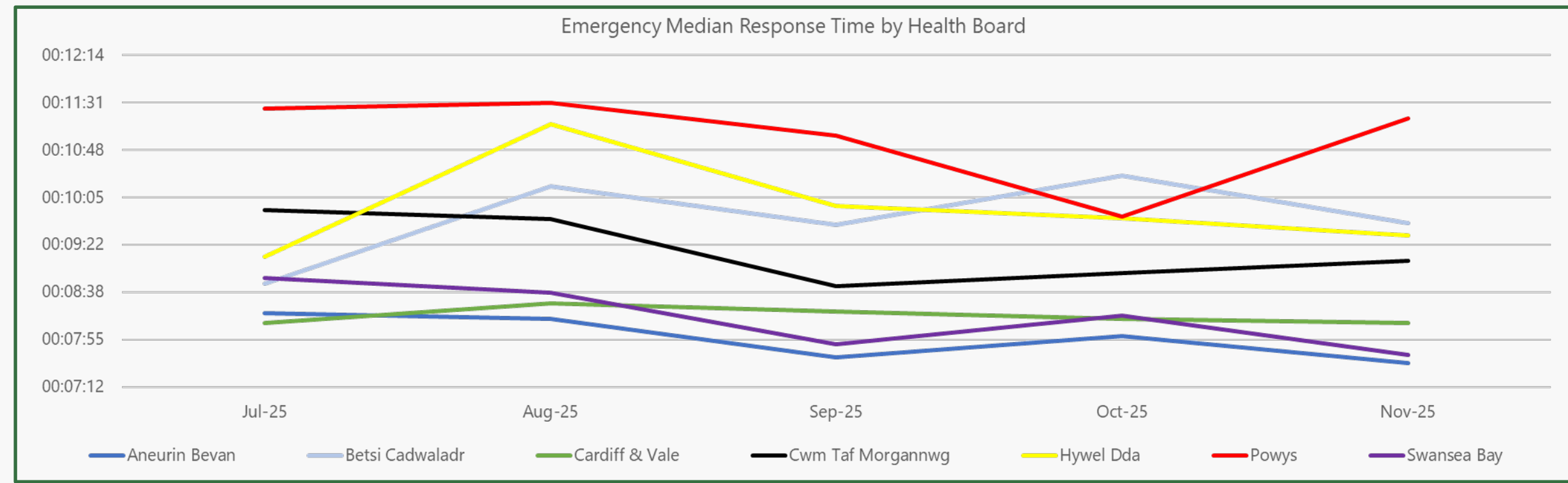
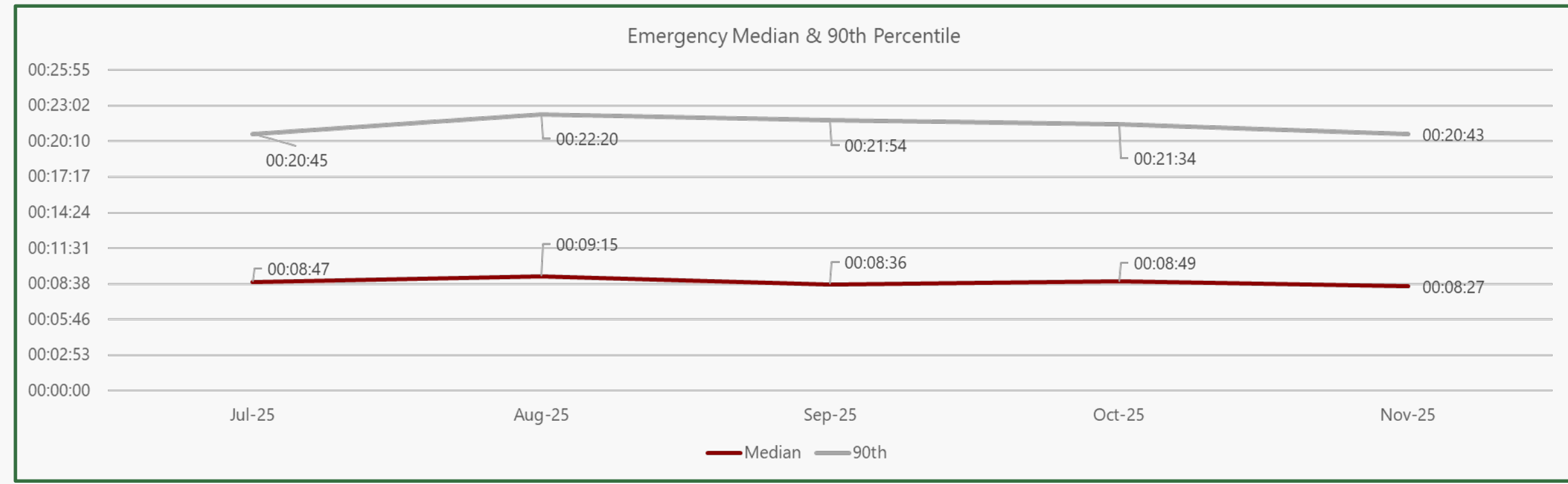
RED EMERG Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

A

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Analysis

In November 2025 there were 4,701 Emerg (Red) calls, around 13.28% of all calls.

The median response time in November 2025 for Emerg incidents was 8 minutes 27 seconds. Aneurin Bevan health board had the lowest median time of 7 minutes and 34 seconds, and Powys had the highest at 11 minutes and 17 seconds.

For Emerg calls, the 90th percentile response time was 20 minutes 43 seconds. Swansea Bay had the lowest time of 15 minutes and 33 seconds, and Powys had the highest at 32 minutes and 36 seconds.

For both Arrest and Emerg calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

Remedial Plans & Actions

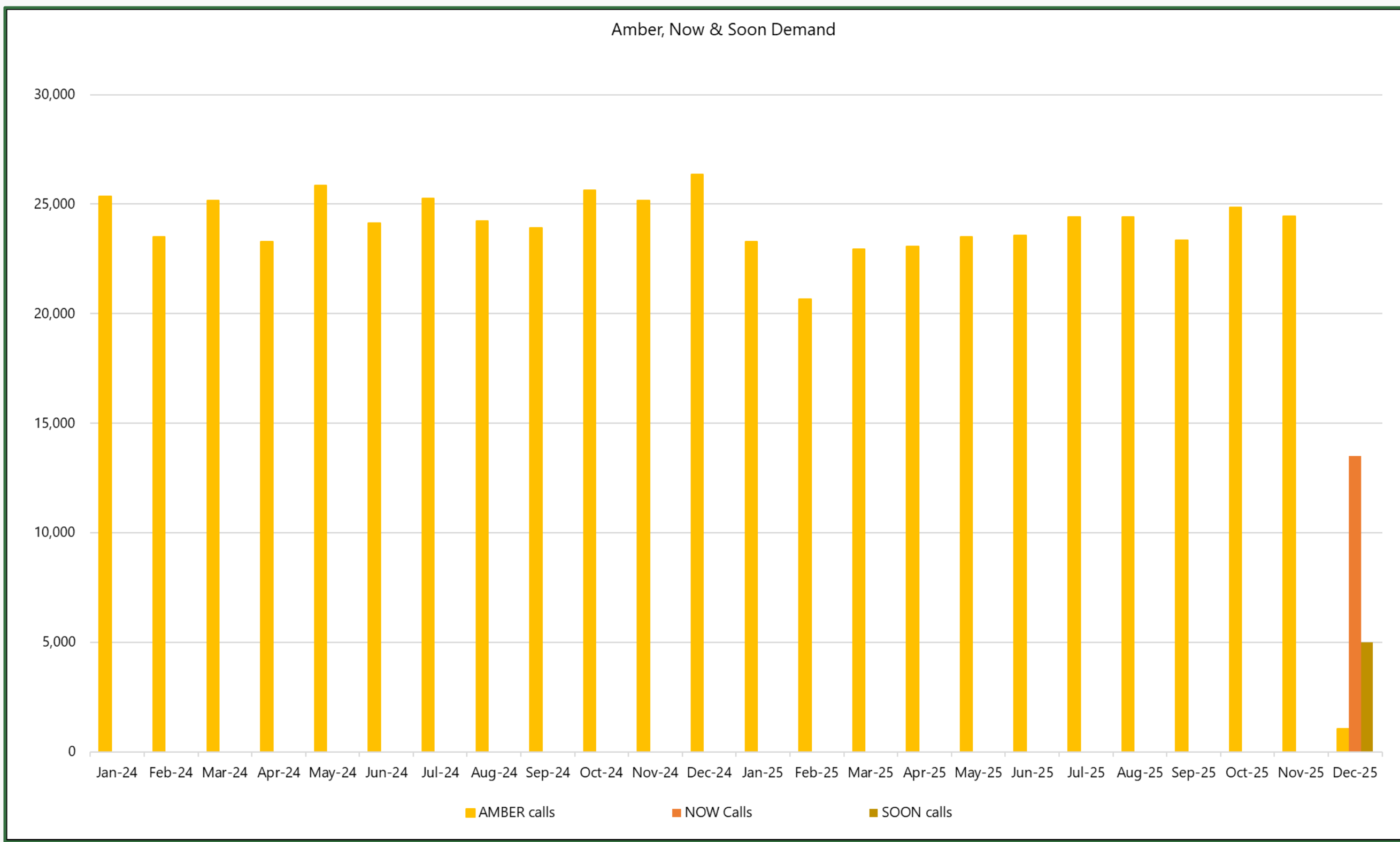
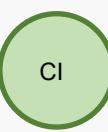
Arrest is performing better than the Trust modelled, but Emergency performance is worse than the Trust modelled. Although analysis was carried out on this discrepancy along with several workshops no definitive reason was established. There is a view that the difference in volumes between Arrest and Emerg adversely affected the Emerg response times.

Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis
In December the existing Amber category, was replaced by Orange (now) and Yellow (soon). However, some calls were recorded as the old Amber category.

Remedial Plans and Actions
Welsh Government announced further changes to the Ambulance Performance Framework. Monitoring of phase 2 will continue via Now and Soon categories.

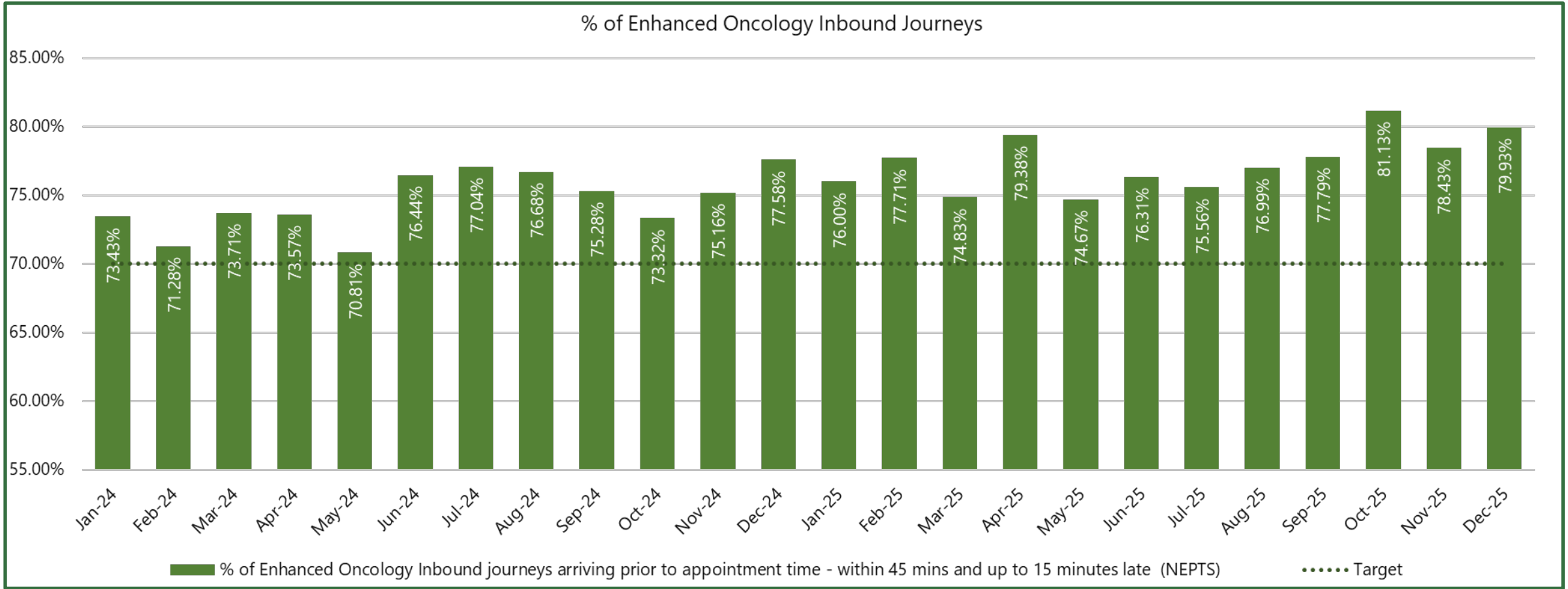
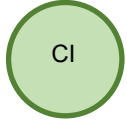
Expected Performance Trajectory
The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. The application of W45 would see the level of hospital lost hours to be close to this level, estimated to be just under 7,000 hours.

Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T	Oncology	Welsh Calls
R	G	A



Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in December 2025 to 72% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 96% in December 2025, achieving the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time marginally decreased from 74.47% in November 2025 to 74.06% in December 2025 but still achieved the agreed performance standard of 70%.

Call volumes answered decreased to 16,479 calls during December 2025, from 18,536 in November 2025; but the average speed of call answering deteriorated from 41 seconds to 1 minute and 9 seconds.

In November, ACA1 sickness remained above the 5.99% target, at 9.67% and ACA2 sickness also remains above the 5.99% target at 7.20%.

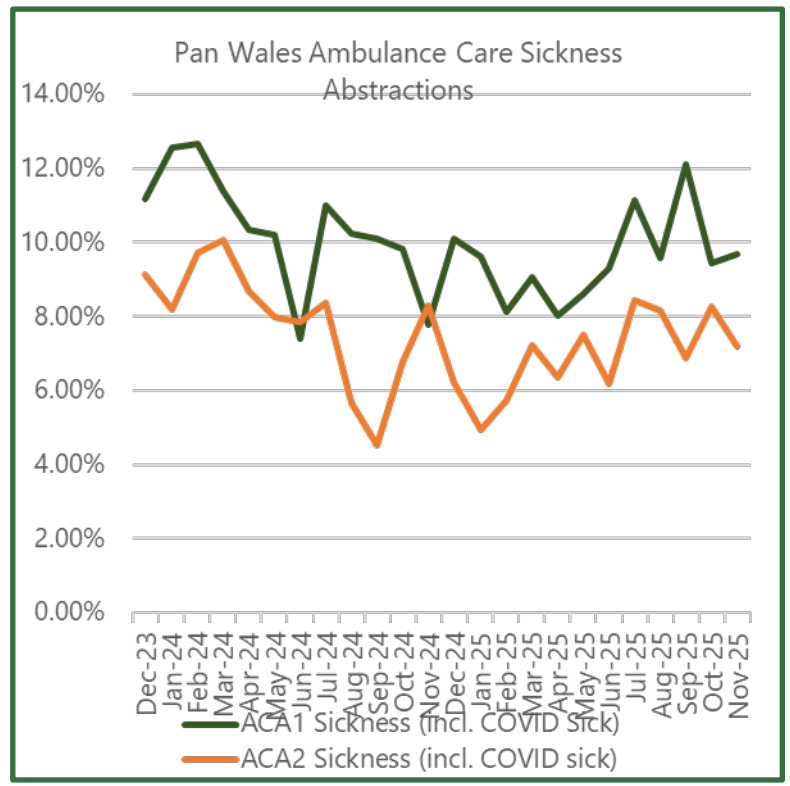
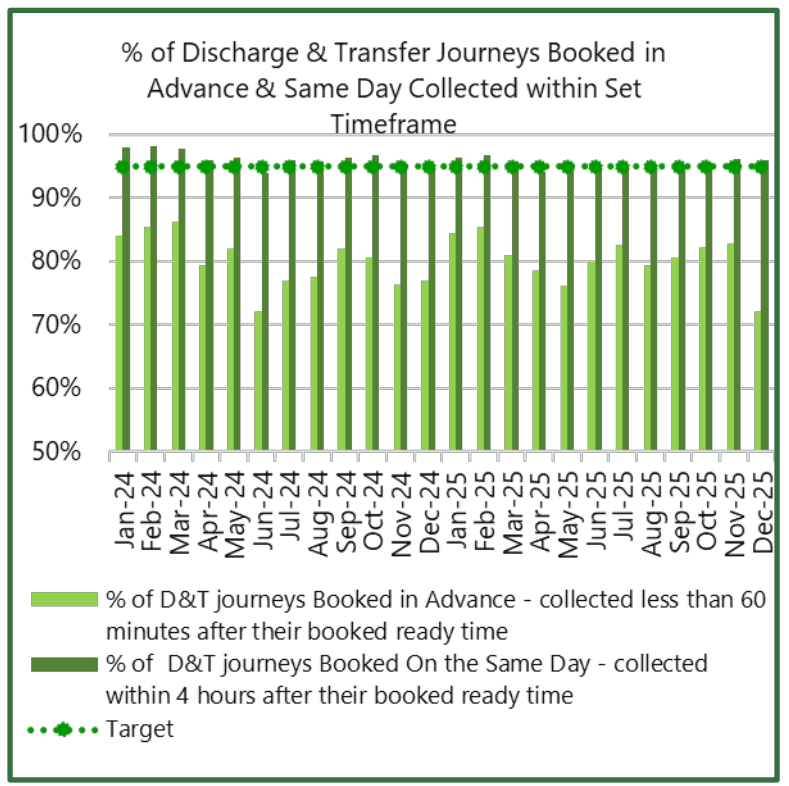
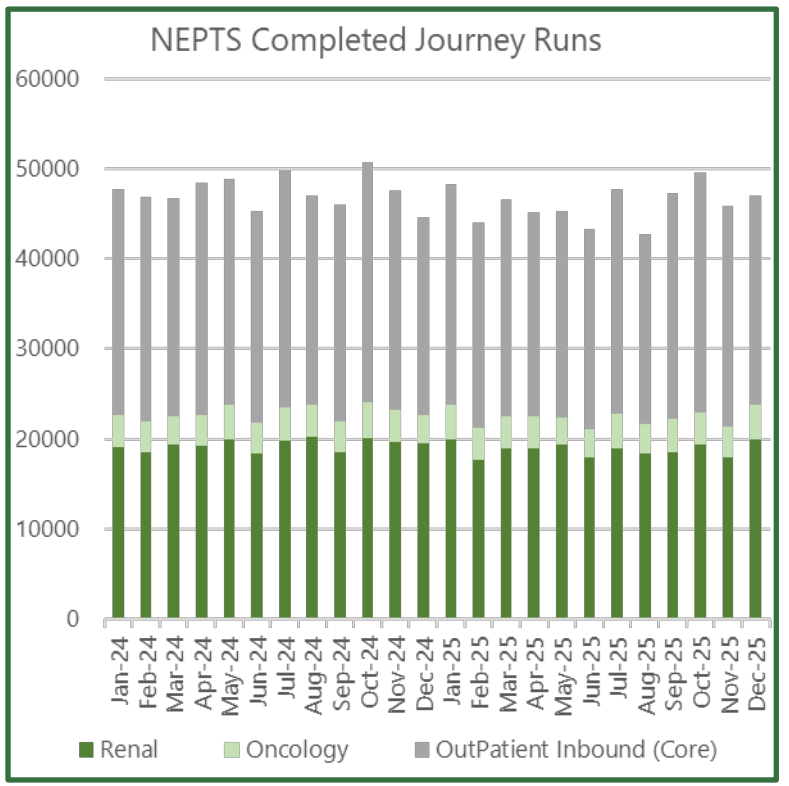
Remedial Plans and Actions

Performance on advanced discharges and transfers has been challenging throughout the last quarter. Measures to address this have been put in place by the team with the aim to improve performance. It is important to note that this measure was always deemed aspirational and requires a shift in booking practice by Health Boards for this to be achieved.

Sickness levels have seen an increase trend during the quarter, with short term sickness proving most challenging. Actions have been put in place across the service areas to increase focus on this area.

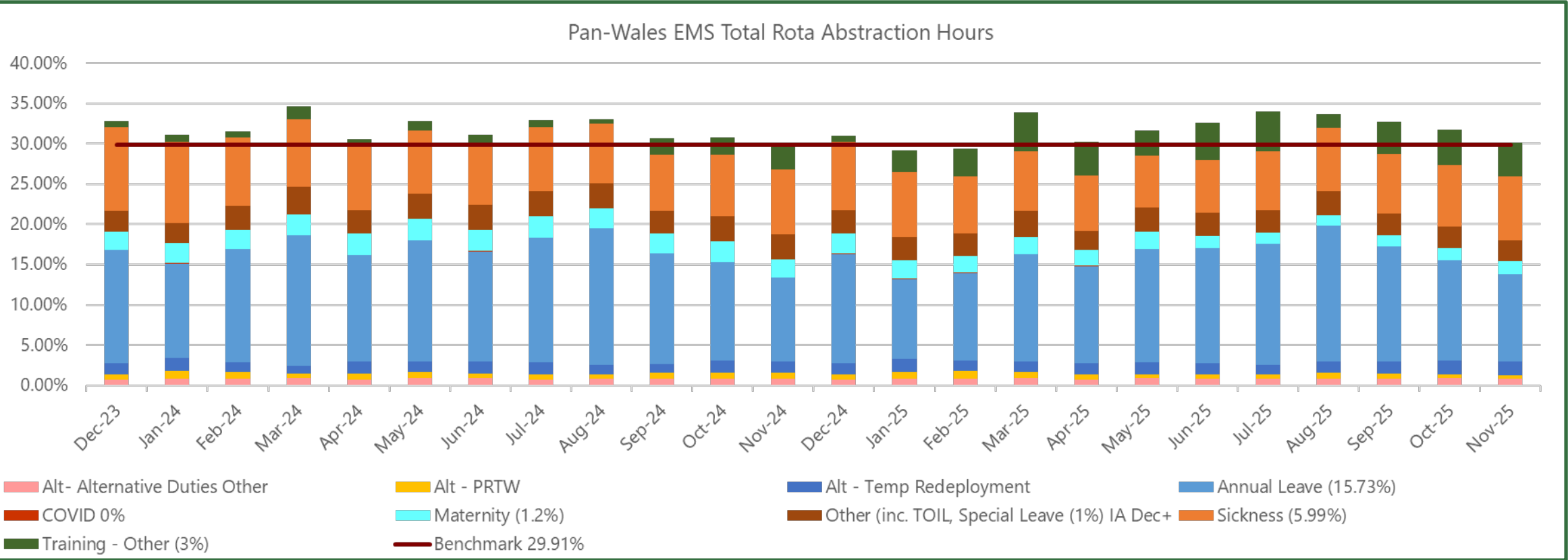
Expected Performance Trajectory

An improvement to sickness absence levels and advanced discharge and transfer is anticipated within the next quarter.



Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)



Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. November 2025, saw total EMS abstractions (excluding Induction Training) of 30.09%. This was a minimal decrease on the 31.78% recorded in October 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 10.82% followed by sickness at 7.85%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 122,863 hours during December 2025; a slight decrease compared to the 124,279 hours produced during December 2024. The Trust is still delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 92% in December 2025 which equated to 78,994 Actual Hours.

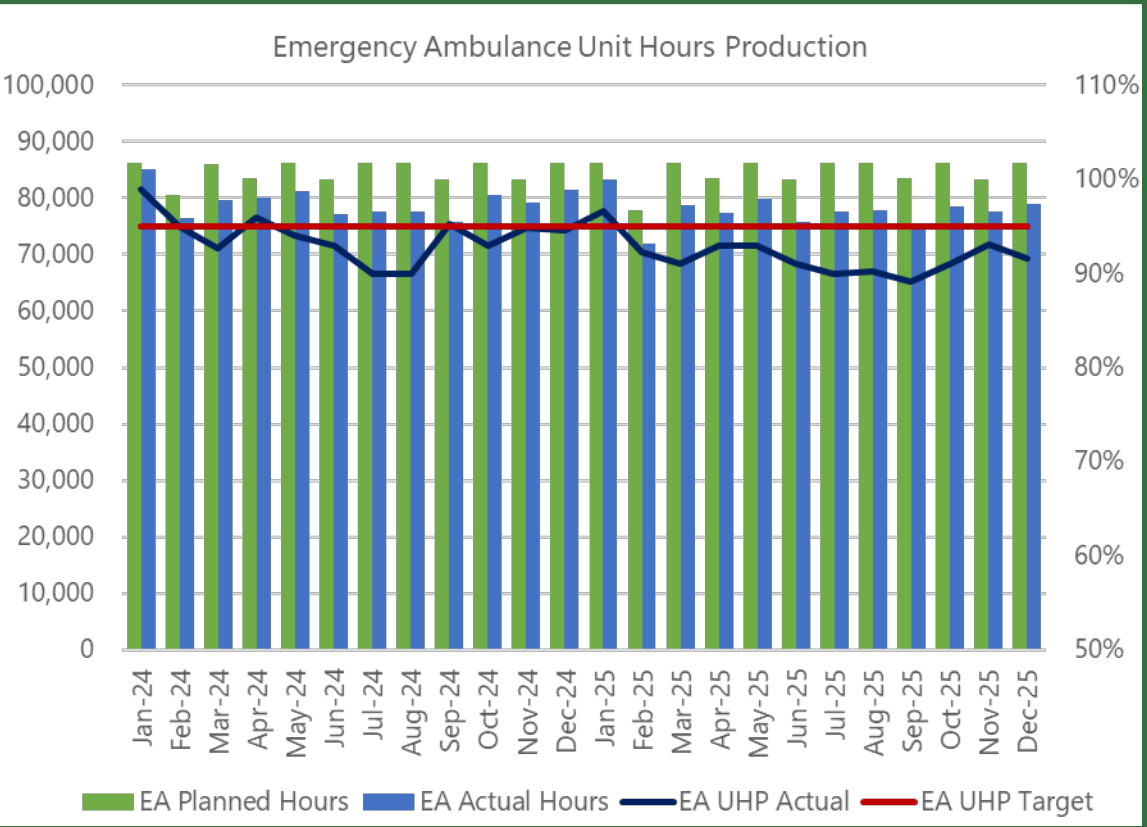
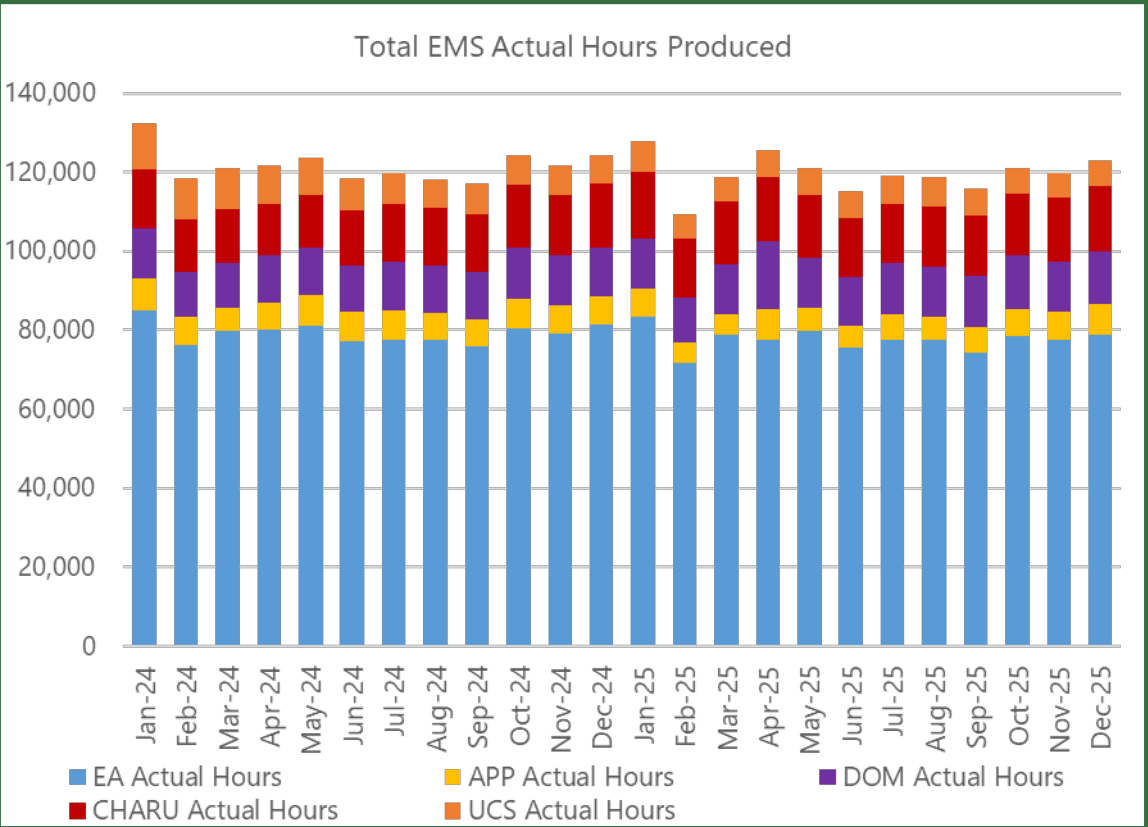
In December 2025 CHARU UHP was 92% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

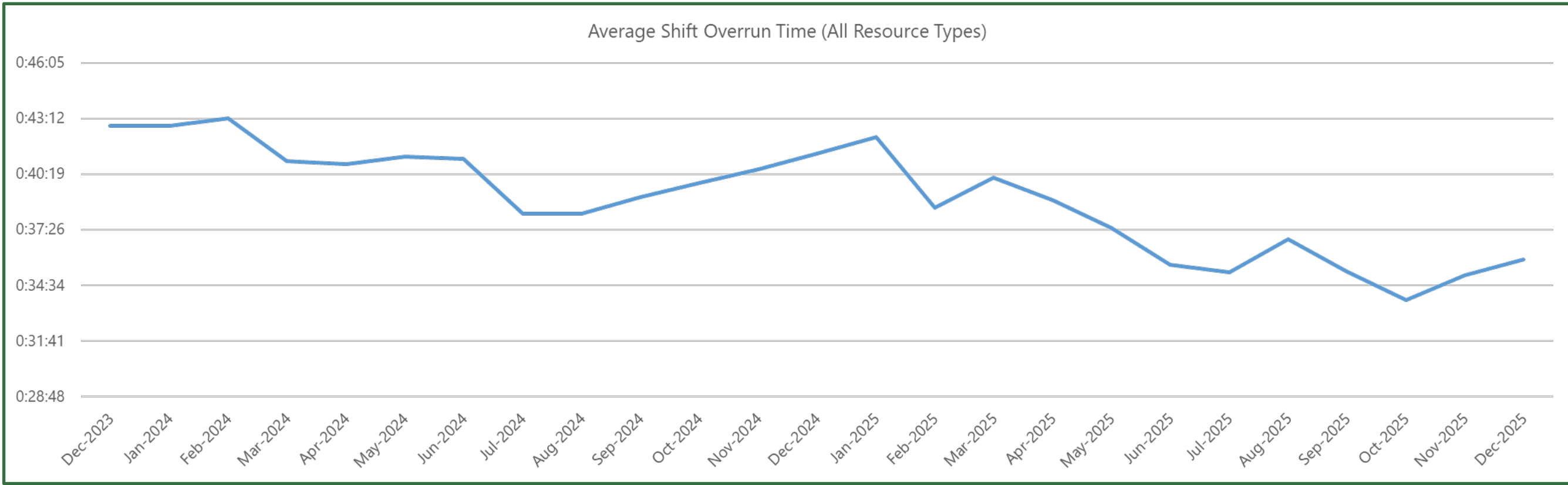
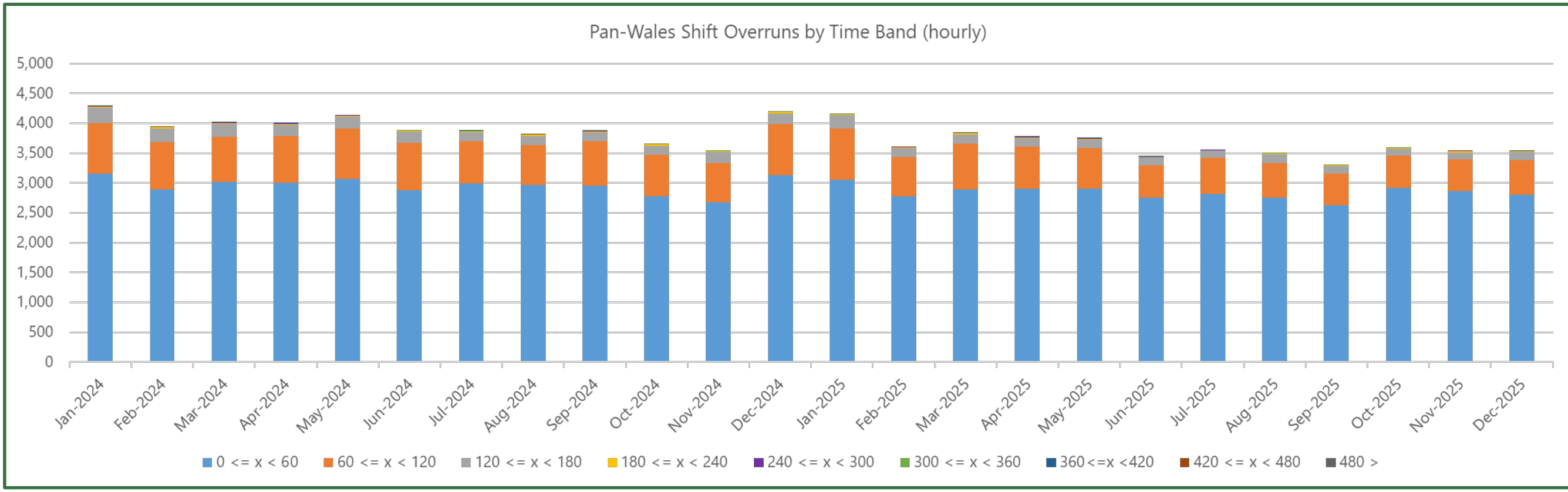
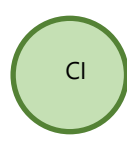
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.



Our People

Health and Well-being – Shift Overtimes

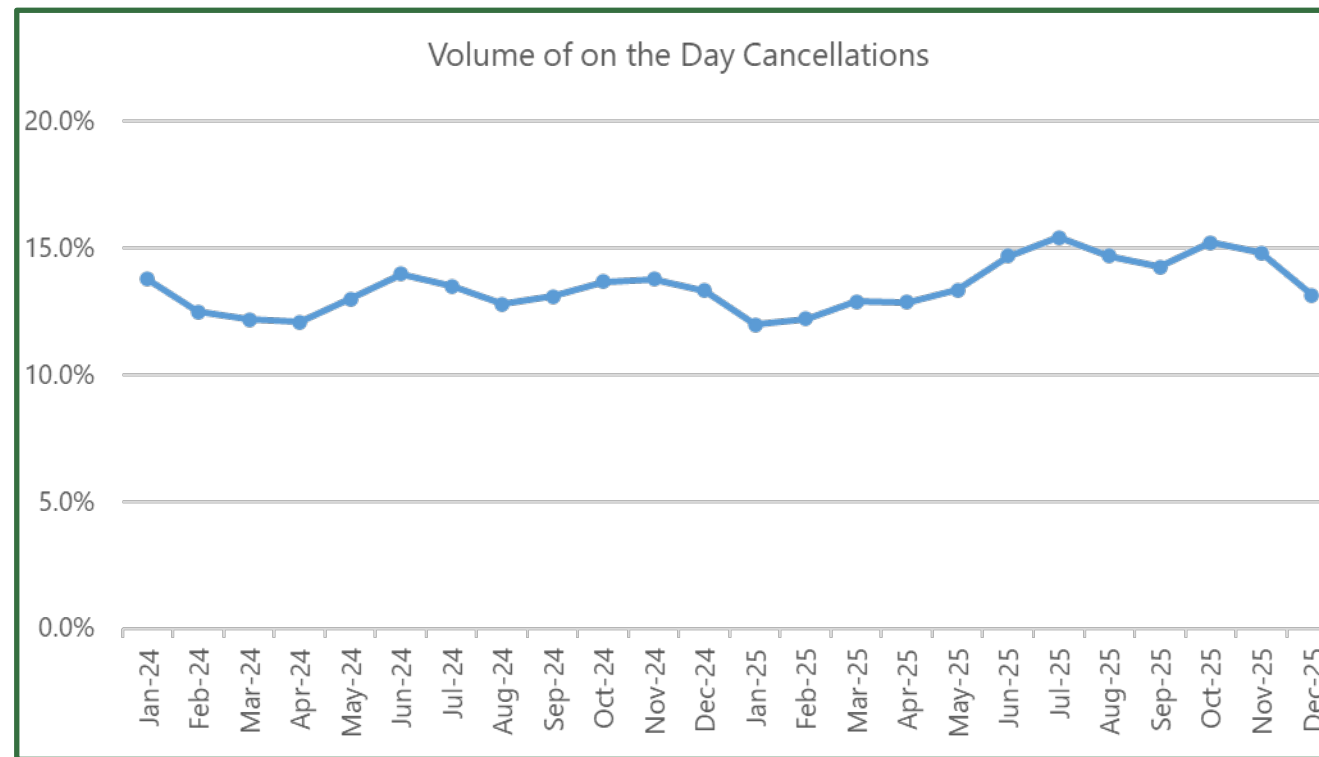
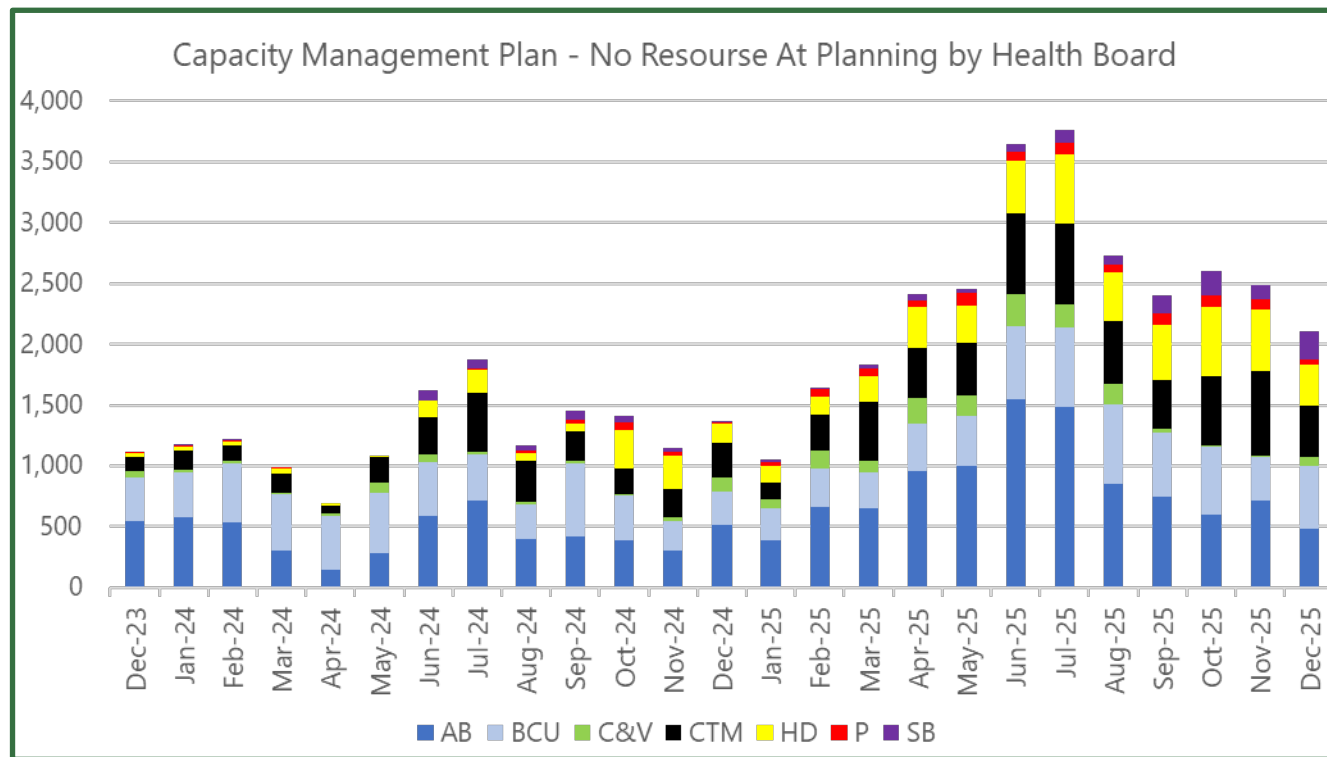
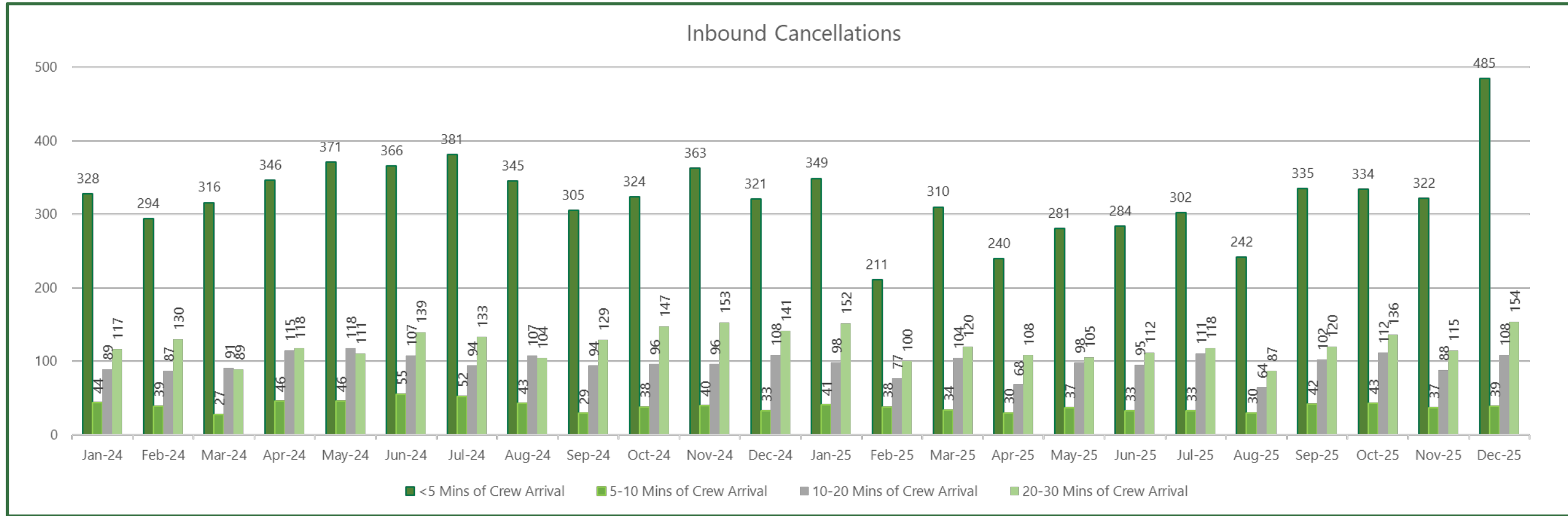
(Responsible Officer: Angela Lewis)



Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

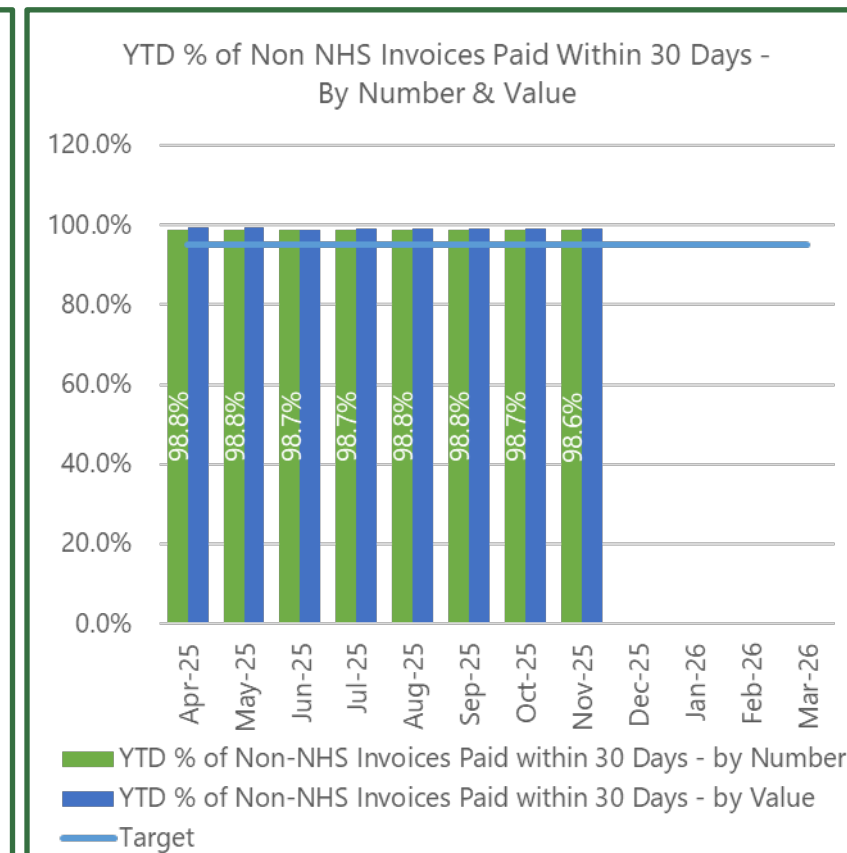
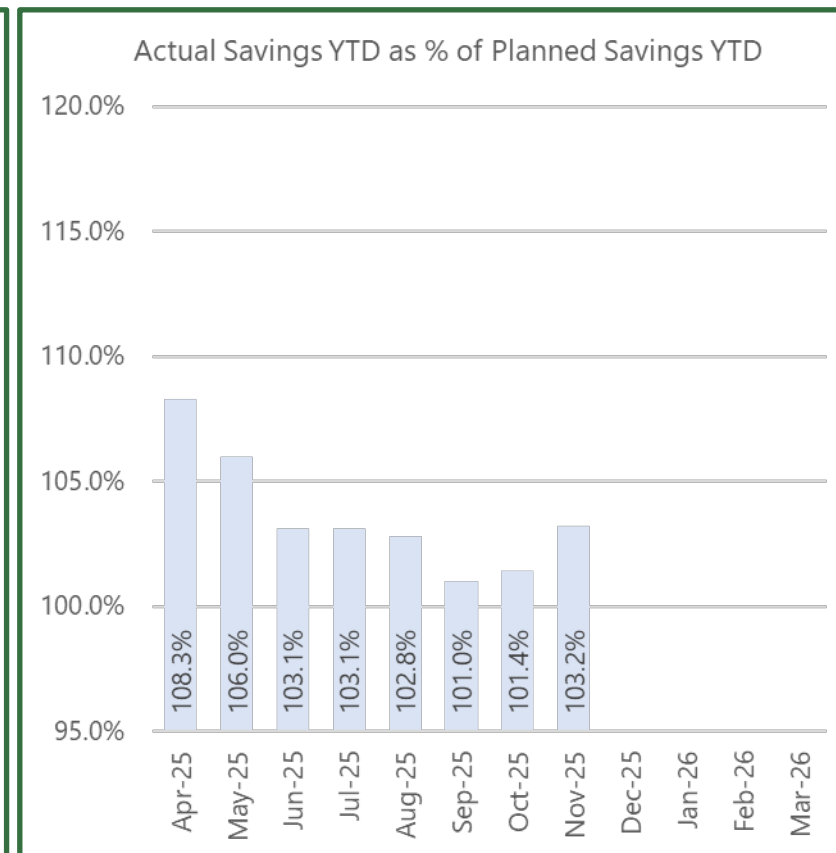
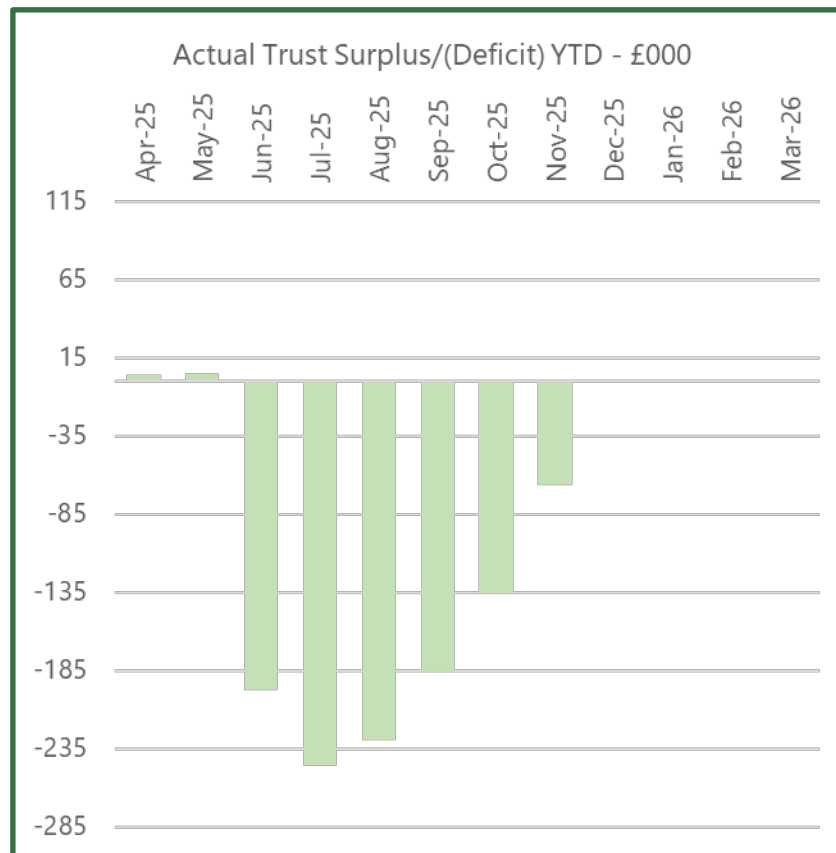
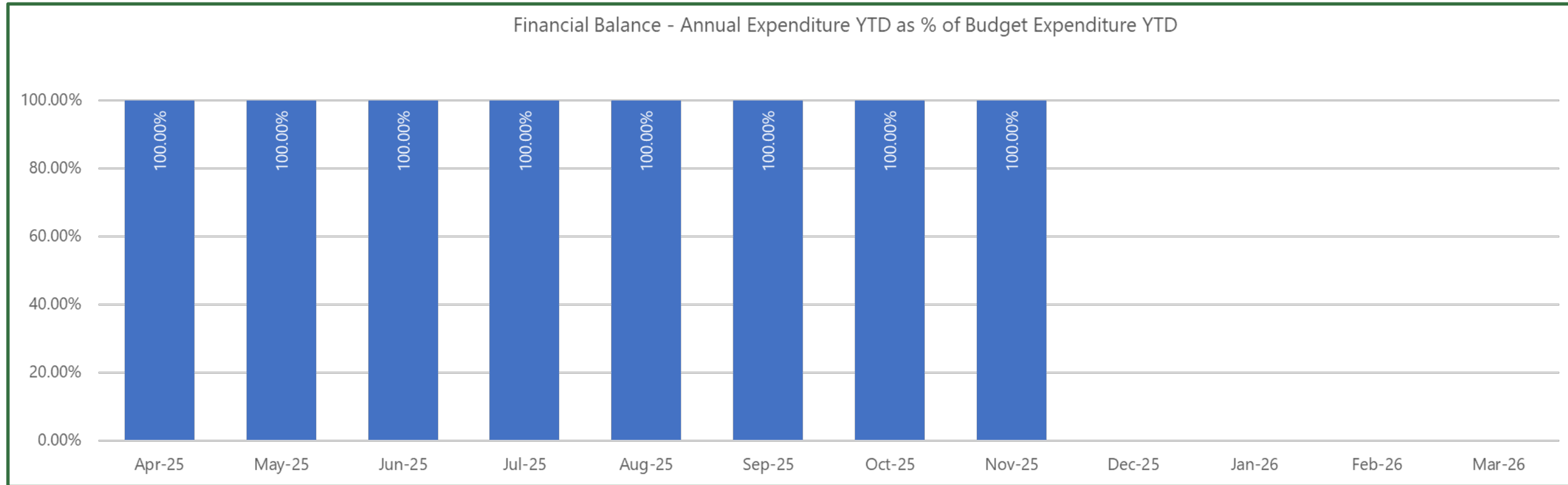


Finance, Resources and Value

Value - Finance Indicators

(Responsible Interim Officer: Ed Roberts)

G

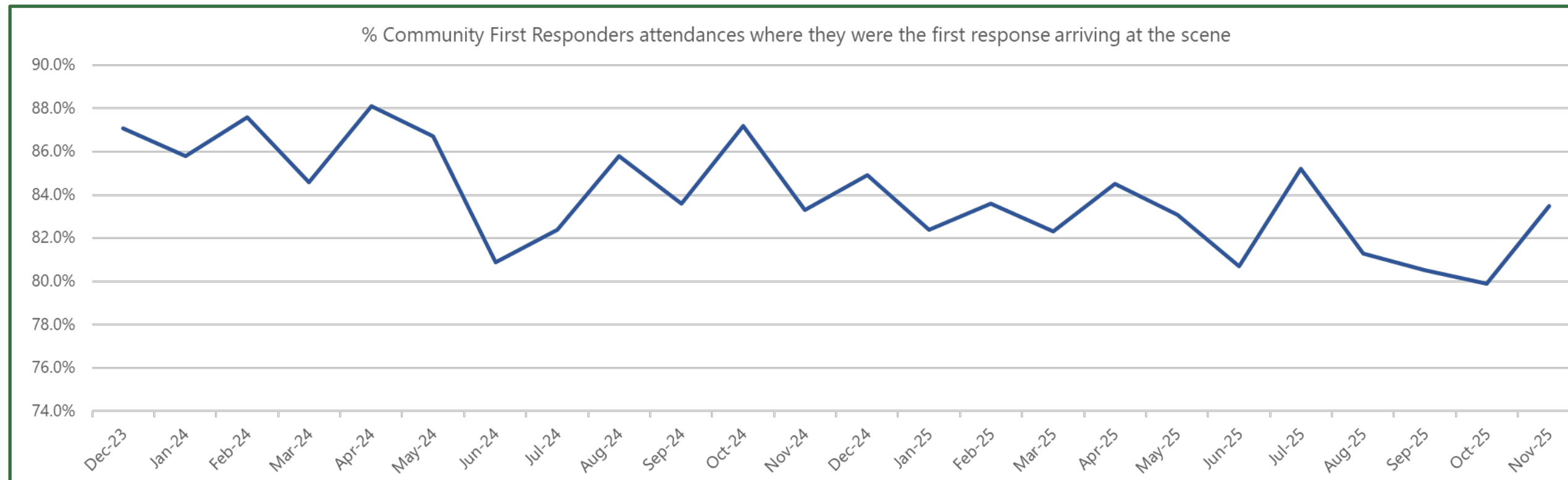
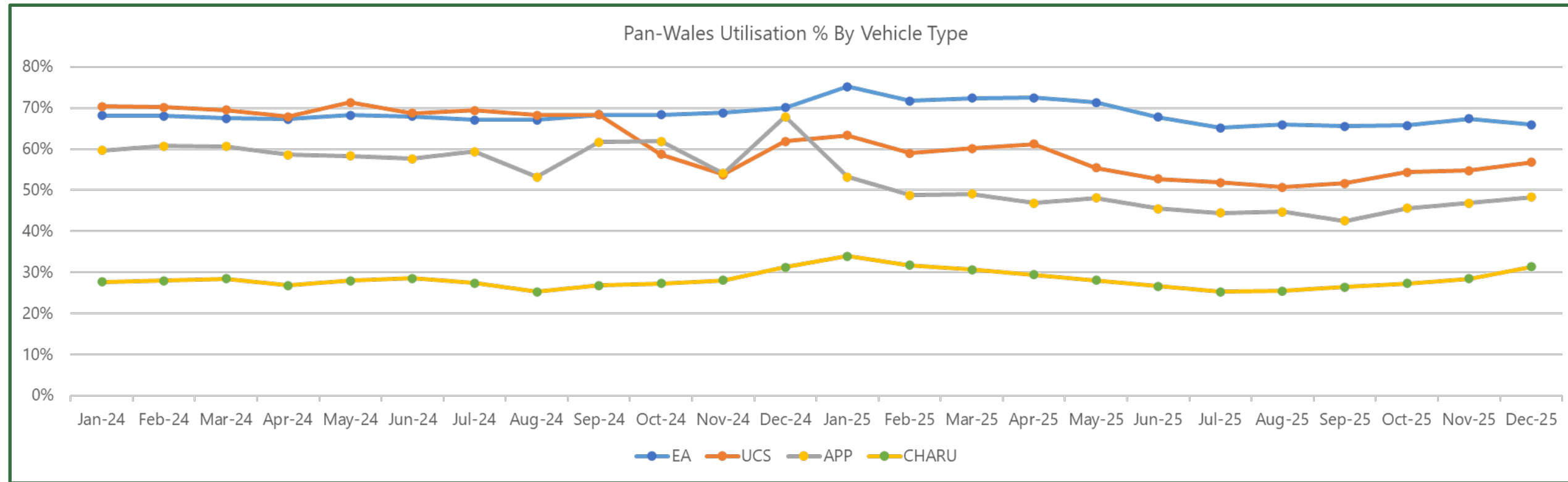


Finance, Resources and Value EMS Utilisation

(Responsible Officer: Lee Brooks)



NB: Data quality issues have been identified within CFR data. These are currently being addressed.



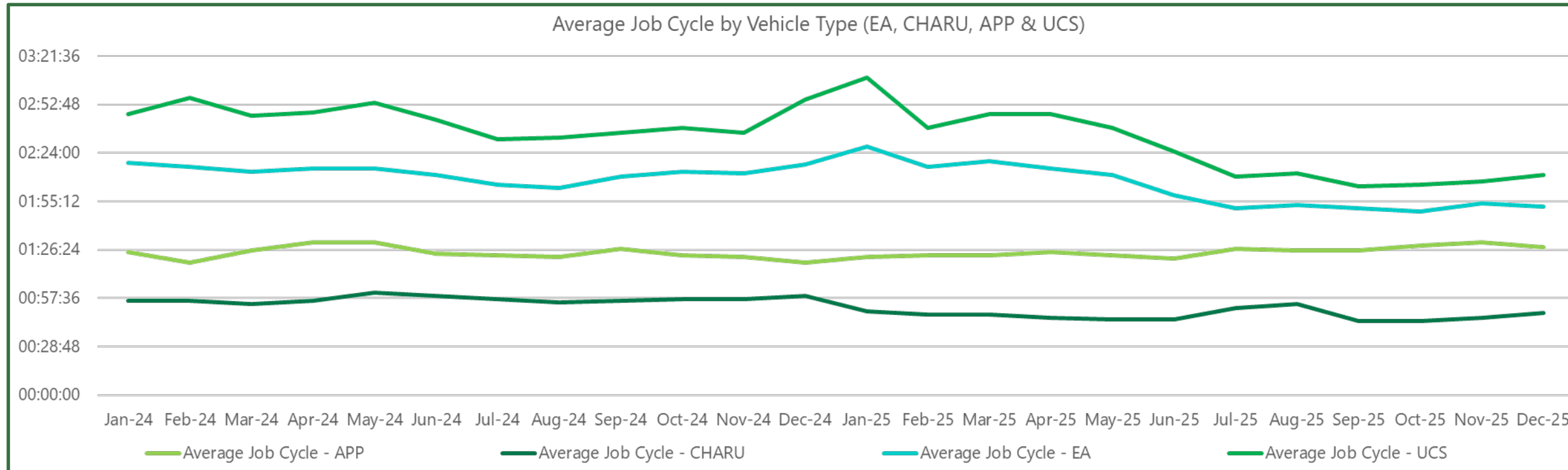
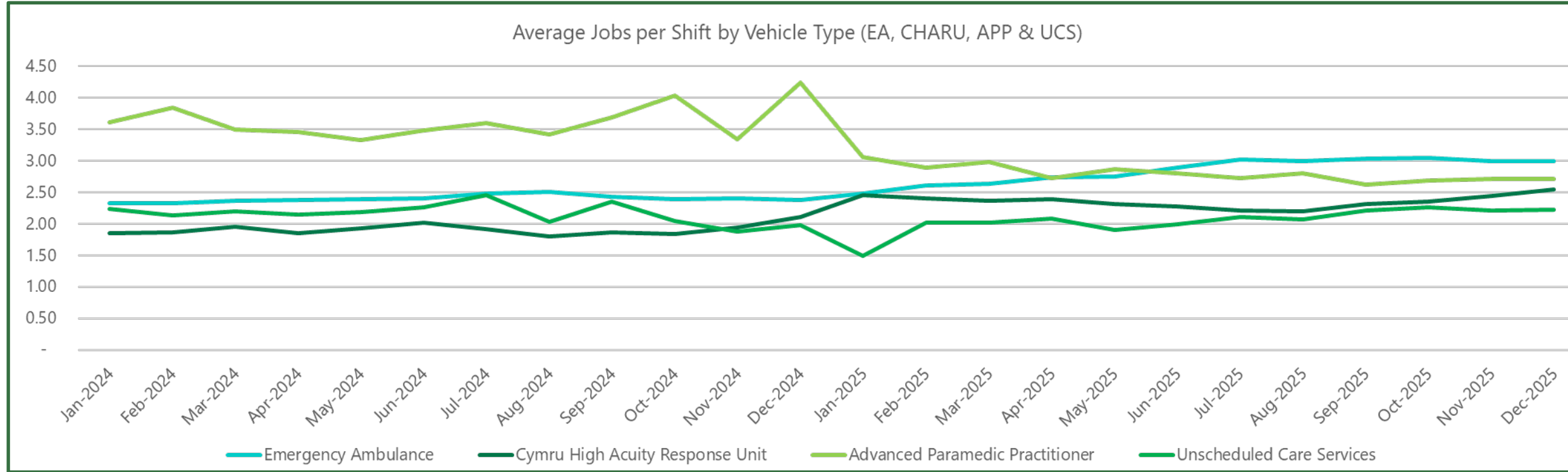
Finance, Resources and Value

Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Jobs Per Shift

A



Analysis

Overall average jobs per shift was 2.86 in December 2025, a minimal increase from November 2025 (2.85). EAs averaged 2.99 jobs per shift and UCS crews 2.23. The D&C review conducted by ORH indicated that 3.2 jobs per shift was the optimum level for EAs if at full establishment and if handover was reduced to target levels.

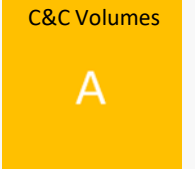
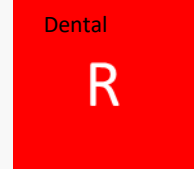
APPs attended on average 2.72 jobs per shift and CHARU's 2.55. We would expect CHARUs to be low, as they need to be free to respond very quickly, but it is not clear why APPs are so low. There are two key actions underway for APPs a) scheduling (that is responding to the code set they are designed to focus on, which is due on stream at the end of January and the APP re-roster, which is due to take place in Q4 and into Q1 next year.

As demonstrated in the bottom graph, the average job cycle minimally increased in December 2025 for UCS (2 hours and 11 minutes) and CHARU (49 minutes). With both APPs (1 hour 28 minutes) and EAs (1 hours 52 minutes) decreasing minimally.

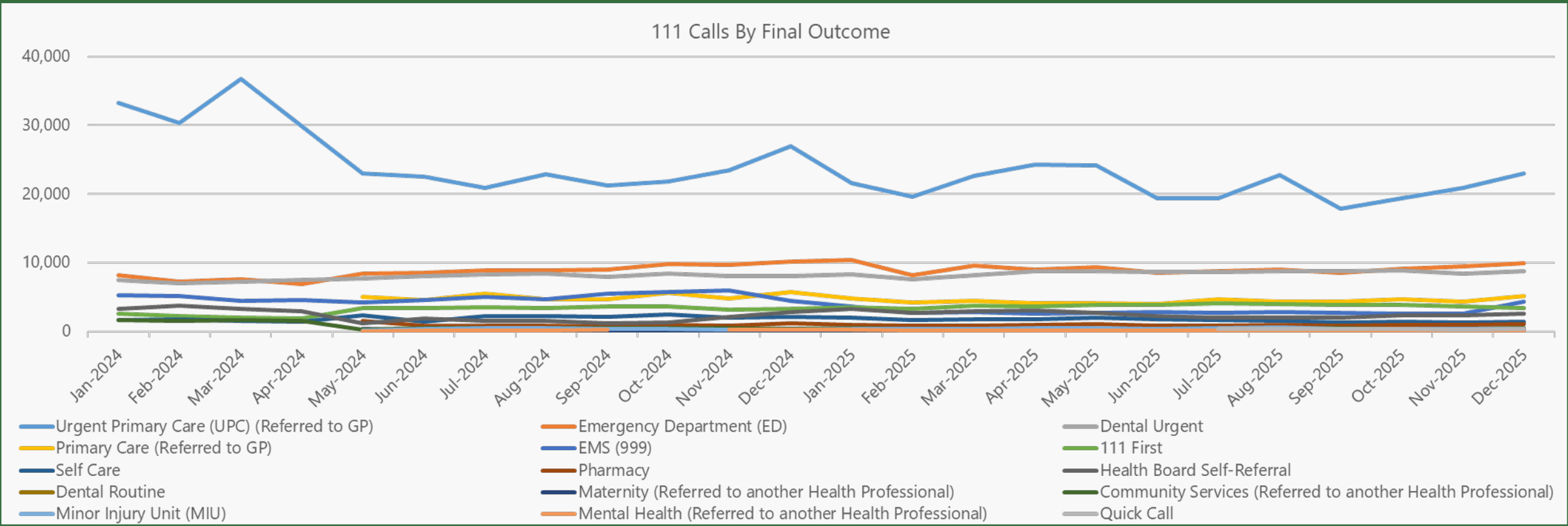
Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



(Responsible Officer: Lee Brooks)



Analysis

During December 2025, 67,565 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 60,824 seen during November 2025. However, data quality issues within 111 reporting have been addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 33.96% of all calls during December 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in December 2025, 5,860 calls were 'Stopped at Source', with no onward referral, a slight decrease from 5,884 in November 2025. 14,247 calls were referred to 999/ED in December 2025.

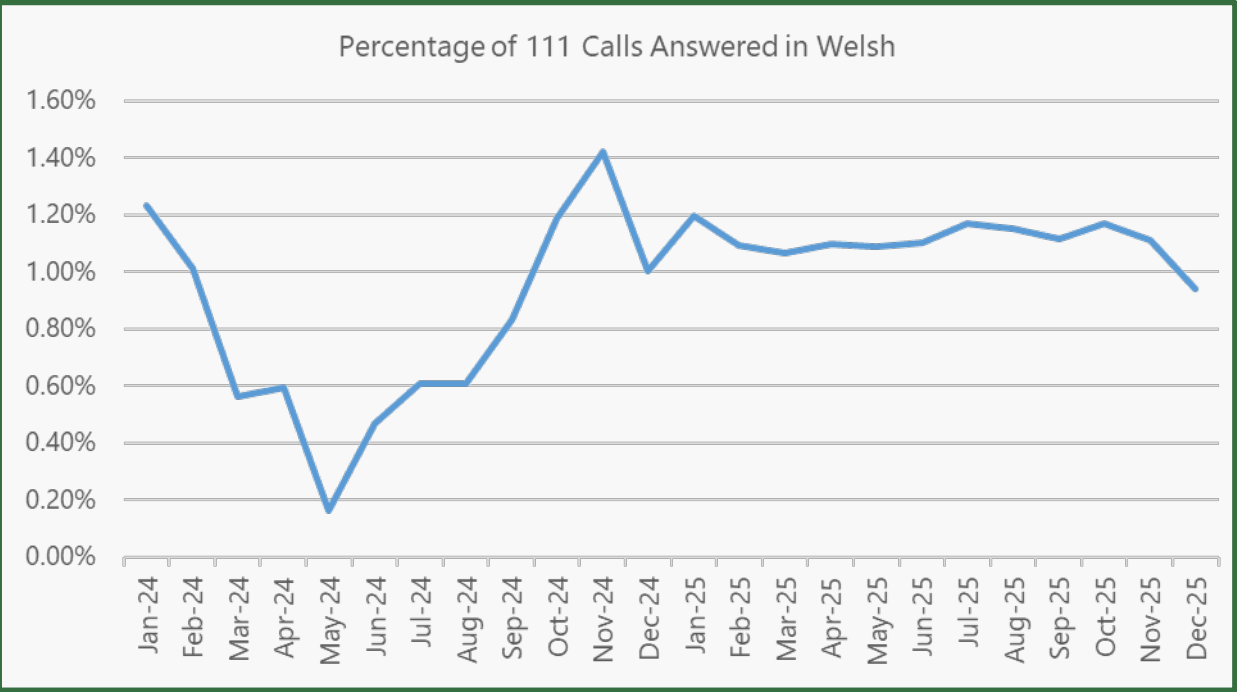
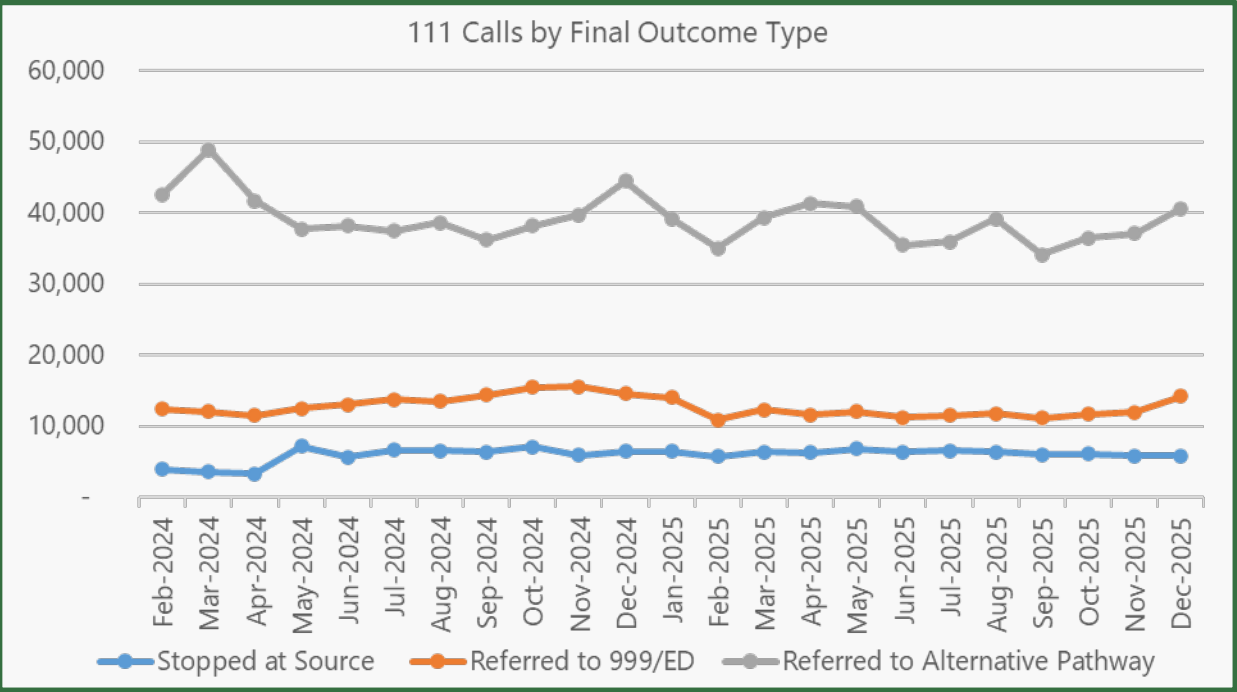
The percentage of 111 calls answered in Welsh decreased slightly from 1.11% in November 2025 to 0.94% in December 2025. This equated to 51.5% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set, similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

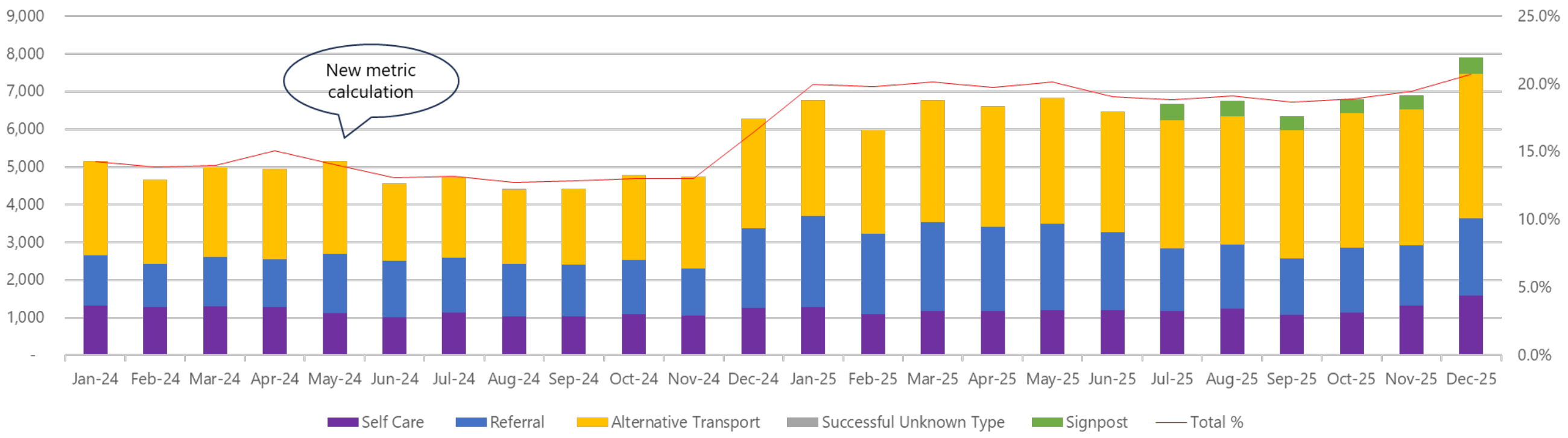


Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes
A

Successful Consult and Close Outcome (by Type)



Analysis

The new **Consult and Close** definition was agreed by Commissioners in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

Contributions from Clinical Service Desk (CSD) (8.85%), NHS111 (6.34%), WAST APP (0.88%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.77%), Mental Health Clinician (0.75%), Screening (0.12%), Rapid Assessment (2.82%) and 999 Single Point of Access (SPOA) (0.08%) achieved 20.8% in December 2025, a minimal increase compared to November 2025 (19.5%), not achieving the 22% target. In December 2025, the number of 999 calls resulting in a Consult and Close outcome was 7,901, up from 6,281 in December 2024.

Of the calls successfully closed in December 2025, 60 patients received an outcome of self-care; 1,075 patients were referred to other services (including to Minor Injury Units and SDEC), 934 were advised to seek alternative transport services to acquire treatment and 345 were signposted.

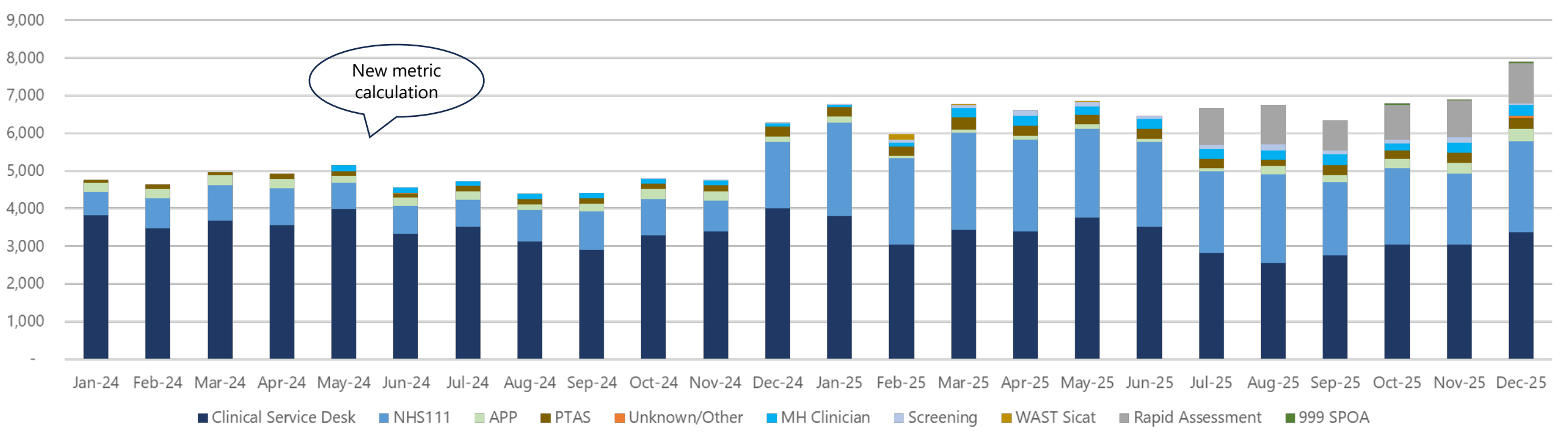
Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.
- Ambulance Performance Phase 2 go live.

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains 22%.

Consult and Close Volumes by Service Type



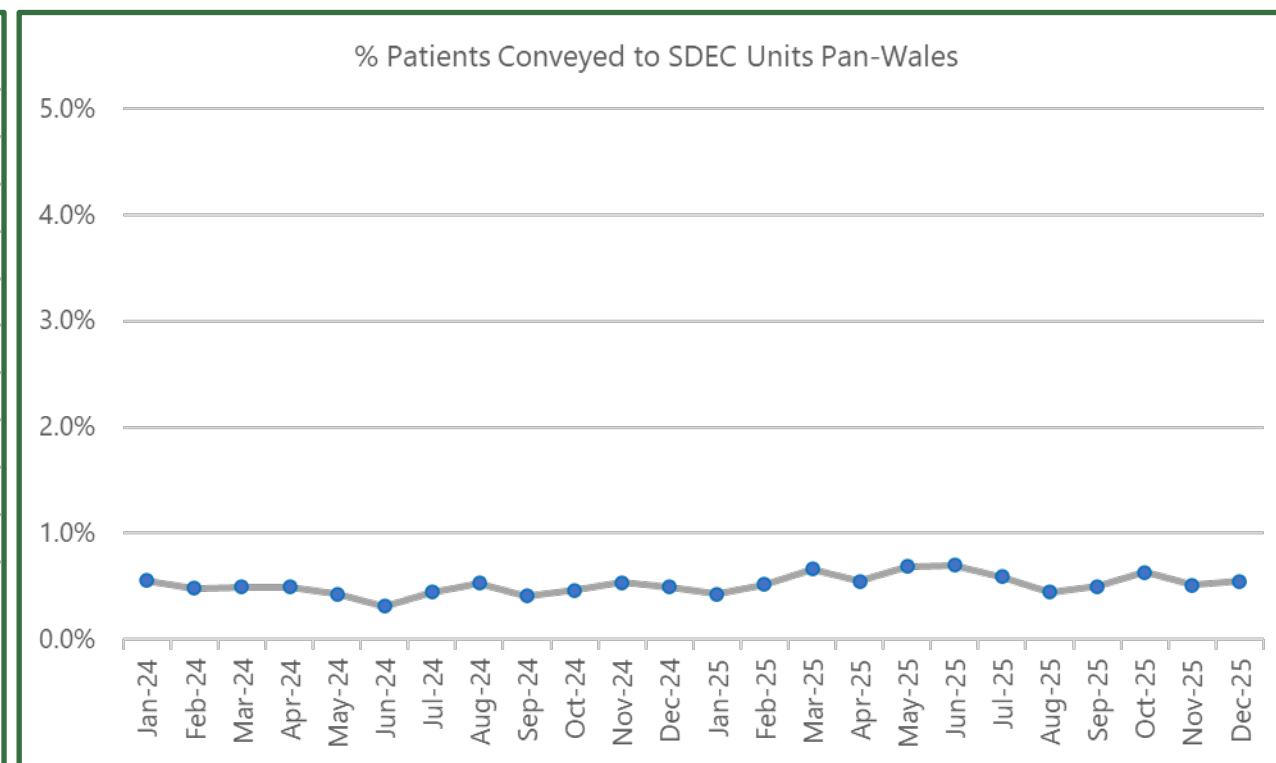
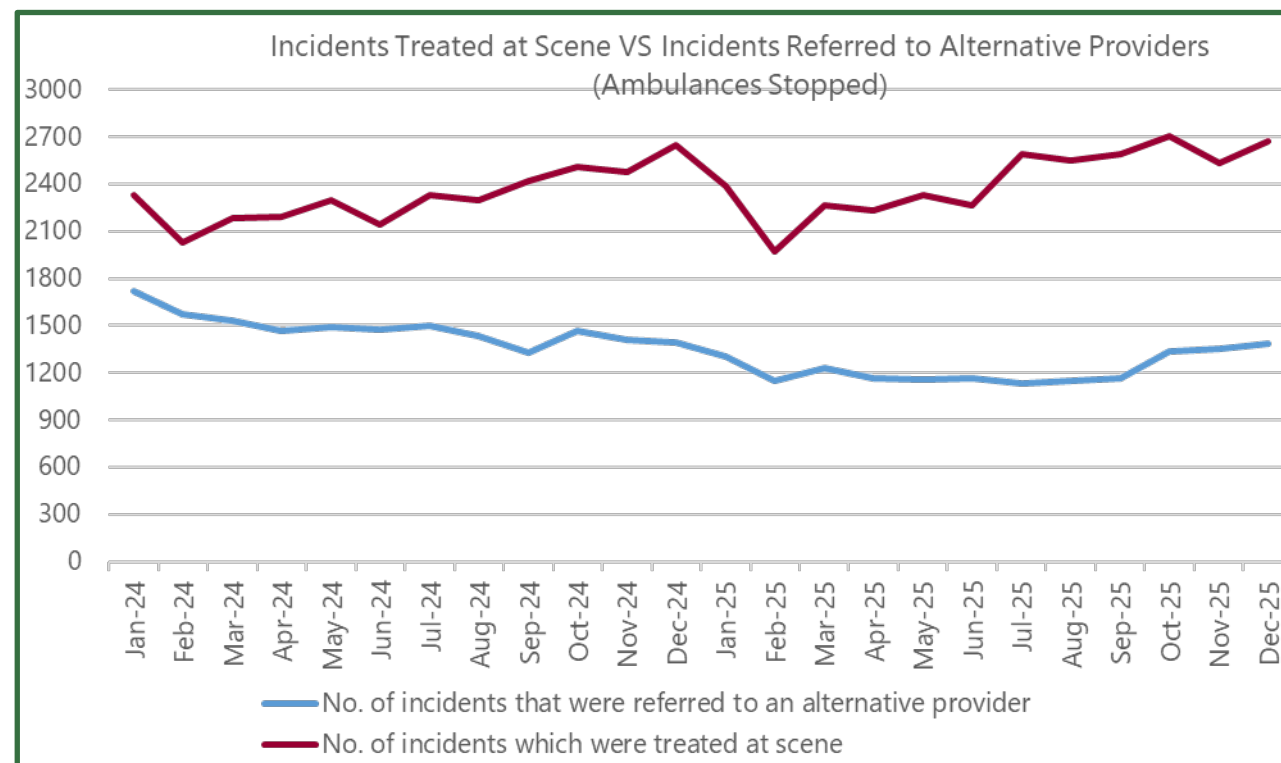
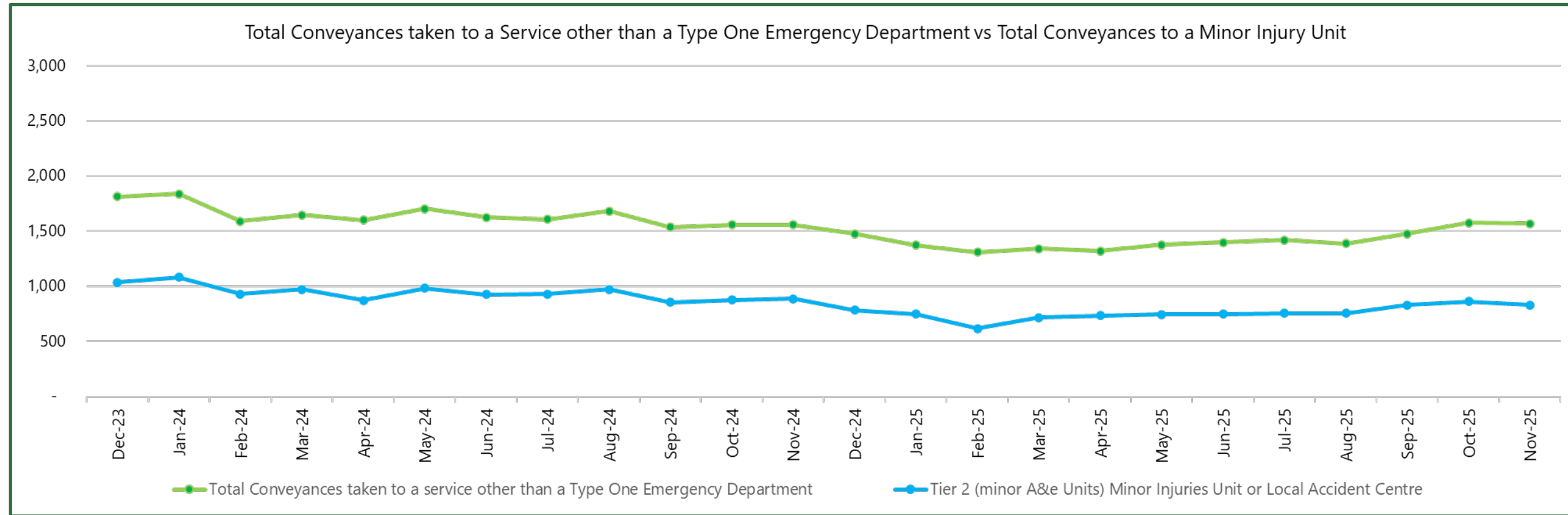
Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances
G

Ministerial Measure



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	Duty of Candour	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	Immediate Release requests	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Agenda Item No. **9**

REPORT TITLE

Digital Reporting

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Jonny Sammut, Director of Digital Services
Author(s) of report	Leanne Smith, Aasha Cowey & Kimberly Abraham

PURPOSE OF REPORT

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This report brings to the committee updates relating to activities of the Insight & Data Services (IDS), ICT, Digital Innovation & Transformation, and the Clinical Digital Unit functions, as well as progress against the Digital Plan (see the **Annex 1** for metrics and project status).



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Gwasanaethau Ambiwllans Cymru
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University NHS Trust

Alerts

- Workload & Prioritisation:** The Digital teams are still involved in a significant number of projects and delivery activities, often with competing priorities and limited specialist capacity to facilitate all organisational needs. The Directorate regularly receive requests to support new projects, or information about changes to scope or direction of existing commitments and have to decide on how to resource the request and priority. Until the overarching Digital, Data and Technology (DDAT) governance framework which includes the Digital Transformation & Innovation Programme (DTIP) group is established (see paragraph 7) the Digital Leadership Group (DLG), who meet weekly, will have a standing item on their agenda to ensure these new requests are appropriately considered against the existing workload, and not lost in the backlog.
- Recruitment Challenges:** Digital, and other teams around WAST, continue to face significant challenges with recruitment due to high volumes of applications, a large proportion of which appear to be generated or supported by AI, leading to a risk of inconsistent levels of quality and difficulty in fairly assessing at shortlisting stage. A risk is in development, and options are being explored with the support of the People Directorate and wider NHS Wales colleagues.

Highlights

- Recruitment Progress:** There is currently a total of 24 roles that Digital are actively recruiting into in 25/26 - made up of core baseline vacancies, posts from 24/25 investment, and new posts from 25/26 investment.
 - Recruitment within the **Digital Innovation and Transformation Team** continues to progress. December has seen the Head of Digital Business Change and Benefits, the Digital Innovation Lead (an internal appointment) and a Business Analyst join the directorate. The additional capacity in this area will allow us to better manage, prioritise and monitor the digital transformation portfolio aligned to our updated governance model. Recruitment continues for a second Business Analyst and a Digital Adoption lead to complete the team.
 - Recruitment activity continues to across the **ICT team** into existing vacancies plus several other roles with job descriptions under development.
 - The **Clinical Digital Unit** recruitment is almost complete – with the final position being filled from 2nd of February 2026.
 - Within **Insight and Data Services** (IDS) continue to strengthen the data and analytics teams, and the data protection team. A secondment is planned for the new Data Scientist and AI lead, and permanent recruitment into the Data Engagement team will be carried out in Q4. In the Information Governance team, a 12-month secondment has been approved and recruited into, an advert for a permanent role is at advert, and a third vacancy has a job description in development. The Records Team currently have support from a contractor and a member of staff on alternative duties.



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5. **Clinical Model Transformation (CMT):** we continue to support the CMT with a significant contribution already made in 2025/26. Highlights from the current reporting period include:
 - **Emergency Response Service (ERS):** phase 2 of the Ambulance Performance Framework went live on 2nd December (including changes to 111 and 999 CADs and their data and reporting modules) with significant efforts enabling operational and organisational visibility of metrics and intelligence from the moment of go-live. Official reporting is now in development for Commissioners and Welsh Government, due to in January 2026, building on the publications created for the Phase 1 work earlier in the year.
 - **Online Symptom Checkers (Digital Front End):** The development of the online symptom checkers progresses with clinical protocol work expected to be finished by Q4 (25/26) as planned alongside technical work.
 - **Content Management System (Digital Front End):** Discovery work on the Content Management System has also progressed with the undertaking of a supplier market engagement activity against our specification to better understand future options.
 - **Virtual Assistant (Digital Front End):** Phase two of the virtual assistant (Albot) for NHS 111 Wales, continues with progress on our proof of concept pilot to connect to a live agent for a specified set of user needs. The standard operating procedure and audit tool has been approved at formal senior operations team and the Clinical Assessment Software Group (CPAS). Phase two also includes exploration of WhatsApp integration and additional languages. Albot has been shortlisted for the Excellence in Healthcare Partnership Awards 2026, a strong endorsement of our collaborative work with Robotics AI and Druid AI, and a clear signal of the future potential of agentic AI to transform digital urgent and emergency care across NHS 111 Wales.
6. **National DOS:** WAST are engaging in a national project to unify the multiple Directories of Service (DOS) managed around all public health orgs in Wales. As WAST's DOS database is robust and well managed, and the interfaces well utilised, the team are heavily involved in the discovery and scoping phases of this national project being led by Welsh Government. In this reporting period we have supported the national project with user surveys and attended key workshops including director-level attendance at the policy and programme leads focus group.
7. **Digital Transformation Innovation Programme Group:** Significant developments have taken place including development of an overarching DDAT (Digital, Data and Technology) governance framework which aims to increase assurance and alignment in everything we do. Alongside this, a draft standard operating procedure has been developed to set out how we plan to firstly manage requests from triage and prioritisation, through to backlog management and ongoing support with live projects to ensure we are meeting all the right touchpoints (e.g. IG, cyber security, reporting, digital clinical safety, adoption, benefits and



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more). Engagement will take place in January 2026 with senior leaders across the organisation to ratify the plans alongside comms to support the launch whereby directorates can opt to field membership. Our aim is for the first DTIP to be held in February 2026. As a reminder, the purpose and strategic value of DTIP will be to:

- Ensure digital efforts are prioritised, visible and aligned to the Trust's broader objectives.
- Position Digital as a driver of transformation, not just a support service.
- Enable the Trust to say "no" or "not yet" to non-priority work, with transparency and justification.

8. **Human-centred design with the wider digital leadership team:** This marks the start of our journey in building human-centred design capability within the Digital Directorate, with early on-site sessions at MRD bringing digital, operational, and fleet teams together to translate real-world user and operational insight into clear, actionable technical requirements.
9. **ePCR Refresh:** Development on the Cardiac Arrest tool is continuing with deployment in 2026. Similarly, the activation of Welsh Clinical Records Service (WCRS) lift and shift is scheduled for Q1 2026, this will significantly enhance the availability of the patient record to the crews. The full application refresh is running according to plan, with anticipated delivery Q2 2026.
10. **Digital Clinical Updates:**
 - 1) A 'tenant structure' is now complete, representing the people structures for both clinical and operations directorates and will support the the ePCR platform. Work is now progressing to create the front end that will allow Senior Paramedics and Duty Operation Managers to easily move team members between teams this is scheduled for Q1 2026, ensuring reporting, information accesses, and insights are accurate and timely by understanding the variances within teams when dealing with our service users, it further strengthens the ability of the Trust to report on Clinical Performance Improvements
 - 2) A portal is being created to allow doctors who provide written orders for the administration of 'Just in Case' medications to be entered directly into ePCR via a 'tunnel'; this development will significantly safeguard our colleagues and the Trust and ensure that patients are provided medication when approaching end of life.
11. **AI Developments:** The Trust's new AI Steering Group which launched in October 2025, is bringing an essential governance mechanism around decision making, advice, and policy with regards to the approach of Responsible AI. Agenda topics covered at the first two meetings of the group have included: the WAST AI Policy, risks, updates on current AI tools, and discussion on education needs and inclusion.



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12. **Innovation Labs & Digital Engagement:** With the Digital Innovation lead now in place, the formal scoping of the digital innovation lab will be scoped throughout Q4. There is also strengthened alignment to our updated draft DDAT (Digital, Data and Technology governance) framework as to how this will operate more widely. The early innovation projects will be some of the first to benefit from our in-house Business Analyst support to ensure requirements, user needs and business processes are well defined. In addition, the Assistant Director of Digital Services (Digital Innovation and Transformation) is part of an all-Wales cohort receiving accredited ISO56001 training for innovation leads which is a UK first.

Lowlights

13. **CAD Replacement:** Current status is due to initial engagement and assignment of dedicated resource yet to take place. However engagement is planned with operations in Q4 to consider the strategic direction, scope and timelines of this project to support ongoing procurement activity for the 111, 999 and NEPTS CAD contracts in future years. Early engagement aligned to human centred design is both positive and essential to ensure requirements are understood from the relevant teams and leads.
14. **999 Paramount Replacement:** All new servers are in position, and conversations have taken place with the supplier regarding duplicate licencing for each new server, to allow the system to be built, configured and tested in parallel to the current live environment (i.e. with user testing being completed in the 999 Training CAD) to avoid disruption; however, timelines for the licencing are currently unconfirmed. The replacement project will also ensure that the database has enhanced resilience and new options for reporting. There is another project underway, regarding the update of Paramount on the current Live environment on 10th Feb 2026, which will need to be completed before configuration, testing and migration to the new platform can progress. The migration will also envelop the AQUA auditing system, for which testing is planned for late March – early April 2026, due to several other workstreams already scheduled in Q4 2025/26.
15. **ESN Phase 2:** On the Digital Plan (see Annex 1), the goal for 2025/26 was to submit the Outline Business Case to Welsh Government – an activity which was completed in the summer. The original plan was then to submit one Full Business Case (FBC) to encompass all ESN projects, but this plan has changed. Instead, Welsh Government have requested the FBC for handheld and Fixed Vehicle devices be submitted in September 2026 with the Air-to-Ground element being separated and submitted as soon as possible in the new year. A verbal update was provided at the November meeting of the F&P Committee, with a full paper planned for January's Committee meeting.
16. **Cloud GRS & eTimesheets:** A specification is in development which will see these two projects come together, and the migration of GRS to a cloud platform in Q1 2026/27. Work completed between WAST, the supplier and DHCW regarding the Microsoft Azure tenant integration – which is now functional and allows login to GRS Cloud client. Further work is



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required to allow single sign on - this will not delay the migration project, but is important to resolve to simplify the user experience. User Acceptance Testing (UAT) is due to commence early January 2026 for 4 weeks, with a 'dry run' scheduled in February, and full migration planned for April-May 2026.

Digital representatives are part of the technical group for eTimesheets, but have so far been unable to provide much support as the specification is still moving through completion internally with the relevant T&F group, to document operational requirements for supplier development. This specification will be submitted to the supplier for feedback and any subsequent returns for queries / clarification on requirements, prior to agreement on development timeline/financial implications.

17. **Individual Insights:** some progress has been made in year towards achieving the clinician level insight reporting, including the reproduction of the Airway Log dashboard, and the validation of the line reporting / team structure -related data behind ePCR. However, delivery of clinician level metrics will need to continue throughout 2026/27, as there are further expectations for individual insights, metrics and analysis. Competing priorities (such as the Ambulance Performance Framework data & reporting) has had direct impact on the ability of the Insight & Data Services (IDS) function to deliver on these requirements.
18. **Data Skills Enablement:** as a project, this work is still on-hold, unable to progress due to competing priorities within the IDS team and dependency on the development of a JD and recruitment of a "Data Translator" or "Data Enablement Lead" who will be able to bridge technical and non-technical stakeholders to drive adoption of data products, and oversee a programme of data skills and literacy to improve workforce confidence. However, using existing capacity, there have been some enabling deliverables this year, including the Data Quality training module now available to all staff, and a self-serve module to enable QSPE colleagues to better explore Datix data.
19. **IDS Improvements:** with competing priorities, and significant effort put into the new Ambulance Performance Framework by IDS colleagues, there has been limited available capacity to progress the internal improvements of the function. Further recruitment is required to bolster capacity to support these activities in 2026/27 which will see things such as: a strategic data plan developed, a data warehouse modernisation roadmap shared, expansion of internal data science skill, and records management improvements.



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RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Finance & Performance Committee is requested to:

1. Acknowledge the contents of the paper and determine if this provides assurance on the progress of the Digital Plan activities, IMTP commitments and CMT involvement of the Digital Directorate teams.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Finance & Performance Committee is requested to receive the following:

Annex 1 Digital Reporting Metrics

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

SO1: Providing the right care or advice, in the right place, every time

SO2: Enabling our people to be the best they can be

SO3: Being at the forefront of innovation and technology

SO4: Developing services in collaboration

SO5: Being quality driven and clinically led

SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

BAF Risks:

- 671 – Inappropriate use of AI Technologies
- 623 – Failure to comply with Data Protection Legislation



HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
December-25	Wider Digital Leadership Group (contributions)
6 January 2026	Digital Leadership Group (sign-off)
20 January 2026	Finance and Performance Committee

Digital Contribution 25/26

Everyday Essentials 	Simplified Sign-on	MS Hello POC in testing
	iPad Replacement	batch replacement ongoing
	Automation / RPA	BAs appointed; processes scoping
	Cloud GRS	testing planned in Q4
	eTimesheets	linked to Cloud GRS in 26/27
	EMS CAD Servers	Replace 999 & Paramount
	Windows 11	50% by Q3 target exceeded
	Cyber, Safety & Security 	AI Safety / Policy
Smart Stations		to be considered for 26/27
Cyber Improvement		actions as per corporate risk
IG Improvement		actions for risk & toolkit
Video Compliance		updates following consultation
Digital Pioneers 	Enhanced IVR (111)	to be considered for 26/27
	Patient Messaging	NEPTS SMS phase 2 scale-up
	AI Development	Gen-AI pilot evaluation due
	Innovation Lab	recruited; projects scoping Q4
Transformation 	CMT	see narrative
	CAD Replacements	EMS, NEPTS & 111 contracts tbc
	ESN Phase 2	OBC business case submitted
	Drones	live
	Digital Engagement	vehicles dependent on fleet plans
	ePCR Phase 2	development due by Q2 26/27
Data, Information & Insight 	Individual Insights	airway log report; tenant structure
	NDR Programme	Q3 deliverables partially complete
	Skills Enablement	e.g. data literacy + Datix self-serve
	IDS Improvements	further recruitment required
	Collaborations	Contribution to WAST R&D

See IMTP & STB trackers for action & milestone based progress. RAG and progress based on Directorate Plan Last updated 06/01/2026

CMT Digital Contribution 25/26

Remote Integrated Care Service

RICS Integrated CAD	Remote Monitoring	Low code Alignment
CPSS in 999s (pilot)	Video Triage	Welsh Clinical Portal Integration

Digital Front End

Virtual Assistant	Content Management System*	Symptom Checkers	Service Development*

*Subject to funding agreements and processes

Urgent Community Response

ePCR Access (e.g. falls responders)	Scheduling (APPs/palliative)

Emergency Response Service

Red Review Infrastructure	Call Category Changes	CPR in Community (Scoping)	Rapid Clinical Screening

Health Transport

Scoping for the art of the possible

Digital Overarching Support (all workstreams)

- 26/27 IMTP + CMT: Unclear requirements, and new in-year requests being received without impact assessments or prioritisation
- Metrics & reporting: Testing & validation of supplier work ongoing ahead of Phase 2 go-live
- IG & Data Protection: Late engagement in projects, and competing priorities

Digital: Data & Analytics

Data Lifecycle: Oct 25

The 6 stages of the data and analytics lifecycle and related metrics.

Volume of Records Requests

Not including Police requests or ePCR processing

Timeliness of ASI Submission to Commissioners

Jan-25	Jul-25
Feb-25	Aug-25
Mar-25	Sep-25
Apr-25	Oct-25
May-25	Nov-25
Jun-25	Dec-25

*August 2025 had agreed extension due to first release of new call categories (Arrest + Emergency), September also delayed 2-3 days

% EMS incidents where patient NHS Number was verified

72%

this represents the patients who can be identified by their NHS Number enabling data linkage projects and easier triangulation with Health Boards

Information Requests Received vs Completed

Turnaround for non-trivial analytics tasks (avg days)

Difference in Requested Date to Completed Date

Total Data Warehouse Load Failures

Data Protection & Data Quality metrics found in Information Governance and Security Report

Digital: ICT Systems

Data for December 2025 unavailable at the time of writing the report

System availability metrics

Each circle represents availability per month. N.B. these are not reflective of SLAs, and do not yet differentiate supplier issues & resolutions

Definitions based on industry standards
 <4.32 mins downtime: >99.99%
 >4.32 and <43.8 mins: >99.9%
 >43.8 mins downtime: <99.9%

EMSC System Availability % CAD C3 2023/24: A M J J A S O N D J F M 2024/25: A M J J A S O N D J F M 27/10/25: ProQA failure 30/09/25: loss of transfer functionality of 9s and 1s calls 07/05/25: 111 CAD lag issues
999 System Availability % EMS 25/26: A M J J A S O N D J F M Telephony 24/25: A M J J A S O N D J F M 26/11/25: Call Vision staff status issue 10/03/25: LifeX loss of connectivity 07/05/24: LifeX outage all Wales
NEPTS System Availability % CAD Cleric 25/26: A M J J A S O N D J F M 24/25: A M J J A S O N D J F M
CSD System Availability % ECNS 25/26: A M J J A S O N D J F M Lowcode 24/25: A M J J A S O N D J F M
ePCR System Availability % Terrapace 25/26: A M J J A S O N D J F M 24/25: A M J J A S O N D J F M
111 System Availability % CAS 25/26: A M J J A S O N D J F M 24/25: A M J J A S O N D J F M 25/09/25: issue transferring calls to GPOOH
111 System Availability % Telephony 25/26: A M J J A S O N D J F M 24/25: A M J J A S O N D J F M 07/06/25: UK-wide 111 telephony outage

Digital: Service Provision

Quality, efficiency, and stakeholder feedback: Nov 25

ICT Service Desk 5 stars TBC calls logged TBC calls resolved 8.8 Service Desk hours saved through use of RPA	Top 5 November Service Desk Requests • Generic Request: 281 • Cleric support: 213 • Procurement: 204 • ePCR related issue: 161 • Hardware: 132
	82% Incidents resolved within target 94% Requests resolved within target Note: not all incidents or requests can be resolved by WAST
Records RPA for PCR requests saved people hours in October Assumes 10 minutes per request	Data for November unavailable at the time of writing the report
IDS Inbox Same day turnaround of 'quick' tasks ON TRACK If non-quick tasks = 3 days on average to complete, then 90 requests = 2000 people hours, which would require >13 FTE analysts to complete each month.	
111 Website 48% October-25 engagement rate ~5900 Virtual Assistant conversations monthly The current position shows a steady trend across previous months, but increase from a low of 44% in May-25 Engagement = users with a session >10 seconds, a conversion event, or 2 or more page views.	



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Agenda Item No. 10

REPORT TITLE

Information Governance Progress Report

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Jonny Sammut
Author(s) of report	Dr Leanne Smith

PURPOSE OF REPORT

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This report brings to the committee an update on the Information Governance (IG) activities of the Trust and related areas, including Information Security, Records Requests and Management, Freedom of Information, and Data Quality. Information Governance Highlight Reports are presented monthly to the Information Governance Steering Group (IGSG) chaired by the Trust's Senior Information Risk Owner (SIRO, and Director of Digital Services). The IGSG reports via AAA to the Executive Leadership Team (ELT).



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2. This paper covers data and intelligence from the period of **1st October to 30th November 2025**, and the topics discussed at the November meeting of IGSG (there was no December meeting of IGSG).

Alerts

3. **Paxton DPIA Escalation:** a Data Protection Impact Assessment (DPIA) is still outstanding for the Paxton Access Control system, with no progress during the previous 12 months but with an initial meeting and discussion of risks occurring in Dec-25. The Paxton system collects and processes Personally Identifiable Information (PII) on staff and visitors to WAST sites. Despite repeated follow-ups, this has resulted in formal escalation by the Trust's SIRO (Senior Information Risk Officer) who is also Chair of IGSG.
4. **Disaster Recovery:** concerns had been raised by the IGSG about delays in testing data centre failover procedures, also known as "flips", with risks of increased exposure if not regularly tested and patched. However, dates have been secured, taking into consideration change freezes and Winter pressures. However, one system (ECNS Low Code) is yet to have an agreement over the "flip" date with Operations colleagues. An escalation is being made to both the RICS and Digital Front End workstream boards for support in ensuring any risks to the organisation from gaps in disaster recovery testing are considered.
5. **Records Management:** there is a persistent backlog and capacity issue within the Records team, with concerns that the volume of requests is not decreasing and resourcing remains a challenge. Mitigations include contractor and alternative duties support, and developing frameworks and internal procedures, but the issue is recognised as a long-term complex project. The group considered whether records management should be treated as a corporate risk due to its significant impact on the organisation and the continual attention it receives during audits. This approach is being considered, balancing audit tracker actions with broader risk mitigation.

Highlights

6. **IG Toolkit:** the IG Toolkit for 2025/26 remains at 90% complete, with most outstanding actions related to the CCTV or surveillance related risks and compliance, and mandatory IG Training also standing above 90% compliance, meeting the 'minimum expectations' requirements and above the 85% target.
7. **IG Priority Framework:** An Information Governance (IG) Priority Framework has been implemented to help meet statutory requirements and provide a structured, risk-based approach to managing IG workloads. The framework ensures statutory compliance and enhances operational efficiency by:



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- a. Establishing clear, risk-based prioritisation of tasks to support effective planning, engagement and escalation.
- b. Prioritising breaches and risks as the highest category, requiring swift incident containment, ICO notifications within 72 hours, and prompt communication with affected data subjects.
- c. Emphasising proactive risk management, enhanced monitoring of inappropriate access, and improved visibility of work progress to stakeholders to maintain accountability and awareness.

Key improvements include moving DPIA tracking to SharePoint for better version control and transparency, as well as creating a new DPIA log similar to the data breach log. The roles of the IG team have also been clarified, to ensure the responsibility of authoring the DPIA remains with a project team. Overall this approach enables better planning, escalation and resource allocation, reducing delays and strengthening resilience.

8. **Meeting Minutes Guidance:** The group discussed the potential to use meeting transcripts (without full recordings) for closed or sensitive meetings, with clear messaging that transcripts are for minute-taking only and will be deleted after approval, to address confidentiality concerns. Technical considerations, such as the need to confirm whether Copilot can work with transcript-only mode and the possible requirement for specific licenses or DHCW support, will need to be investigated further. The group agreed to pursue this approach, aiming for a solution by the end of the year, and to keep trade union partners involved in the process.
9. **CCTV & Surveillance Systems:** the consultation period on the CCTV & Surveillance Systems Policy ended on 31st October 2025. Feedback has been received and incorporated where necessary into the policy which will continue through the policy approval process. In addition, work has commenced on updating the SOP appendices.
10. **Information Asset Management:** The first Information Asset Management (IAM) Group meeting was held on 23rd October 2025. It has been established as a sub-group of IGSG to address longstanding gaps in the Trust's oversight of information assets. Key roles have been clarified and new template resources introduced, with members now tasked to begin updating asset entries. The second meeting took place on 22nd December, and the group will continue to meet monthly.

Lowlights

11. **Data Breaches:** An increase above average has been seen in the number of data & information related incidents reported via Datix. In particular, there has been an increase in reports of mixed and crossed patient records being returned when searching within ePCR. A



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thematic and root cause analysis is underway, steps to reduce / prevent are deployed and further work is currently in testing.

12. **IG Toolkit Video Surveillance Category:** the IG Toolkit Action Plan is currently 90% complete (as mentioned above), with the outstanding 10% focused on achieving compliance in the video surveillance category. Whilst work is ongoing to finalise the CCTV Policy and Procedures, a draft risk assessment is being developed to address the remaining compliance gaps and issues noting the impending IG Toolkit submission deadline of 31st March 2026.
13. **FOI position:** FOI compliance rates have dropped from previous levels (e.g. 70% to 54%), with delays attributed to late receipt of requested information. Despite similar numbers of requests, the number of questions and the complexity of them can vary. A joint SOP is being developed to handle complex FOI requests involving multiple teams, ensuring consistency and timely responses. This coordinated approach aims to maintain cohesion and reduce contradictions when a request spans several teams.
14. **eDiscovery issues and Subject Access Requests:** *note this item was not discussed during IGSG, but is related to the business of the group, and important for committee to be aware.* On the 12th November, WAST were made aware of an issue with eDiscovery – the system that supports secure content search and retrieval of information and records across the Microsoft 365 services. The issues temporarily impacted WAST's ability to search for, retrieve and review data for compliance and governance purposes, including those of Subject Access Requests made under the Data Protection Act and Freedom of Information Requests. The delays in responding to statutory or internal information requests could have led to compliance breaches and reputational impact; however, the technical issue was swiftly resolved by DHCW and Microsoft, and full functionality was reinstated on 20th November, with the WAST Records team able to resume Subject Access Requests and searches as normal.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Finance & Performance Committee is requested to:

1. Consider the contents of the paper and whether this gives assurance 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.



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ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Finance & Performance Committee is requested to receive the following:

Annex 1 Information Governance Reporting Metrics

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

SO1: Providing the right care or advice, in the right place, every time

SO2: Enabling our people to be the best they can be

SO3: Being at the forefront of innovation and technology

SO4: Developing services in collaboration

SO5: Being quality driven and clinically led

SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

BAF Risks:

- 623 – Failure to comply with data protection legislation
- 260 - Significant and sustained cyber attack resulting in denial of service and loss of critical system

Other Risks:

- Risk of delay in testing of the disaster recovery plans / flips for critical operational systems.
- Risk of non-compliant and inconsistent Records Management approaches across the Trust.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

Safe

Timely

Effective

Efficient

Equitable

Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

Leadership

Workforce

Culture

Information

Learning Improvement and Research

Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

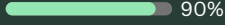
APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
06/01/2026	Digital Leadership Group
23/11/2025	Content taken from November IGSG Highlight Reports and AAAs

INFORMATION SECURITY & GOVERNANCE KPI REPORTING

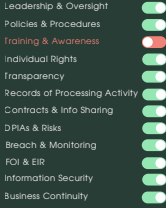
Dec 25 Report
Reporting period:
Apr-23 to Nov-25

2025-26 Completion against the Toolkit categories and WAST improvement plan

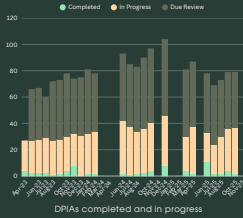


IG TOOLKIT & IMPROVEMENT

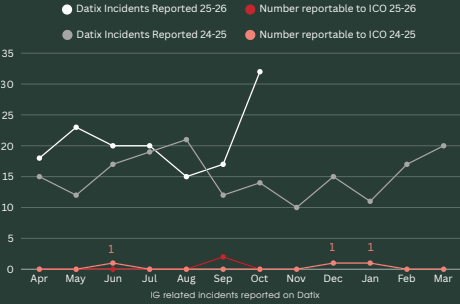
2024-25 IG Toolkit submitted Mar-25
2024-25 STATUS: "standards not met"



The DPIA log continues to be reviewed and updated weekly, including cloud security assessments.



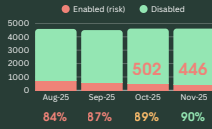
DATA PROTECTION BREACHES



INFO SECURITY

0 cyber incident reported to CRU under NIS regulations in 2025-26 to date

Last incident reported was in December 2024



<< Target for disabled accounts is 90%

enabled dormant accounts

Subject Access Requests

Must be responded to within 30 calendar days from receipt in line with GDPR.

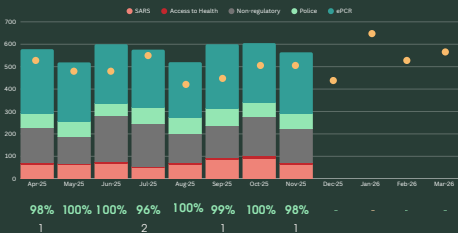
Access to Health

Requests for personal information which fall under the Access to Health Records Act 1990 require response within 40 calendar days.

Other Requests

Requests which do not fall under either of the 2 other regulations must have a legal basis. These include requests from Police, Coroner etc.

RECORDS MANAGEMENT



<< Compliance (%)
<< Breaches (#)

DATA QUALITY

Timeliness of ASI submission to commissioner



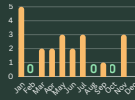
April and June submissions were 2-3 days overdue. August was delayed but with agreed extension; Sept and Nov also delayed due to manual corrections.

Patient NHS Number Completion Rate

72%

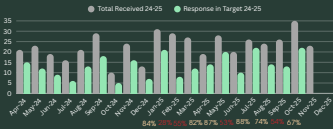
% EMS incidents where NHS Number was verified

Data Load Failures



FREEDOM OF INFORMATION

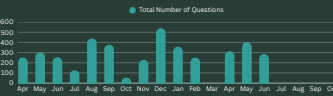
FOI Requests & Responses



Freedom of Information

The FOI Act gives the public the right to access information held by public authorities. ICO target is for organisations to respond to 90% within 20 working days.

<< FOI compliance



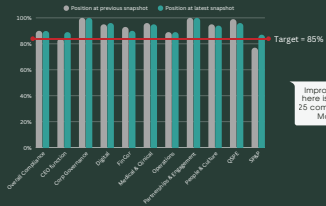
<< Total number of questions received in all FOI requests per month

Rolling average questions per request >>

AWARENESS & TRAINING



Mandatory ESR Data Protection & IG training compliance is being maintained above the 85% target



Improvement here is for Aug 25 compared to Mar 25



Completion rate of WAST AI Awareness course, launched April 2024



Number of people completed WAST Data Quality Awareness course, launched October 2025



Correct answer rate for Accuracy Question of DQ Awareness course



Correct answer rate for Validity Question of DQ Awareness course

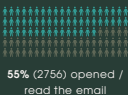


Correct answer rate for Consistency Question of DQ Awareness course



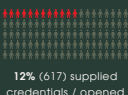
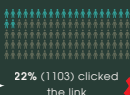
Correct answer rate for Uniqueness Question of DQ Awareness course

Phishing campaign Mar 25



Oct-24 campaign saw 10%, Dec-24 11%

Feb-24 campaign saw >21% click the link, Oct-24 17%





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Agenda Item No.

11.1

REPORT TITLE

Integrated Medium Term Plan (IMTP) 25/26 Quarter 3 Assurance Report

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh (Executive Director of Strategy, Planning & Performance)
Author(s) of report	James Houston (Assistant Director of Planning & Transformation)

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of this paper is to provide the committee with a progress update and assurance on the 2025/26 quarter 3 (Q3) IMTP deliverables position.
2. The Clinical Model Transformation (CMT) programme continues to progress at pace with strong progress made during the Q3 reporting period. A key highlight is the successful implementation of the phase 2 Ambulance Performance Framework (APF) and strong progress to develop the programme and work stream benefits scorecards. There continues to be positive progress across the directorate led IMTP deliverables. A total of 13 deliverables are marked as complete and 33 reported as green and on track for completion. There are 6 red reported deliverables that will be further scrutinised by the Strategic Transformation Board on the 26 January. As highlighted in the Q2 report, organisational capacity remains a key challenge, noting the prioritisation of key areas of work (including the APF) during this period and the impact of seasonal and system pressures.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is asked to:

NOTE progress for the quarter 3 IMTP deliverables (CMT & Directorate level reported deliverables)

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Clinical Model Transformation (CMT) Programme Workstream Updates

Annex 2 IMTP Delivery 2025/26 Highlight Report (Q3)

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

SO1: Providing the right care or advice, in the right place, every time

SO2: Enabling our people to be the best they can be

SO3: Being at the forefront of innovation and technology

SO4: Developing services in collaboration

SO5: Being quality driven and clinically led

SO6: Delivering exceptional value



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RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment No Yes

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 th January 2026	Finance & Performance Committee



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SITUATION

1. The purpose of this paper is to provide the committee with a progress update and assurance on the 2025/26 quarter 3 IMTP deliverables position.

BACKGROUND

2. The 2025/26 IMTP deliverables are monitored through two internal delivery mechanisms reporting into the Strategic Transformation Board (STB). Implementation of the Trust's Integrated Clinical Services Model is reported via the Clinical Model Transformation (CMT) Board, and the wider organisational deliverables are monitored via the Integrated Strategic Planning & Development Group (ISPDG).

ASSESSMENT

Clinical Model Transformation (CMT) Q3 Progress

3. The Clinical Model Transformation (CMT) Programme continues to progress in line with its strategic ambition to transition to an integrated, clinically led Clinical Services Model.
4. Following approval of the CMT **Programme Definition Document (PDD) and the CMT Board's Terms of Reference (ToR)** by the Strategic Transformation Board (STB), development of the programme's foundational documents is ongoing including the **CMT Programme Benefits Realisation Plan**. This document was presented for review at CMT Board in Dec-25, with a view to presenting a final document for endorsement at CMT Board in Jan-26.
5. Progress continues in demonstrating identified **benefits**, with all five work stream scorecards approved. The programme benefits scorecard is approved pending minor amendments. All scorecards have been submitted to IDS for digitisation. These outputs, along with logic benefits maps, will feed into the **Benefits Realisation Plan** noted above, ensuring that outcomes are measurable, attributable, and aligned with programme objectives.
6. In developing our Programme Vision, work is ongoing on the development of **Patient Personas**. These personas were presented to Clinical Advisory Group for review and to CMT Board in December for discussion. Further work is required to refine ahead of CMT Board in Jan-26.



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7. Work is due to begin in Jan-26 on **Programme Leadership Behaviours**. This is a collaborative effort with the Change Management team to develop role profiles for each of our programme leads via training and engagement.
8. **CMT programme deliverables** are undergoing a third review cycle (following review during support strategic discussions at the Executive Leadership Team (ELT) and Senior Leadership Community (SLC) session in Nov-25) to identify and record milestones against each agreed deliverable. These are expected to complete by early January to begin development of the IMTP narrative.
9. Fieldwork has concluded on the **CMT Audit** and early feedback is expected in late Dec-25. The report and subsequent action plan will be presented back to CMT Board in Jan-26.
10. The table below provides a high-level summary of progress against each CMT work stream and further detail can be found in the CMT highlight report.
11. A key area of positive progress to report is the successful implementation of Phase 2 of the Ambulance Performance Framework pilot. The Trust successfully launched the new Orange (Now), Yellow (Soon) and Green (Planned) call categories on the 2nd Dec replacing the previous Amber and Green categories. The implementation phase went smoothly, and operational command structures were stood down on the 4th-Dec, with any outstanding issues being managed through routine business channels.

12. Table 1: Overview of the CMT Q3 Highlight report

Workstream/Enabling Group		RAG	Notes
Digital Front-End		Green	On Track
Remote Integrated Care		Amber	Off Track; alignment of CSD and 111 to formally establish RICS has been deferred to Spring 2026 in order to prioritise MIS-led CAD changes aligned with Phase 2 Call Flow changes.
Urgent Community Response		Yellow	On Track (cautionary status)
Emergency Response	Call Flow and Prioritisation	Green	On Track
	Out of Hospital Cardiac Arrest	Green	On Track
Health Transport		Amber	Off Track; MIS-Cleric interface issues on hold due to supplier capacity until February 2026
CMT Metrics		Yellow	On Track (cautionary status)
Change Management		Yellow	On Track (cautionary status)
Partnerships & Engagement		Green	On Track



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Directorate led IMTP Deliverables

13. To note that due to the reporting cycle of the Strategic Transformation Board, the Q3 IMTP highlight report will be presented and discussed at the next meeting on the 26th January. Therefore, on this occasion the highlight report has been shared in 'draft' status and prior to STB undertaking the required assurance and scrutiny.
14. During this reporting period directorates undertook an initial assessment and review of IMTP Deliverables as part of the planning for the 2026 – 2029 IMTP. This includes a consideration of the deliverables that are likely to 'roll over' into the next financial year with updated delivery milestones. This work is continuing at pace with refreshed IMTP deliverables submitted on the 2nd January for initial review and refinement as part of IMTP development process.
15. The table below provides a summary of the reported RAG status of all of the deliverables by directorate area.

Table 2: Overview of all 25/26 directorate level deliverables (Q3 RAG status)

Directorate/Objective	Green	Yellow	Amber	Red	Not Started	Complete
Operations	6		3		3	1
Finance & Corporate Resources	3		1	2		1
People & Culture	11		3		1	2
Partnerships & Engagement	2	1				5
Digital	5		8	1		
Quality, Safety & Patient Experience	4		5	3		1
Corporate Governance	2					3
SO6: Delivering exceptional value (SP&P and non-aligned deliverables)	1		4		2	

16. A total of 13 deliverables are reported as complete and 33 reported as Green and on-track. Some key highlights to report include the completion and submission of the **Fleet Business Justification Case (BJC)** and high delivery confidence for the **procurement and build for the 2025/26 vehicles** by the end of Q4. Strong progress has been made to strengthen **Welsh language compliance**. NEPTS **one way SMS functionality** has been implemented. A new **Head of Commercial** has been appointed to take forward the trusts commercial plan. The Trusts new **AI Steering** group launched in Oct and the first live operational deployment the **HART drone** took place successfully on the 26th Dec. A new IMTP deliverable has been escalated (in year) for reporting via the IMTP process to develop and implement a **'Putting Things Right'**



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Improvement Recovery plan. A programme board has been established in December, and work is continuing to develop the improvement plan.

17. A total of six deliverables are reported as Red and off track and will be discussed in the next Strategic Transformation Board on the 26th January to consider the risks, implications, mitigating actions and timescales. The 'red' reported deliverables include the **EMS & NEPTS CAD replacement business case** due to delays undertaking initial engagement and assignment of dedicated resource to help take this work forward. Engagement is planned for Q4 to consider the procurement activity for the 111, 999 and NEPTs CAD contracts. Work regarding **Population Health** is off track due to previously reported resource constraints. The 'Always on' Duty of Quality delivery timelines have been extended to factor in IDS capacity constraints. The **Estates SOP** is off track pending the completion of the 6 facet survey. Discussions are ongoing regarding the **resource and support requirements to enhance fleet de-carbonisation opportunities** as part of the de-carbonisation Delivery Action Plan (DAP). Proposed resource requirements have been submitted as an internal cost pressure for consideration as part of the 2026/27 financial plan.
18. Whilst many of the Amber reported deliverables are not due for completion in Q3, they have been cautionary flagged with an amber status due to potential issues completing the work within the projected delivery timescales. The underlying cause is linked back to organisational capacity where work to deliver the Clinical Model Transformation programme and preparatory work for the new Ambulance Performance Framework have taken organisational priority. This has been particularly prevalent for colleagues that have required critical involvement to enable this work including our Information and Digital Services (IDS) teams, where there is a known capacity constraint.
19. As outlined in a separate committee paper on the development of next year's IMTP, work is underway to review and refresh the IMTP deliverables for 2026 – 2029. To support this process there will be a full close down of the current IMTP deliverables, mapping those that will be 'rolled forward', 'amended' or 'de-prioritised'. As part of this work, consideration will be given to review and continue to strengthen the monitoring approach for IMTP Directorate level deliverables.



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RECOMMENDATION

20. The Recommendation is set out in the front cover above.

NEXT STEPS

21. The next steps are as follows:

- STB to review the Q3 position on the 26th January.
- Undertake the Q4 progress report and complete the end of year closure status.
- Identify opportunities to improve IMTP monitoring and reporting process for the 2026/27 planning cycle.

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Clinical Model Transformation (CMT) Programme Workstream Updates



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Clinical Model Transformation (CMT) Programme
Workstream Updates
Released: 1st December 2025

Gareth Taylor, Programme Manager



Navigation



Status	Description	Characteristics
Green	<p>Project is on track and progressing well, meeting or exceeding expectations in terms of schedule, budget, quality, and objectives.</p> <p>Action Required: No immediate action is necessary, but ongoing monitoring and regular reporting are still required to ensure the project maintains its positive trajectory.</p>	<ul style="list-style-type: none"> • Project milestones and deliverables are being achieved as planned. • Risks and issues are under control or adequately mitigated. • The project is progressing within the defined timeline and budget. • Key performance indicators are being met or surpassed.
Yellow	<p>Provides an early warning that challenges or barriers are anticipated, but are not yet impacting on progress.</p> <p>Action Required: Close monitoring of factors anticipated to impact on progress, contingency planning, and reprioritisation if appropriate.</p>	<ul style="list-style-type: none"> • Workload reprioritisation has been required to keep the project on track i.e. the impact has been transferred. • The project remains on track overall, however there are notable issues or risks or amber/red statuses recorded against key enablers, or interdependent projects that may impact over time. • The project remains on track overall but there may be moderate slippage against some tasks or actions.
Amber	<p>An amber status signifies a cautionary state, indicating that the project is encountering challenges or potential risks that need attention to prevent further escalation.</p> <p>Action Required: Close monitoring of the project, proactive measures to mitigate risks, and corrective actions to address identified issues should be taken promptly to prevent further deterioration.</p>	<ul style="list-style-type: none"> • Some project objectives are not being met as planned. • Certain milestones are at risk of being missed. • There are notable issues or risks that could impact project success if not addressed promptly. • Project performance or progress is below expectations but can be recovered with timely actions.
Red	<p>A red status indicates a critical situation where the activity is significantly behind schedule, over budget, or facing major issues that jeopardize its success.</p> <p>Action Required: Immediate attention and intervention are necessary to address the issues and bring the project back on track.</p>	<ul style="list-style-type: none"> • Major project objectives are not being met. • Critical milestones are consistently missed. • Key deliverables are incomplete or of poor quality. • Significant risks or issues are unresolved, and their impact on the project is severe.

RAG Status Definitions

Digital Front-End Workstream

Executive Sponsor: Jonny Sammut

Senior Responsible Owner: Ceri Griffiths

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Who do you turn to for
healthcare advice?



Healthcare advice you can trust - 24 | 7
Online. On the phone.

111.WALES.NHS.UK

Digital Front-End Workstream Update



Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:
Dec-25	Green	Green	Virtual Assistant: Phase Two T&F Group Initiated Symptom Checkers: Alternative use of existing funding to promote Symptom Checkers	SRO: Ceri Griffiths
Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Virtual Assistant	Green	↔	<ul style="list-style-type: none"> Virtual Assistant Phase 2 Task & Finish Group has been established. Exploration of the Live Agent functionality progressing. Standard Operating Procedure (including escalation & safeguarding) in development. Accompanying SBAR to be submitted to CPAS for review. Increased interactions in October (5893 conversations), averaging approximately 20 minutes each. Completed thematic analysis of callback requests and chatbot feedback to inform live agent SOP. 	<ul style="list-style-type: none"> Exploring repurposing time allocated to Dental workstream for an Analyst Exploring options around the testing and possible funding for overtime with a view to commence testing in January. Continue regular meetings with suppliers and receive analysis of feedback we have requested to identify areas of improvement Demonstration of live agent functionality from supplier. Meet with Records Services and Archives Manager to confirm details for data and document storage and retention for medical records. Produce Alpha Beta & UAT testing scripts for Live Agents use. Confirm functionality – for Chatbot to offer a live agent to user if frustration building and ensure live agents are only offered when live agent is logged in. Live Agent SOP to go to CMT Board.
Symptom Checker Implementation	Green	↔	<ul style="list-style-type: none"> Good progress made with 60% of the Clinical protocols completed including explainers & rationale for questions that require them. Good progress with technical elements, ongoing meetings in place. Obtaining quotes for Welsh Language translation. Exploring utilising existing WG funding to produce media campaign, videos etc to promote symptom checkers and 111. 	<ul style="list-style-type: none"> Exercise required to confirm which pictures are required. Work continues to create a technical solution to the recommended care level issue, around how the checkers account for local variation of health boards, with ED, DNs, and Dental.
Content Management System	Green	↔	<ul style="list-style-type: none"> CMS specification document developed to assist information gathering with framework suppliers National scoping of Directory of Services (DOS) continues. External engagement underway - to include service users, Health Boards and Trusts 	<ul style="list-style-type: none"> Suppliers to meet with a small panel from DFE to explore options and to consider what is more suitable against the specification. Develop procurement summary statement.

Jonny Sammut

Ceri Griffiths



Remote Integrated Care Workstream

Executive Sponsor: Liam Williams

Senior Responsible Owner: Pete Brown

Remote Integrated Care



Report Date:	Overall Programme RAG	Previous RAG	For Noting:	Executive Sponsor:
Dec-25	Amber	Amber	Implementation of the Falls Desk successfully executed 12th November with early data showcasing positive impact. Risk escalation: Potential delays in digital developments.	Liam Williams SRO: Pete Brown

Deliverable	Scope	RAG Status	RAG Trend	Summary Position
Care Planning Function	Focus on developing a sustainable model for pre-winter and exploration into the procurement requirements for remote monitoring inclusive of Falls Desk implementation.	Green	↑	<ul style="list-style-type: none"> Implementation of queues, AQM, and process went live 7th October with a scheduled touchpoint booked to review data and feedback. Falls Desk launched 12th November with early data and feedback highlighting positive impact. Scheduled touchpoint booked to review data and feedback and shape next steps for the function. Ongoing alignment with Urgent Community Response.
New Call Flows & Categories	Design and deploy call flows and categories into Integrated Care, in this instance, Ambulance Performance Framework Phase 2.	Green	↔	<ul style="list-style-type: none"> Close links and working with Emergency Response Workstream, translating the implementation into operationalisation within Integrated Care. 2-week support planned within Integrated Care complimenting the 6-week pre-go live engagement and Q&A sessions running parallel to the dedicated training time.
Strengthening Application & Evaluation of CPSS	Exploration into the use of CPSS, expansion of use, and evaluation of the digital tool.	Yellow	↔	<ul style="list-style-type: none"> Expansion phase paused due to resource and capacity pre-Winter. However, exploration into requirements following revisiting in Q4 25/26 to be undertaken to showcase impact. Expansion of CPSS has strong links and is dependent on the implementation of a single CAD. Winter Desk improvements continuous within operations.
Alignment of CSD and 111	Core components and tasks relating to alignment and integration of services to establish Remote Integrated Care.	Amber	↔	<ul style="list-style-type: none"> Full launch of RICS planned for Spring 2026 pending ongoing monitoring of raised risk where there may be delays due to process relating to PO. Task & Finish group established to commence milestones to implementing CAD solution, however this is still dependent on MIS capacity and internal delivery. Core Organisational Change Processes ongoing with training, rosters, and implementation planning underway to support transition for First Line Management. Plans to embed structure by February 2026.

Risk Ref:	RISK-150	Responsible Group:	Remote Integrated Care Workstream Board	Oversight Group:	CMT Programme Board	Risk Owner:	Peter Brown
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Risk Title:	Procurement Delay					
Risk Description:	<p>IF the delays in processing the Purchase Order (PO) persist from Shared Services THEN the development work from MIS may be delayed and impact timelines RESULTING IN delay in overall project delivery where, the CAD has previously been delayed/postponed, this will further impact timelines and potentially stakeholder expectations.</p>					
Existing Controls:	<ol style="list-style-type: none"> Engage Shared Services early to confirm PO requirements and timelines. Track PO progress proactively and escalate delays promptly. 					
Planned Mitigation:	<ol style="list-style-type: none"> Explore interim solutions (e.g., pre-development planning or partial work) while awaiting PO approval. Communicate potential delays to stakeholders and adjust delivery expectations if necessary and escalate where appropriate. 					
Risk Approach	Opening Score			Current Score		
	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score
Mitigate	4	4	16	4	4	16
Recommendation / Actions Required (from Oversight Group):	<ol style="list-style-type: none"> Approve and note the risk, accepting the mitigations to be delivered within the workstream. 					

Focus on... Falls Desk:

November 12th-17th (6 days)

Early Indications of Positive Impact

The following information* showcases the impact the Falls Desk Clinician and Response Coordinator made on day 1 of go live of the **Falls Desk** managed within Integrated Care.

**Data collated from spreadsheet for Day 1 – 6 until transition into PowerBI reporting tool*



268 Falls Incidents were provided support from the desk.

This equated to **91** Amber 1 calls, **154** Amber 2 calls, and **22** Green 2 calls and **1** green 3. These were patients identified as needing a response through the Clinical Navigator and who remained on the floor were promptly referred to the desk. This was to ensure early clinical involvement and rapid allocation of resources



259 occasions where the AQM used

After a tailored Falls AQM, the team remotely supported safe lifts on 80 occasions, helping **31% of patients**. A total of 30 patients were off the floor already and 46 were failed contact. When appropriate, guidance was given to lift patients from the floor, then incidents moved from the response queue to the Integrated Care queue (CSD) for further remote assessment.



108 occasions received a full ECNS assessment

When using the AQM, there were **108** occasions where a clinician undertook a full ECNS assessment. 24 occasions were via the falls desk, and 84 occasions were from CSD. This was required due to "**red flag clinical concerns**" or in circumstances where the clinician disagreed with the original priority.



Resource Allocation

The desk had **206** allocation involvements through the Response Coordinator role. There were 189 incidents allocated to falls responders (Level 1) and 3 Level 2 incidents, 10 for CWRs and 10 for CFRs. Note this was involvements (allocations, standdowns/at scene is captured). **Utilisation over the past 6 days is 58.4%**



Amber 1 Median for Falls Incidents: 1 hour and 11 seconds

Green Median for Falls Incidents: 59 minutes



Shared Learning and early feedback shows the positives associated with the desk and potential.

Next Steps:

- Touchpoint meeting to review 4 weeks of data and feedback to shape further developments
- Development of a Falls Desk Dashboard to capture and present accurate data



Urgent Community Response Workstream

Executive Sponsor: Andy Swinburn

Senior Responsible Owner: Sonia Thompson

Urgent Community Response Workstream Update



Report Date:	Current RAG	Previous RAG	For Noting:		Executive Sponsor:
Dec-25	Yellow	Yellow	Issue: Ongoing reporting issues continue to affect ability to deliver on national reporting as required.		SRO: Sonia Thompson
Project/Working Group	In Scope	RAG Status	RAG Trend	Summary Position	
UCR Scheduling	Finding solutions to barriers to UCR Scheduling to allow testing and evaluation prior to implementation.	Green	↔	<ul style="list-style-type: none"> SOP remains in draft. Work ongoing to discuss issue around excluding vehicles from auto-allocation. Solution being developed. December Go Live remains on track 	
Falls & Frailty Response Model	Review the impact of existing falls and frailty services with the purpose of designing efficient and sustainable urgent care service models that provide timely, appropriate, and effective care for patients across Wales.	Amber	↔	<ul style="list-style-type: none"> Falls Referrals: The falls field guide has been streamlined and clarified to prevent inappropriate referrals, and the BCU Pathway remains paused beyond the initial two-week pause window The Falls Desk went live on 12th November following agreement on evaluation metrics. National reporting to Welsh Government is delayed as the Power BI dashboard cannot accommodate requested data. IG approval received in order to include SJAC Falls Responders within ePCR. Training currently underway and reporting progressing well. 	
Tasking Optimisation	Designing the optimum configuration of our Urgent Community Responders, ensuring efficient tasking of the most appropriate resource to meet the patients' needs	Yellow	↔	<ul style="list-style-type: none"> The MHRV received positive feedback from NED ride-out, with recognition of MHRV value. Breakout session held at CNO Conference. Evaluation progressing with ongoing data collection (contact made with English Trusts regarding benchmarking measures of success), and MHRV SOP undergoing minor amendments prior to further review. RCDM courses progressing well. All Health Boards now live prior to 1st december deadline. CTM APPNAV re-established with Bulletin issue to crews confirming availability from 10/11. Dedicated 0300 numbers set up for each APPNAV for direct contact. APPNAV SOP updated, going to SOT on 18/11. The CTAS SOP has been updated to include time, purpose, and skill, and the next steps will involve onboarding clinicians to the new system and distributing relevant training packages. 	
Advanced Practice Delivery Group	Developing an APP workforce with the skills, training, and clinical supervision to perform their roles effectively	Green	↔	<ul style="list-style-type: none"> Work continues on the APP roster review and aligning clinical governance time, with initial discussions on renewed modelling and potential expansion of the palliative care rotational model to support EOLC patients in ED. The APP education workshop and online portfolio are expected to launch next month. Data inaccuracies are affecting evaluation and performance reporting of APP workstreams. The group is considering renaming ACPDG to UCRDG to transition transformational work into BAU. 	



Emergency Response Workstream

Executive Sponsors: Lee Brooks (Call Flow and Prioritisation Stream) and Andy Swinburn (Improving OHCA Outcomes Stream)

Senior Responsible Owners: Ceri Griffiths (Call Flow and Prioritisation Stream) and Greg Lloyd (Improving OHCA Outcomes Stream)

Emergency Response Service Call Flow and Prioritisation Stream



Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:
Dec-25	Green	Green	Rapid Clinical Screening – formal project closure underway. Call Flow Implementation (Phase 2) – Operational Order Approved. Clock Start Reset T&F Group to be established HCP Call Flow – Project Specification	Lee Brooks SRO: Ceri Griffiths

Project/Working Group	In Scope	RAG Status	RAG Trend	Summary Position
Rapid Clinical Screening	Delivery of downstream Rapid Clinical Screening function including recruitment to B7 Clinical Navigator roles, implementation of Clinical Leadership arrangements for screening function, and all technical and operational arrangements.	Green	↔	<ul style="list-style-type: none"> Project Closure Report is in draft and will be submitted to the CMT Board for noting . Expected early 2026.
Call Flow Implementation Phase 2 (Orange Now, Yellow Soon, and Green Planned)	Delivery of new Emergency Ambulance Performance Framework as directed by Welsh Government including all technical and operational arrangements.	Green	↔	<ul style="list-style-type: none"> Go-Live has formally been scheduled for 2nd December. The Operational Order was approved by the Call Categorisation Group 18th November 2025. Internal testing of the new categories completed. Live CAD Testing ongoing. Minor issues noted and flagged with MIS for solution development, which include reporting abilities. No risk to delay of Go Live while solution developed. The Ambulance Performance Framework Phase Two Assurance Report was endorsed by Trust Board on the 23rd October. The QIA, EQIA, and Explainer Document were included within the appendix. Testing and validation of the Live CAD underway with ringfenced testing days arranged to test and validate calls. Approximately 100 calls inputted for testing. No issues flagged, and currently awaiting final IDS validation of outputs. Proposal to be reviewed at CPAS regarding Clock Start Reset following re-coding. No current risk to Go Live, but Task & Finish to be established to develop solution. SOP Review nearing completion.
Healthcare Professional Call Flows Implementation Group	Collaboratively redesign our Health Care Professional Flows aligned to our Integrated Clinical Services Model and the new Ambulance Performance Framework.	Green	↑	<ul style="list-style-type: none"> Options Appraisal developed to support direction of travel. Recommendations endorsed by Call Categorisation Group. As noted in previous HLR the expectation is to move from Protocol 35 to an alternative protocol or develop an AQM. Project Specification and QIA in development and currently being reviewed by the HCP Group. ToR Approved by Call Categorisation Group 4th November. Timeline for delivery expected end of Q4 2025/26 or early Q1 2026/27

Emergency Response Service

Improving OHCA Outcomes Stream



Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:
Dec-25	Green	Green	Data & Analytics: Due to IDS capacity, data and analytics requirements for OHCA remain amber.	SRO: Greg Lloyd

Project / Working Group	In Scope	RAG Status	RAG Trend	Summary Position
Early Recognition & Call for Help	<ul style="list-style-type: none"> Enhancing public awareness and engagement for early cardiac arrest response Enhancing CPR awareness to empower early recognition and response in key touch points Enhancing call handler capability in cardiac arrest recognition and response 	Green	↔	<ul style="list-style-type: none"> Shoctober Campaign: The annual 'Shoctober' campaign has now ended. During the campaign, the team delivered a month-long educational initiative on emergency response during a 999 call, CPR, and defibrillator use, engaging 2,355 pupils across 25 primary schools in five Health Boards.
Early CPR	<ul style="list-style-type: none"> Achieving organisation wide resuscitation readiness to lead and influence Strengthening partnerships to promote GoodSAM adoption 	Green	↔	<ul style="list-style-type: none"> GoodSAM: The group agreed to increase the GoodSAM response radius in rural areas from 500m to 1,000m, while urban areas will remain at 500m. An impact assessment will be completed.
Early Defibrillation	<ul style="list-style-type: none"> Develop a mobile responder network by increasing GoodSAM volunteer's ad defibrillator access Enhance resilience in PAD management and maintenance 	Green	↔	<ul style="list-style-type: none"> Defibrillators: The group endorsed removing 309 unclaimed AEDs since 2019 and will notify Welsh Government. SALC, in partnership with BHF, established a process for returning AEDs to emergency services, aiming to reduce missing units. This approach will be presented at JESG, with plans to integrate awareness into AED devices.
ALS & Post Resus	<ul style="list-style-type: none"> Enhance specialist responder readiness through CPD, training and clinical assurance Implement robust audit and recognition for PURPLE cardiac arrest calls to drive improvement Build clinician confidence and capability in cardiac arrest decision making 	Green	↔	<ul style="list-style-type: none"> Post-CPR: A trauma-informed approach now supports post-CPR support by enabling collaboration between RCUK, BHF Helpline, SADs UK, and a bespoke call centre. Information cards have been distributed across the Trust to guide CFR and CHARU teams in accessing this support.
Data & Analytics	<ul style="list-style-type: none"> Trial and implementation of further data and analytics for Welsh OHCA 	Amber	↔	<ul style="list-style-type: none"> Data Linkage: Assurance was given on progress toward linking data for the Welsh OHCA registry, with a meeting scheduled with Welsh Government to prioritize this integration. Work is also underway to launch the Analyse platform.



Health Transport Workstream

Executive Sponsor: Lee Brooks

Senior Responsible Owner: Mark Harris



Health Transport Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Lee Brooks
Dec-25	AMBER	YELLOW	Interdependency mapping ongoing. MIS-Cleric Development a key external dependency. Work on hold due to call categorisation development.	SRO:	Mark Harris

Project/Working Group	In Scope	RAG Status	RAG Trend	Summary Position
Access to Planned Transport	Phase One: Develop a pathway process from RICs	Amber	↓	<ul style="list-style-type: none">• Front-End Patient Flow meeting to be arranged to confirm required process and inform development of SOP(s).• Specification of requirements to be developed for MIS to overcome existing MIS-Cleric issue, however development work will be on-hold due to supplier capacity. MIS-Cleric interface resolution actively managed with escalation planned if needed. Anticipated completion date from MIS of Feb 2026.• The initial Test of Change exercise completed Wednesday 8th October 2025 with a tabletop review of patient flow data to identify opportunities for improved allocation between NEPTS and taxi services; findings will inform future live testing and support optimisation of transport resources.• Further PDSA cycles on hold due to resource constraints• Workstream Board noted additional refinement required to existing narrative. Discussions around areas of inclusion for Phase Two remain ongoing during completion of Phase One.
	Phase Two: Identify additional routes of call origin	Green	↔	



APPENDICES

Project Highlight Reports (HLR1s)



Remote Integrated Care Workstream

Executive Sponsor: Liam Williams

Senior Responsible Owner: Pete Brown

Reports submitted to the
**RICS Workstream Board on
the 20th November 2025**

Clinical & Professional Practice



Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	Ceri Griffiths
20.11.2025	Yellow	Yellow		Project Manager	Rebecca Whitmore
Scope:		The planning, coordination, and delivery of training / education programs to support the clinical and professional growth of Integrated Care teams, advancing clinical standards and fostering professional development. Fostering innovative, clinically safe ideas to support Integrated Care in managing demand over the upcoming Winter period.			
Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View	
Clinical & Professional Development: Remote Clinical Care	Yellow	↔		<ul style="list-style-type: none"> Establish a working group to develop the implementation plan and compile training data, compiling a repository of clinical supervision trained clinicians and creation of online sites to support clinical supervision. 	
Remote Clinical Decision Making	Yellow	↑	<ul style="list-style-type: none"> Working in partnership with Agored Cymru and HEIW, a scheme of work including content and assessment methodology has been shared, and a unit is in the process of being created. The timeline for the first cohort has been agreed and deferred by six months with a start date for learners in January 2027 to allow for organisational priorities to be delivered and ensure robust preparation. 	<ul style="list-style-type: none"> Ongoing support from across WAST required to ensure this is delivered and collaboratively developed with key people. 	
Clinical Offers / Initiatives	Green	↔	<ul style="list-style-type: none"> Specialist Clinical Practice Intervention: Paediatric & Respiratory: Currently underway in operations with CAL training (75% completion in 1 week), creation & publication of resources, and CPSS update to be live 24.09.25. Confidence & Competence: An assessment plan is underway to baseline staff competence in remote integrated care. Induction of NQP & Nurses: The group identified current induction programme for newly qualified paramedics and nurses entering remote care is not suitable and will explore options into tailoring induction plans. 	<ul style="list-style-type: none"> Evaluate the effectiveness of the specialist initiatives, evaluation of Near Misses/Serious Incidents to showcase learning and impact. Exploration into implementing the Confidence and Competence plan into Operations Next steps involve developing tailored induction pathways, considering supervised models used elsewhere, and exploring rotational or apprenticeship options to better support staff competence and confidence. 	



Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	Ceri Griffiths
-	Yellow	Yellow	Group had not met due to delivery demand. Risk Escalation: Delay in digital developments.	Project Manager	Rebecca Whitmore
Scope:		The management and enhancement of digital platforms to support the effective delivery of operational services. Focusing on initiatives to support operational delivery pre-Winter and long-term, sustainable solutions.			

Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Single CAD	Amber	↔	<ul style="list-style-type: none"> Await PO to be raised with MIS, has been escalated to SRO. Risk raised on the potential impact following further delays in line with proposed timelines. 	<ul style="list-style-type: none"> Internal plans and preparation to commence with key tasks to implement CAD. Meet with MIS to further strengthen development and timelines.
Remote Monitoring Solution	Yellow	↔	<ul style="list-style-type: none"> Focus on determining evaluation metrics and data to effectively measure the impact of the current Lucii devices. Liaising with Health Boards who are using other remote monitoring devices. Links with Care Planning deliverable in the <i>Process Project Group</i>. 	<ul style="list-style-type: none"> Evaluation process of the Lucii devices in line with the Care Planning AQM and Queues development, setting metrics and criteria for success.
Welsh Clinical Portal	Yellow	↓	<ul style="list-style-type: none"> Links with the risk raised and the delays associated. Cannot progress until the PO is raised. Worth noting this will require MIS development time and, given the requirement for the CAD work, this may be delayed further. 	<ul style="list-style-type: none"> Implementation plan to be presented for feasibility. Raise with MIS to install into the DEV site to assess internal requirements.
Special Patient Notes	Not Started		<ul style="list-style-type: none"> Requirement: determine preferred options, needs, etc. Exploration in line with the WCP implementation and national developments. 	
CPSS Application	Paused		<ul style="list-style-type: none"> Decision reached at RICS Board (July) to pause progressing with the expansion due to resource constraints presently, however the concept is approved and will be re-visited. 	<ul style="list-style-type: none"> Exploration into requirements, tasks, and capacity needed. To be reviewed and reinstated Q4 2025/2026.

Risk Ref:	RISK-150	Responsible Group:	Digital Project Group	Oversight Group:	Remote Integrated Care Workstream Board	Risk Owner:	Martin O'Connor
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Risk Title:	Procurement Delay					
Risk Description:	<p>IF the delays in processing the Purchase Order (PO) persist from Shared Services THEN the development work from MIS may be delayed and impact timelines RESULTING IN delay in overall project delivery where, the CAD has previously been delayed/postponed, this will further impact timelines and potentially stakeholder expectations.</p>					
Existing Controls:	<ol style="list-style-type: none"> Engage Shared Services early to confirm PO requirements and timelines. Track PO progress proactively and escalate delays promptly. 					
Planned Mitigation:	<ol style="list-style-type: none"> Explore interim solutions (e.g., pre-development planning or partial work) while awaiting PO approval. Communicate potential delays to stakeholders and adjust delivery expectations if necessary and escalate where appropriate. 					
Risk Approach	Opening Score			Current Score		
	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score
Mitigate	4	4	16	4	4	16
Recommendation / Actions Required (from Oversight Group):	<ol style="list-style-type: none"> Due to the high score, the Project Group has reported the risk to the RICS Board to agree that this will be transferred to the RICS Board. Strategic alignments and objectives 					

People & Culture Project Group



Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	Pete Brown
Nov-2025	Green	Green	Project Group does not meet regularly as deliverables are continuously being executed throughout business-as-usual. Reporting progress due to interdependency on integrating teams for Remote Integrated Care.	Project Manager:	Rebecca Whitmore
Scope:		To enhance operational efficiency and effectiveness by implementing structured team frameworks for Remote Integrated Care focusing on integration and amalgamation to improve collaboration, optimise resource utilisation, and foster a supportive organisational culture.			

Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
First Line Management	Green	↔	<ul style="list-style-type: none"> • Consultation phase complete with finalised. • Ongoing discussions with existing First Line Management teams to identify role preferences. • Training, rosters, and transition plans in development to support the transition to the new structure to be complete February 2026. 	<ul style="list-style-type: none"> • Coproduction of rosters, development of training packages and early discussions into transitioning
HI & Dental	Amber	↔	<ul style="list-style-type: none"> • Job descriptions created and formalised OCP consultation phase is underway. • Plan developed for ongoing progress monitoring. 	<ul style="list-style-type: none"> • Transition phase for those impacted by the OCP.
Education Team	Yellow	↓	<ul style="list-style-type: none"> • Consultation phase complete and implementation into new structure to commence. • Papers to be presented at SLT and Senior QSPE Team Meeting 30/09. • Support required from People Services to assist in navigating the journey and change to delivery. 	<ul style="list-style-type: none"> • To be complete by next board.
Alignment of Terms & Conditions	Yellow	↔	<ul style="list-style-type: none"> • Updated outline of Terms and Conditions shared with Trade Union Partners for comment. 	<ul style="list-style-type: none"> • To be shared back to TU SLT for approval.

Process Project Group



Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	James Gough
-	Green	Yellow	Falls Desk Go Live occurred 12th November with early indications showcasing the positive impact.	Project Manager:	Rebecca Whitmore
Scope:		The designing and improving operational processes to ensure the efficient and effective delivery of Integrated Care, focusing on ensuring RICS encompasses CSD and 111 Processes to seamlessly form one Remote Integrated Care Team.			

Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Care Planning	Green	↔	<ul style="list-style-type: none"> Changes implemented 7th October and ongoing discussions with IDS to publish a Care Planning Dashboard to showcase performance. Post-go live touchpoint meeting scheduled to review impact. 	<ul style="list-style-type: none"> Review the data and feedback to determine next steps. Exploration into Remote Monitoring usage.
Falls Desk	Green	↔	<ul style="list-style-type: none"> Desk was launched 12th November with early indicators showcasing a positive impact for patients and the service. Liaison with IDS to populate data into visual dashboard. 	<ul style="list-style-type: none"> Post go-live touchpoint to evaluate data, usage, and feedback to shape next steps.
Call Flows & Categories	Green	↔	<ul style="list-style-type: none"> On track and aligning to the timeframes required from Emergency Response Workstream. 	<ul style="list-style-type: none"> Implementation of Ambulance Performance Framework Phase 2.
Standard Operating Procedures	Green	↔	<ul style="list-style-type: none"> To date, all relevant SOPs relating to the Phase 2 changes have been approved at SOT or via Head of Service. 	<ul style="list-style-type: none"> Group to continue working through the SOPs in readiness for the CAD and people changes.
Appointment Scheduling	Yellow	↔	<ul style="list-style-type: none"> Deliverable is dependent on the progress made within UCR and Health Transport Workstreams. Exploration into operationalising community resources from Integrated Care can then commence. 	<ul style="list-style-type: none"> Await direction of travel from proposals, e.g., Scheduling Paper from UCR, to begin planning and implementing appointment scheduling in Integrated Care.
Application of CPSS	Paused	↔	<ul style="list-style-type: none"> Developments paused until further notice. 	



Urgent Community Response Workstream

Appendix – Project Highlight Reports (HLR1s)

Reports submitted to the
**UCR Workstream Board on
20th November 2025**



UCR Scheduling

Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	Peter Green
20/11/25	Green	Green	Following CMT agreement implement an interim scheduling solution for Winter.	Project Manager	Richard Ashby
Scope:		Finding solutions to barriers to UCR Scheduling to allow testing and evaluation prior to implementation.			
Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View	
Project Initiation	Green	↔	<ul style="list-style-type: none">• Agreement received from CMT to implement an interim scheduling solution for Winter.• Draft SOP being written and will be reviewed.• Meetings set for w/c 17/11 for all APP staff to be briefed and discuss the impact and benefits of scheduling.• Meeting held to discuss priority call response – plan to nominate one vehicle from the 3 selected HB areas to be removed from auto-allocation.	<ul style="list-style-type: none">• Discussions ongoing with EMS-C regarding allocation on interim basis as Falls Desk unavailable as capacity needs to be understood.	



Falls & Frailty Response Model

Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:	Edward O'Brian
20/11/25	Amber	Yellow	<p>Health Boards communication has been paused on WAST's intention for EAPs to undertake falls referrals going forward, due to discrepancies found in BCU.</p> <p>Falls Desk operational from 12/11/25</p> <p>Ongoing reporting issues continue to affect ability to deliver on national reporting as required.</p>	Project Manager	Ruth Lemin
Scope:		Review the impact of existing falls and frailty services with the purpose of designing efficient and sustainable urgent care service models that provide timely, appropriate, and effective care for patients across Wales.			

Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Falls Referral Pathway	Amber	↔	<ul style="list-style-type: none"> Currently experiencing discrepancies and unable to have a complete picture of the referral process due to the volume that are being auto rejected. There remains a secondary referral system process through Integrated Care, which is still being used by staff. Pausing the communication to Health Boards that EAPS will be completing community falls referrals due to the discrepancies found in BCU. Noted staff that staff continue to use the previous referral process. Safeguarding measure no longer in place for previous process. 	<ul style="list-style-type: none"> Field Guide to be added to ePCR, has been supported through the group. Further communication to take place with BCU to continue discussing concerns with EAP undertaking non-injury falls referrals.
PDSA's	Green	↑	<ul style="list-style-type: none"> Falls Desk went 'live' on 12/11/25. Extraordinary Falls & Frailty Delivery Group meeting took place to confirm support of evaluation metrics before 'go live'. 	<ul style="list-style-type: none"> Understanding of Clinical Navigator interface with ideal response metrics.
Reporting	Red	↔	<ul style="list-style-type: none"> Due to interdependencies within our own system, unable to deliver desired national reporting on metrics to Welsh Government, as the Power BI Dashboard for Falls is not fit for use with the additional data that was requested. Completion by December 2025 as required is increasingly unlikely. Additional support from the Digital Team will be needed for completion. IG have now approved the inclusion of SJAC Falls Responders on ePCR, and SJAC have assured to complete training. This aspect of reporting is progressing well. 	<ul style="list-style-type: none"> Falls Dashboard with the requested additional data to deliver required national reporting.

Tasking Optimisation

Report Date:	Current RAG	Previous RAG	For Noting	Project Lead:
20/11/25	Yellow	Yellow	MHRV – Vehicle extended until March 2026, further evaluation due in Q4 25/26. APP Navigator – All health boards now have an APPNAV model, and all have transitioned to AQM from 17/11 before December deadline. CTAS T & F – Group being started with aim to standardise and improve CTAS support Risk – CAD server decommissioning may prevent CTAS remote workers accessing CAD after 21/11	Project Manager
Scope:		Designing the optimum configuration of our Urgent Community Responders, ensuring efficient tasking of the most appropriate resource to meet the patients’ needs.		
Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
TASK & FINISH GROUPS – Key Updates				
Mental Health Response Vehicle	Amber	↔	<ul style="list-style-type: none"> MHRV operationally live as of the 4th November 2024. CMT agreed to extend vehicle until March 2026. Anecdotal feedback from Non-Executive Director ride along has been positive, with clear recognition of MHRV value, particularly in addressing social determinants of health and reducing ED burden. JC to present a breakout session titled <i>“Reducing the Burden on Emergency Departments”</i> at the Chief Nursing Officer for Wales Conference (11/11/2025). MHRV SOP updated. The group has initiated reciprocal information exchange with English trusts regarding MHRV crew models and performance metrics. These will be used to benchmark performance and inform the evaluation framework. EMT/EAP contributions are being manually assessed to support to two-person model, with benchmarking underway and strategic messaging planned for board presentation. 	<ul style="list-style-type: none"> Ongoing work to maximise cover during the evaluation period. Work ongoing to present updated evaluation in Q4 25/26.
WAST APP Navigator	Green	↔	<ul style="list-style-type: none"> RCDM courses progressing well, with Powys moving to AQM on 17/11 all HBs have now gone live before the 01/12 deadline. CTM APPNAV re-established. Soft launch initially due to telephony issues. Bulletin issue to crews confirming availability from 10/11 C&V APPNAV comms issues between CAV and WAST. 3rd November co-location in CAV24/7 unlikely. AB Clinical hub launched 20th Oct, one week ahead of schedule. APP's are already situated but this is AB's offering of GP provision and therapist. Dedicated 0300 numbers set up for each APPNAV for direct contact. APPNAV SOP updated, going to SOT on 18/11 for approval. 	<ul style="list-style-type: none"> All health boards now have an APPNAV model at various stages of operation, will continue to monitor and look for opportunities for further integration or extending hours.
CTAS T&F Group	Green	↔	<ul style="list-style-type: none"> Working on Information Governance documents, although these may need to wait until the integrated CAD (111/999) solution is implemented which is scheduled for March 2026. Educational videos being developed for new systems, including new Ambulance Performance Framework and Time/Purpose/Skill Looking at standardised ‘on-boarding processes’ for CTAS clinicians- IT have highlighted current issue with limited number of PEQ (111) licences 	<ul style="list-style-type: none"> Ongoing work within the group to be determined, to include AQM training and transition, national agreement and local connections.

Darren Panniers

Richard Ashby

Advanced Clinical Practice Delivery Group



Report Date:	Current RAG	Previous RAG	For Noting:	Project Lead:
20/11/25	Green	Green	APP Roster Review awaiting ORH developments to progress work. Work continuing to develop standardised support and training for both current and aspiring APPs. Data inaccuracies are affecting APP workstream evaluation and performance reporting.	Project Manager
Scope:		Continue to develop advanced practice in WAST supporting not just WAST but, the wider health care system.		
Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Workforce	Green	↔	<ul style="list-style-type: none"> Ongoing work surrounding APP Roster Review and around aligning clinical governance time. Initial discussions held around renewed modelling. All trainees are currently in primary care placements. The system is being collated with quarterly information and primary care are on track with all meetings from a governance perspective. Consideration to backfill Cardiff and Vale palliative care rotational model due to a TAPP leaving. The model may be expanded to include assisting the end-of-life care patients coming into the ED. 	<ul style="list-style-type: none"> Collaborate with Operational Research in Health (ORH) to update the roster keys updated in 2021 to include all APP rotational elements, roster review can progress after that.
Education	Green	↔	<ul style="list-style-type: none"> Developing a standardised framework for APP staff that will support progression from a trainee to a qualified APP and beyond, including setting a standard for all university courses as there are five universities and each course differs slightly. They looked at the key competencies from the WAST programme, the level of practice they are expected to achieve and the scope and development within a fully qualified APP. Looked at the matrix that exists within HEIW and pulled out the parts that applies to WAST. The launch of the APP education workshop/workstream and the portfolio will all be going online potentially next month. 	<ul style="list-style-type: none"> Work ongoing to develop supportive educational packages.
Reporting	Amber	↔	<ul style="list-style-type: none"> Data inaccuracies are impacting the evaluation and performance reporting of APP workstreams. 	<ul style="list-style-type: none"> Overall data/reporting issues will be escalated through to Senior Leadership Team and Executive Leadership Team via the Clinical Transformation Model Board.
Admin	Green	↑	<ul style="list-style-type: none"> Consideration made for the group name to change from ACPDG to UCRDG, Urgent Community Response Delivery Group and whilst the transformation actions are worked through in the subgroup work streams they then move into the UCRDG for ongoing maintenance essentially. This will go to the UCR board for further discussion. 	

Kerry Robertshaw

Ruth Lemin

Welsh Ambulance Services University NHS Trust

IMTP Delivery 2025/26 Highlight Report (Quarter 3)

All Y1 Directorate Deliverables *(Outside Scope of CMT)*

DRAFTING NOTE: Q3 HLR will be reviewed by STB on the 26th January



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Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
University NHS Trust

IMTP Delivery Highlight Report
Released: January 2026

Strategy, Planning & Performance

Summary of Position

Deliverables:

Total (non CMT) deliverables specifically committed to delivery within the IMTP is 92 (incl. closed and paused deliverables)

13 Complete

25 Amber

33 Green

6 Red

1 Yellow

6 Not started

Summary of Position by Directorate

Deliverables:

Total (non CMT) deliverables specifically committed to delivery within the IMTP is **92**

Directorate/Objective	Green	Yellow	Amber	Red	Not Started	Complete
Operations	6		3		3	1
Finance & Corporate Resources	3		1	2		1
People & Culture	11		3		1	2
Partnerships & Engagement	2	1				5
Digital	5		8	1		
Quality, Safety & Patient Experience	4		5	3		1
Corporate Governance	2					3
SO6: Delivering exceptional value (SP&P and non-aligned deliverables)	1		4		2	

Status	Description	Characteristics
Green	<p>Project is on track and progressing well, meeting or exceeding expectations in terms of schedule, budget, quality, and objectives.</p> <p>Action Required: No immediate action is necessary, but ongoing monitoring and regular reporting are still required to ensure the project maintains its positive trajectory.</p>	<ul style="list-style-type: none"> • Project milestones and deliverables are being achieved as planned. • Risks and issues are under control or adequately mitigated. • The project is progressing within the defined timeline and budget. • Key performance indicators are being met or surpassed.
Yellow	<p>Provides an early warning that challenges or barriers are anticipated, but are not yet impacting on progress.</p> <p>Action Required: Close monitoring of factors anticipated to impact on progress, contingency planning, and reprioritisation if appropriate.</p>	<ul style="list-style-type: none"> • Workload reprioritisation has been required to keep the project on track i.e. the impact has been transferred. • The project remains on track overall, however there are notable issues or risks or amber/red statuses recorded against key enablers, or interdependent projects that may impact over time. • The project remains on track overall but there may be moderate slippage against some tasks or actions.
Amber	<p>An amber status signifies a cautionary state, indicating that the project is encountering challenges or potential risks that need attention to prevent further escalation.</p> <p>Action Required: Close monitoring of the project, proactive measures to mitigate risks, and corrective actions to address identified issues should be taken promptly to prevent further deterioration.</p>	<ul style="list-style-type: none"> • Some project objectives are not being met as planned. • Certain milestones are at risk of being missed. • There are notable issues or risks that could impact project success if not addressed promptly. • Project performance or progress is below expectations but can be recovered with timely actions.
Red	<p>A red status indicates a critical situation where the activity is significantly behind schedule, over budget, or facing major issues that jeopardize its success.</p> <p>Action Required: Immediate attention and intervention are necessary to address the issues and bring the project back on track.</p>	<ul style="list-style-type: none"> • Major project objectives are not being met. • Critical milestones are consistently missed. • Key deliverables are incomplete or of poor quality. • Significant risks or issues are unresolved, and their impact on the project is severe.

RAG Status Definitions

Delivery Confidence 2025/2026 – Digital Q3

IMTP Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO3: Being at the forefront of Innovation & Technology				
Pillar 1 Everyday Essentials	eTimesheets delivered by Q2	Amber	Low	A specification is in development which will see these two projects come together, and the migration of GRS to a cloud platform in Q1 2026/27. Work completed between WAST, the supplier and DHCW regarding the Microsoft Azure tenant integration – which is now functional and allows login to GRS Cloud client. Further work is required to allow single sign on - this will not delay the migration project, but is important to resolve to simplify the user experience. User Acceptance Testing (UAT) is due to commence early January 2026 for 4 weeks, with a 'dry run' scheduled in February, and full migration planned for April-May 2026.
	Cloud-based GRS implemented in 2025/26	Amber		Digital representatives are part of the technical group for eTimesheets, but have so far been unable to provide much support as the specification is still moving through completion internally with the relevant T&F group, to document operational requirements for supplier development. This specification will be submitted to the supplier for feedback and any subsequent returns for queries / clarification on requirements, prior to agreement on development timeline/financial implications.
	Simplified sign on implemented by end Q4	Amber	Moderate	Proof of Concept testing has continued. Decision on how to proceed in 26-27 (aligning capacity to demand and prioritisation) is being agreed as part of the current IMTP annual process. This project may be deprioritised.
	Robotic Process Automation RPA scaled up by end Q4	Amber	Moderate	Recruitment continues for the expertise to support this (Business Analyst source and an RPA developer) to support requirements definition and product development. Redeveloped milestones being set for 26-27 as part of the current IMTP annual process this is an intentional multi-year item.
	iPad replacement phases 1 & 2 completed by Q3	Green	Moderate	Replacement rollout has started and we continue to replace devices on individual need basis. The process to buy-back iPads (in batches of 100) has also commenced as part of this plan. Redeveloped milestones being set for 26-27 as part of the current IMTP annual process this is an intentional multi-year item and part of our BAU.

Delivery Confidence 2025/2026 – Digital Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO3: Being at the forefront of innovation & technology				
Pillar 2 Digital Pioneers	SMS functionality implemented in NEPTs by end of Q4	Green	High	NEPTS one-way SMS has been implemented and delivered. Redeveloped milestones being set for 26-27 for wider SMS functionality beyond NEPTS as part of the current IMTP annual process this is an intentional multi-year item.
	Visual interactive voice response IVR in NHS 111 Wales available in contact centres Q4	TBC	Low	Decision on how to proceed in 26-27 (aligning capacity to demand and prioritisation) is being agreed as part of the current IMTP annual process. This project may be deprioritised.
	AI development in line with national direction throughout 2025-28	Green	High	The Trust's new AI Steering Group which launched in October 2025, is bringing an essential governance mechanism around decision making, advice, and policy with regards to the approach of Responsible AI. Agenda topics covered at the first two meetings of the group have included: the WAST AI Policy, risks, updates on current AI tools, and discussion on education needs and inclusion. Redeveloped milestones being set for 26-27 as part of the current IMTP annual process this is an intentional multi-year item.
	Innovation lab developed by end Q2	Amber	Moderate	With the Digital Innovation lead now in place, the formal scoping of the digital innovation lab will take place throughout Q4., aligned to our strengthened emerging DDAT (Digital, Data and Technology governance) framework. Redeveloped milestones being set for 26-27 as part of the current IMTP annual process this is an intentional multi-year item.
	Drones will be tested with the aim to deploy by Q2	Green	High	Following all necessary trials, testing and sign-offs, the first live operational deployment of the HART drone took place successfully on 26th December 2025.
Pillar 3 Digital Transformation	EMS & NEPTS CAD replacements - business case(s) written Q2-Q3	Red	Low	Current status is due to initial engagement and assignment of dedicated resource yet to take place. However engagement is planned with operations in Q4 to consider the strategic direction, scope and timelines of this project to support ongoing procurement activity for the 111, 999 and NEPTS CAD contracts in future years.
	Emergency Services Network (ESN) phase 2 Full Business Case developed by end Q3	Green	High	Business Case submitted Q2.

Delivery Confidence 2025/2026 – Digital Q3

IMTP Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
Pillar 4 Security, Safety & Cyber	AI safety / Policy guidance developed by end of Q3	Amber	Moderate	AI Steering Group has been established as at Oct-25. AI Policy delayed to Q4.
	Smart station initiative will be rolled out by Q4	TBC	Low	Decision on how to proceed in 26-27 (aligning capacity to demand and prioritisation) is being agreed as part of the current IMTP annual process. This project may be deprioritised.
Pillar 5 Data, Information & Insight	Individual insights to support individual performance monitoring and development developed and rolled out during 2025/26	Amber	Moderate	Some progress has been made in year towards achieving the clinician level insight reporting, including the reproduction of the Airway Log dashboard, and the validation of the line reporting / team structure -related data behind ePCR. However, delivery of clinician level metrics will need to continue throughout 2026/27, as there are further expectations for individual insights, metrics and analysis. Competing priorities (such as the Ambulance Performance Framework data & reporting) has had direct impact on the ability of the Insight & Data Services (IDS) function to deliver on these requirements. Redeveloped milestones being set for 26-27 as part of the current IMTP annual process this is an intentional multi-year item.
	NDR programme will commence and take place throughout 2025-27	Amber	High	Q2 and Q3 deliverables continued to be progressed but are not complete due to competing demands on the IDS team, and the significant effort that went into supporting the Ambulance Performance Framework Phase 2 go-live in December.

Delivery Confidence 2025/2026 – Quality, Safety and Patient Experience Q3

IMTP Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO5: Being quality driven and clinically led				
Defining our focus and delivering on population health and health inequalities	Delivery plan for the Population Health Plan developed by end Q2	Amber	Moderate	Draft Population Health Plan and health inequalities matrix have received assurance. While delivery is delayed due to resource constraints, the plan supports strategic objectives and compliance with 2023 standards. A refresh is planned for IMTP 2026–2029 to embed population health as routine practice.
Excellent clinical leadership	Learning Disability role in remote clinical team by end of Q2	Complete	High	Learning Disability Clinical lead recruitment achieved and completed.
	Violence & Aggression risk mitigation actions to be taken forward in Q2	Green		WAST Violence and Aggression Policy and associated Action Cards have been via WAST Policy Group after consultation with staff setting out the expectations of management teams for protecting staff against Violence & Aggression incidents. WAST Lone Working Policy and associated Action Cards have been via WAST Policy Group after consultation with staff setting out the expectations of management teams for protecting staff whilst working alone.
High quality Health & Safety systems	Initial evaluation of the fume mitigation work completed end Q2	Amber	Moderate	Evaluation framework document has been created and audits undertaken by IPC Team to assess the cleaning regime in place. Safety Team have undertaken use and condition monitoring of bladeless fan at ED sites across Wales to provide data required as part of the evaluation process.
Meaningful engagement and co-production communities	Implementation of audit recommendations on community involvement by the end of Q2	Paused	High	Patient Engagement Planning is linked to the OCP process, which may affect delivery due to structural, financial, and governance changes. The work aligns with Our WAST Way and includes actions from the NWSSP audit. No update provided as status showing as paused

Delivery Confidence 2025/2026 – Quality, Safety and Patient Experience Q3

IMTP Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
Systems that meet the requirements of the Duty of Quality and Duty of Candour	Thematic analysis learning from harm via medical examiner reporting undertaken during Q2	Green	High	Thematic analysis from Medical Examiner (ME) reporting has been removed from Q2 deliverables as it is now ongoing business, forming part of the biannual Learning from Deaths Report. The last report was submitted on 9 May 2025 and well received; the next is due 4 November 2025. Further analysis depends on IDS capacity and national Datix Cymru developments. Inclusion in Commissioning Intentions is under consideration.
Defining our focus and delivering on population health and health inequalities	Updated health inequalities maturity matrix for reducing completed by end Q1	Red	Low	Resource dependency. Work continues alongside prioritised new work with updates made to the current HI maturity matrix.
	Draft Population Health Plan approved in Q1	Red	Low	In June 2025, QuESt received assurance on the draft Population Health Plan and health inequalities maturity matrix, confirming alignment with the Trust’s strategic goals and 2023 standards. A refresh is planned for IMTP 2026–2029 to embed population health as standard practice across the organisation. QuESt received assurance on the development of a Draft Population Health Plan and health inequalities maturity matrix. The draft plan supports delivery of the Trust’s strategic objectives and compliance with the Health & Care Quality Standards 2023
High quality Health & Safety systems	A Health & Safety plan for WAST incorporating further improvements to legislative compliance, & manual handling developed in Q1	Green	Moderate	Local Delivery Plan has been created with actions in place to improve legal compliance. Actions are monitored at Safety Department Meetings to ensure activities are being progressed in accordance with timescales set.
Systems that meet the requirements of the Duty of Quality and Duty of Candour	Develop data engineering and modelling around harm developed in Q1	Amber		

Delivery Confidence 2025/2026 – Quality, Safety and Patient Experience Q3

IMTP Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
High quality Health & Safety systems	A Health & Safety culture change framework will be developed in Q3	Amber	Moderate	Health and Safety culture change models have been reviewed and draft change model created for WAST. Meetings planned with People and Culture Directorate to align work with overarching culture change programme.
Systems that meet the requirements of the Duty of Quality/Candour	'Always On' and Duty of Quality Reporting will be delivered by end of Q4	Red	Moderate	Deliverable timelines have been extended based on the IDS capacity and ongoing discussion at QPM Steering Group. Previous reporting was a low delivery confidence, extending timelines will create a greater degree of confidence as we explore alternative ways of reporting.
	A formal patient & public reference group will be in place by the end of Q4	Green		Where the OCP will provide Patient Experience and P&E reference groups separately, the focus of work from each area will be determined to carry out during 2026-27 and continued, to include Patient Experience metrics/measurements.
To achieve compliance with National Performance Indicators and regulations related to Putting Things Right and Legal Services	Deliver Putting Things Right improvement Recovery plan	Amber	Moderate	Progress has been slower than anticipated. Planning & Performance project support now on board to deliver Programme Structure. Inaugural Programme Board meeting in December.

People & Culture - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO2: Enabling our people to be the best they can be				
Ensuring the right Capacity needed to achieve our purpose	A post implementation review of the of the All-Wales Flexible Working Policy processes in WAST undertaken during 2025/26	Complete		Policy has been developed and gone through appropriate channels for approval. Policy in now available for utilisation.
	Actions within the Strategic Workforce Plan delivered throughout 2025/26	Amber	Moderate <i>(will rollover to next year)</i>	EA Skill Mix recommendations presented to ELT, and further discussions with SLT scheduled in December. Retirement Forecasting dashboard developed and ready for testing. Next steps included the development of an Internal Movements dashboards and Recruitment & Training dashboards by end of March.
	ESR National Optimisation, NHS Project & interface with GRS developed in Q1 to be delivered throughout 2025-27	Amber	Moderate <i>(will rollover to next year)</i>	Progress continues across several key data quality and increase usage initiatives. The ongoing technical issues within the Data Warehouse remains unresolved. To mitigate, the Data Insights Team will be producing a Semantic Model, allowing us to share between ESR and the data warehouse, subject to testing which cannot be tested until Q1.
	Improving Attendance plan delivered throughout 2025/26	Complete		Now moved to BAU and figures are reported monthly to ELT, SLT and PCC.
	Nurse retention plan will be delivered throughout 2025/26	Green	High <i>(potential to rollover to next year)</i>	Plan in place to pilot the Digital Corporate Onboarding Programme Jan-26. Plan to pilot and rollout be development for the Health and Wellbeing Passport.
	Recruitment strategy developed by the end of Q4	Not Started	<i>Rollover to next year</i>	Initial conversations have commenced on scoping, plan to progress in Q1.
	Undertake preparations for Future NHS Workforce Solution Transformation Programme during 2025/26	Green	Moderate <i>(will rollover to next year)</i>	Contract awarded to new provider. WAST to be involved in the design workshops.

People & Culture - Delivery Confidence 2025/2026 Q3				
Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO2: Enabling our people to be the best they can be				
Ensuring the skills and Capability needed to achieve our purpose	Excellence and consistency for education and development will be delivered across WAST in line with University Trust Status priorities (section 8)	Green	High <i>(will rollover to next year)</i>	Good progress continues in quality assurance across key areas, L7 Integrated Care Course accreditation in place, however delays in the delivery. Work commencing on L5 Remote Clinical Practice.
	Our WAST Way leadership behaviours framework and an aligned development framework, developed and launched in 2025/26	Green	High	Essential Conversations training feedback received and training adapted. Feedback will continue to be gathered through continuous improvement. Plan is being developed for Phase 2, which will commence in Q1 2026/27.
	People & Culture Plan evaluated and refreshed in 2025/6	Paused	<i>Roll over to next year</i>	Deferred to align with organisation-wide Long Term Strategy refresh.
	The capability of managers to lead / manage change developed, supported by a Change Management Toolkit throughout 2025-28	Green	High <i>(will rollover to next year)</i>	Progress continues with the cascade approach, maturity matrix and the change management toolkit.
	WAST People Development Plan (PDP) signed off by end Q4	Green	High <i>(will roll over to next year)</i>	Policy approved by Policy Group following consultation, for onwards approval by ELT and PCC. Work has commenced on the branding and preparations to launch product in Q1. Essential Skills Tutor Team now complete following the recruitment of a bilingual EST.

People & Culture - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO2: Enabling our people to be the best they can be				
Establishing our Culture as the way we achieve our purpose	Anti-Racist Wales, LGBTQ+, Disability, Sensory Loss Standards, Armed Forces, Covenant Duty, Carers Leave Bill plans implemented throughout 2025/26	Green	High	WRES Report and Analysis shared at November PCC. ARWAP Sub-group continue to meet and have updated ARWAP Local Action Plan for the Trust and will monitor implementation
	Our compassionate practices approach expanded and embedded throughout 2025/26	Green	High	The People Services Team were shortlisted for the first Avoidable Employee Harm award at the HPMA conference in November and won the award. Social Partnership Sessions to be held in March and April, with a focus on avoidable harm. New Disciplinary Policy had been approved by the Workforce Partnership Council at the end of November.
	Sexual Safety Plan delivered throughout 2025-28	Green	High <i>(will rollover into next year)</i>	Nearly 100 members of staff have attended our Sexual Safety General Awareness session since May 2025, positive feedback received. Head of Inclusion and Engagement appointed as Vice Chair for the All Wales People Network, which will focus on developing an all-Wales approach to implementing the Anti-Sexual Harassment Policy to include a set of guiding principles and a suite of training resources to accompany the policy.
	Strategic Equality Plan 24-28 (4 Year plan) implemented throughout 2025-28	Green	High <i>(will rollover to next year)</i>	Successful Mastering Diversity Conference took place with positive feedback. Plans in place for WAST to host a session at the North Wales Women's Health Conference.
	Health and Wellbeing Plan implemented throughout 2025-29	Amber	High <i>(will rollover to next year)</i>	Continue to grow TRiM Network, next steps to target low responder areas. Health Diagnostic Clinic issue unlikely to be resolved due to digital capacity. Sleep Workshop ready for launch in Q4.
	Develop and implement new process and practices to enhance our approach to amplifying colleague voices throughout 2025/26	Green	High <i>(will rollover to next year)</i>	Staff Survey closed early December, with a closing response rate of 43.1% (1931 responses), up from 35.2% last year.

Partnerships & Engagement - Delivery Confidence 2025/2026

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO4: Developing services in collaboration				
Meet the requirements of being a named body under the Wellbeing of Future Generations Act	A process for evidencing application of Wellbeing Objectives through our established governance frameworks developed during Q2	Complete	High	We have successfully developed a robust process for evidencing and applying well-being objectives within our established government frameworks. This includes the implementation of cover sheets and SBARs for all formal meetings, ensuring that authors explicitly link their work to the Well-being of Future Generations Act objectives. Additionally, we have aligned these objectives with all IMTP 2026–2029 deliverables. This process will now transition into BAU, ensuring ongoing integration and sustainability.
	A programme of internal and external communication of our Wellbeing Objectives enacted in Q1 (was updated to Q3 Activity)	Yellow	High	Our well-being objectives were initially presented to the Board and subsequently integrated into our IMTP, which is publicly shared and distributed among our partners, including health boards. Additionally, we have launched these objectives on the SIREN platform, ensuring transparency and broad accessibility.
	Action plan to address gaps in five ways of working developed by the end of Q4	Green	High	As we move into Q4, we will review the current IMTP 2026–2029 deliverables, providing valuable insights into our organisational plans. This review will focus on the Five Ways of Working—long-term prevention, integration, collaboration, and involvement. A thorough analysis will be conducted to identify any gaps, ensuring we provide robust assurance to ELT. Ultimately, this will culminate in a comprehensive paper for ELT, demonstrating our alignment with the WBFGA objectives and the Five Ways of Working.
	Undertake maturity assessment against the five ways of working (Link to above)	Green	High	
	University Trust Status (UTS) in collaboration with WG, embracing a ‘democratised culture’ of learning, research and innovation (R&I)	Our research priorities will be delivered throughout 2025-28	Complete	High
Oversee the development of any appropriate additional plans to deliver UTS priorities for 2025-28 (NB priorities will be delivered in other areas of IMTP)		Complete		No longer required as no additional plans have been needed.

Partnerships & Engagement - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO4: Developing services in collaboration				
Well placed to influence system thinking / strategy development	Quantitative and/or qualitative measures will be developed in Q1 to evidence the proposed approach to strategic engagement	Complete	High	Survey currently live to seek feedback on ambulance performance framework communications.
	Strategic engagement will take place in support the development of our new CMT model throughout 2025-28	Complete	High	Transition to BAU Regular feedback cycles Focus has been on communication on the changes to the Ambulance Performance Framework. Phase 2 is complete.

Operations: EMS - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO1: Providing the right care or advice, in the right place, every time				
Efficient and effective dispatch of the right resource	Review of the skill mix of emergency response crews throughout 2025/26	Green	Low	Dec – work is complete,. Evaluation on time, purpose and skill to be progressed in Q4.
Rapid call answering, initial triage & onward referral	New CCC in Ty Elwy fully operational in Q1	Complete		
Fulfil our statutory requirements for civil contingencies, ensuring our preparedness through testing, learning & training	Continue to plan and prepare for major incidents as per the responsibilities of the Civil Contingencies Act and collaborate with the JCC on further developments the preparedness and response to major incidents e.g. Manchester Arena Inquiry and Grenfell Inquiry throughout 2025-28	Not started	Unknown	Dec – no response received to date from JCC. South HART business case is currently in draft. Business case for North HART will be drafted end of Q3 into Q4 FY26/27
SO2: Enabling our people to be the best they can be				
Ensuring the right Capacity needed to achieve our purpose	Outputs of the work of the Shift Overrun task and finish group delivered by Q2	Amber	Medium	Work progressing in partnership with TU Partners in relation to overruns. An Overruns working group is established with actions progressing.

Operations: Integrated Care - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	Q3 RAG Status	Delivery Confidence	Progress Summary
SO1: Providing the right care or advice, in the right place, every time				
Rapid call answering, initial triage & onward referral	Review and evaluation of the demand & capacity in 111 with a roster review completed by the end of Q4	Green	Unknown	<p>Phase 1 (Rostering practice review completed) 7 recommendations were presented to the project Board 15th October and further taken to SLT November 11th – All 7 Recommendations approved for implementation.</p> <p>Project now in Phase 2 (Planning Stage) Initial planning meeting held 19th November – Implementation now commenced. Roadshows planned W/C 12th Jan to engage with staff on next steps and putting into practice off recommendations.</p> <p>JCC paper in draft to highlight the discrepancy between funding establishment and demand targets.</p>

Operations: Ambulance Care - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO1: Providing the right care or advice, in the right place, every time				
A clear vision for Ambulance Care services that supports wider health & care transformation	An internal vision for Ambulance Care services agreed by the end Q1	Green	High	Completed internal ambulance care engagement events. Engagement with other corporate colleagues also completed.
	Plans to respond to the requirements of the national vision for non-emergency transport and the internal vision for Ambulance Care developed and implemented throughout 2025-27	Green	High	First PDSA cycle completed 08/10/25. Further PDSA cycles on hold due to resource availability. MIS –Cleric software development has been scoped, revised tech spec to be sent to MIS CAB. Awaiting response for quote and workplan.
	The future shape of the Ambulance Care fleet will be agreed and a delivery plan developed by the end of Q4	Green	High	Position agreed on future EV introduction. Further work required on position of UCS/EA vehicle requirements.
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	Current plurality model reviewed and updated by end Q4	Green	Medium	Awaiting procurement documents to be released in January to finalise.
	Data and insights to improve co-ordination and decision making with health boards throughout 2025/26	Not Started		Work to commence in FY 26/27
	Digital solutions to enhance patient experience adopted in NEPTS by end of Q4	Not Started		Work to commence in FY 26/27
	NEPTS roster review completed by end of Q2	Amber	Medium	Testing complete. Reviewed by Project Board and SLT to restart working parties in January
	Review of NEPTS and UCS alignment completed with a delivery plan by end Q4	Amber	Low	Engagement completed. Options to be developed in Q4

Operations: Ambulance Care - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	Q3 RAG Status	Delivery Confidence	Progress Summary
SO1: Providing the right care or advice, in the right place, every time				
A transfer & discharge service supporting HBs with their transformation agendas	Engagement will take place with health boards throughout 2025/26	Closed		ELT recommendation to close deliverable.
	Internal vision for Transfer & Discharge (T&D) services reviewed by end Q1	Closed		ELT recommendation to close deliverable.
	Opportunity to develop a 24/7 major trauma desk assessed by the end of Q4	Closed		ELT recommendation to close deliverable.
	Proposed T&D model will be agreed internally by end Q4	Closed		ELT recommendation to close deliverable.

Corporate Governance - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO2: Enabling our people to be the best they can be				
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	Engage with priority service areas that deal with patients & public on the Welsh language skills by end Q3	Complete		Complete.
	Engage with staff to ensure that their ESR Welsh language competencies are up to date by end Q1	Complete		As of June 2025, 96% of staff have recorded their Welsh language skills, with monthly reminders to those yet to include this information being sent.
	Five-year Welsh language clinical consultation plan by end Q2	Green	Moderate <i>(will carry over to next year)</i>	Discussions amongst execs are ongoing with WLAG to drive and monitor progress. Changes to service model through CMT are being reviewed for impact. Focus remains on 111 (999 and NEPTS are out of scope).
	Review current recruitment processes for the Trust consider the need for Welsh language skills when looking to advertise new posts by end Q4	Green	High	Preliminary work undertaken, but outcome of WG review still awaited - expect guidance to be available by end of 2025 enabling completion of the deliverable by end of March 2026 as planned.
	Undertake a gap analysis via ESR Welsh language competency data by end Q2	Complete		Gap analysis complete.

Finance & Corporate Resources- Delivery Confidence 2025/2026 Q3				
Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO3: Being at the forefront of innovation & technology				
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	Bangor Fleet Workshop completed in 2025/26	Green	High	Business case approved in July 2025. Work has commenced on site and will be completed by the end of the financial year. A further business case for additional elements was approved by ELT in December 2025 and these will be incorporated for delivery by end of March 2026.
	BJC for 2026/7 vehicle procurement will be written and submitted in line with WG timescales	Complete	High	Document submitted on 28 th November. Awaiting decision re funding.
	Dolgellau Ambulance Station completed in 2025/26	Amber	Moderate	Business case approved in June 2025. Work has commenced. Scheme may slip into next financial year but will complete within Q1. Timescales to be confirmed when contractors return after Christmas shut down – some complexities on site with unforeseen circumstances regarding the building fabric.
	Estates SOP will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea)	Red	Low	Completion of this action is dependent on completion of the 6 facet survey which will be provided later this year. In the meantime, specific schemes will be progressed as opportunity arises, with the first of these being a solution for Swansea in 26/7 funding. This will be a 26/7 IMTP deliverable now.
	Monmouth Ambulance Station completed in 2025/26	Green	High	Business case approved by Trust Board in September 2025 Work has started and the programme indicates that the work will be completed by the end of the financial year.
	Resource and support to further enhance the approach to decarbonising our fleet to be explored during 2025/26	Red	Low	Discussions are still ongoing within FinCoR. This action is wider than resources to decarbonise the fleet and will need to be considered in the context of resources to support all actions within the DAP and the new Strategic Delivery Plan when confirmed (and subsequent WAST response). Highlighted as a cost pressure for 26/7 IMTP.
	The 2025/26 vehicle procurement programme will be delivered by end Q4	Green	High	This is on track for delivery in 2025/26. All orders have been placed, and commissioning contracts are in place with confirmed build slots.

SO6 Delivering Exceptional Value - Delivery Confidence 2025/2026 Q3

Objective	IMTP Deliverable	RAG Status	Delivery Confidence	Progress Summary
SO6: Delivering exceptional value				
Generate income alongside our core commissioned functions (SP&P)	A commercial strategy based on outcome of market analysis exercise approved by end of Q4	Not Started	Moderate	Proposal is to have the draft commercial strategy ready for engagement by the end of March 2026. The new strategy will be formally launched in June 2026.
Developing and implementing our plans for Environmental Sustainability and Adaptation	Adaptation Plans risk assessment undertaken by end Q2 (SP&P)	Amber	Moderate	A new Lead has been appointed to coordinate and progress adaptation planning, including the development of a risk assessment in collaboration with the wider organisation. A project plan is currently being prepared for presentation to STB/SLT, recommending that STB serve as the assurance board and that a steering group be established to oversee the required work.
	Adaptation Plan drafted for approval by end Q4	Not Started	Moderate	A series of workshops will take place in late January to gather and align impact information, providing a key evidence base for the adaptation plan.
	Refresh of the DAP in response to the revised WG Decarbonisation Strategic Delivery Plan in line with WG timelines	Amber	Moderate	Strategic Delivery Plan received. Confirmation re where this sits is required. Team is currently reviewing the year 1 actions under the new SDP initiatives along with mapping timescales to determine the resource requirements which will form part of the cost pressure bid for 2026/7.
	A refreshed approach to Value Based Healthcare will be developed throughout 2025/26	Amber		Clarity of ownership in discussion as part of 26/29 conversations.
A Value Based approach across the organisation which is embedded in culture	Work with the JCC and partners to develop a costing and benefit methodology for emergency ambulance services, NHS111 and non-emergency patient transport services during 2025/26	Amber		The Trust has commissioned Edge Hill University and Swansea University to undertake an independent evaluation of the Clinical Model Transformation which includes a requirement to consider value-based assessment for the wider NHS system as well as for WAST. In addition, a further request has been made to Swansea University to support the Trust consider the most appropriate methodology for an interim assessment of Ambulance Performance Framework Phase I.
Sustainable savings & efficiencies	Savings plans will be reviewed and refreshed by end Q4	Green	High	Financial delivery against the planned £8.5m target for 2025/26 has been reported to period ending 30 November 2025 (Month 8) and shows an over achievement of £178k and forecasts a full year achievement of the planned savings target for the year.



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Agenda Item No.

11.2

REPORT TITLE

Integrated Medium Term Plan 2026 – 2029 Update

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh (Executive Director of Strategy, Planning & Performance)
Author(s) of report	James Houston (Assistant Director of Planning & Transformation)

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of this paper is to provide the committee with an update and assurance regarding the development of the organisations 2026/29 IMTP and financial plan.
2. Overall, the plan remains on track against the projected milestones in readiness for submission to Welsh Government on the 31st March. It is however important to note the seasonal and internal organisational pressures that can impact capacity to continue this work at pace.
3. Quarter three has been a busy period for IMTP development. A high level project plan is included in the appendix for information. This report provides a more detailed overview of three key areas of development including the development of the IMTP deliverables / narrative and financial planning.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

1. The Committee is asked to:

NOTE the progress reported to develop the 2026-29 IMTP

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

1. IMTP High Level Project Plan 2026/29
2. NHS Wales Planning Guidance & appendices



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STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment No Yes

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 th January	Finance & Performance Committee



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SITUATION

2. The purpose of this paper is to provide the committee with an update and assurance regarding the development of the organisations 2026/29 Integrated Medium Term Plan (IMTP) and financial plan.

BACKGROUND

3. The refreshed internal IMTP planning guidance setting out the approach to develop the 2026-2029 plan was endorsed in quarter 3. Work is well underway with the development of the plan led by the IMTP Development Group.

ASSESSMENT

4. Overall, the plan remains on track against the projected milestones in readiness for submission to Welsh Government on the 31st March. It is however important to note the seasonal and internal organisational pressures that can impact capacity to continue this work at pace.
5. Quarter three has been a busy period for IMTP development. A high level project plan is included in the appendix for information. This report provides a more detailed overview of three key areas of development including the development of the IMTP deliverables / narrative and financial planning.

IMTP Planning Guidance

6. The NHS Wales Planning Framework was sent out by Welsh Government on the 22nd Dec. The framework remains largely consistent with previous planning frameworks, shaped around six priorities (timely access to care, population health and prevention, community by design, mental health access, women's health, quality and safety). Plans must be financially balanced and a recognition that no unfunded requests for investment should be included. A copy of the planning framework letter and appendices is included for information.
7. The Minimum Data Set (MDS) and other technical appendices have not yet been released by Welsh Government.

Review of IMTP Deliverables (key priorities)

8. Work has continued at pace with directorates and the Clinical Model Transformation programme to review and refresh next year's IMTP deliverables.



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A core emphasis of the review has focused on the reduction and consolidation in the number of priorities to be taken forward, whilst also mapping out the key milestones and interdependencies. Updated deliverables lists were submitted in early January, and further work is underway to review and refine the submissions. The deliverables lists will be then considered by the Executive Leadership Team (ELT) & Strategic Transformation Board (STB) at the end of January for inclusion in the first draft of the plan.

Development of Financial Plan for 2026/27

9. Initial development of the financial plan for 2026/27 commencement in October 25 (as per normal cycle of timelines) and identifies:
 - Full year effect of developments / investment decisions including those included in the 25/26 financial plan and those approved within year
 - Identification and inclusion of cost pressures brought forward from 25/26 into 26/27
 - New known Cost Pressures for 26/27
 - Impact of 25/26 non-recurrent savings schemes
 - Overall estimate values of these totalled c£8.8m and hence the opening financial gap for 26/27. This excludes any growth / inflation commissioner support and any investment decisions to support 26/27 IMTP objectives.

10. Further development of the financial plan then further evolved in December 25 when Welsh Government released the 26/27 Welsh Health Circular (WHC) of the Health Board allocation letter. Albeit WAST is a commissioned service this WHC provides some overarching principles that should apply to commissioned services. Key headlines that are applicable to WAST were:
 - 1.11% inflation / growth support to fund unavoidable inflation increases and demand growth (for WAST this is c£3.4m)
 - Recurrent funding provided for the full cost impact of the 25/26 pay award and recurrent funding of the value provided in 25/26 for the Employers increase of National insurance (funding was c75% of actual costs so recurrent gap included in brought forward cost pressures for 26/27)
 - Funding for 26/27 pay award to be held centrally within Welsh Government and funding to be released when award agreed and paid.



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- Confirmed opening funded discretionary capital allocation of £7.018m (this excludes centrally funded schemes i.e. Fleet replacement etc).
11. Further impact on the financial plan for 26/27 in December 25 was a notification of a further increase in cost pressures for WASTs contribution to the Welsh Risk Pool. This cost pressure has increased the initial gap by a further £1.6m to £10.3m.
 12. Recognising the financial outlook for 26/27 a process has been developed to capture and prioritise any identified cost pressures for the 26/27 financial year. Any additionality (areas we may wish to fund internally next year) will then need to be factored into the evolving financial plan and gap for 26/27.
 13. A robust and methodical approach is required to agree the areas we may wish to fund. Difficult decisions will be required and therefore it is imperative that a structured and auditable process has been applied to support the decision making process. A guidance document was approved by STB in December that sets out the approach to capture, prioritise and agree the proposed areas we may wish to fund (costs pressure proposals).
 14. A total of 16 proposals were submitted via an online form capturing key information and costings. The Integrated Technical Planning Group (ITPG) undertook initial scoring on the 9th January against a set scoring criteria. Further review and prioritisation will be undertaken by members of the Senior Leadership Community (SLC) in a face to face workshop on the 15th January. The outputs will then be considered by the executive team for consideration and provisional decision making. This will then be presented to a closed session of the Trust Board on the 30th January, with the paper expected to be submitted on the 23rd January (following the completion of this work).
 15. Undoubtedly WAST will require to identify and deliver savings / efficiency schemes and values to support the delivery of a balanced financial plan for 26/27. Directorates are currently identifying initial savings plans to a maximum of a 5% reduction across pay and non-pay budgets and the overall total financial gap and savings value will be dependent on commissioning conversations and investment & future cost pressures decisions.



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Developing the Plan (IMTP Narrative)

16. Work has commenced to start writing and developing the IMTP narrative of the plan. This will be undertaken in January working with key leads and the planning team. The overarching structure of the plan will remain largely consistent with the 25/26 plan. However, this will be fine tuned as required, with an emphasis to make the document shorter and more visually appealing.
17. A full first draft of the IMTP document and deliverables will be ready in early February for wider review and sharing with key committees, groups and leads.

Key Touchpoints

18. Looking ahead there are a number of key touchpoints with the trust board and committees as part of the IMTP development process. Key dates are outlined below (and included in the project plan). In addition, draft copies of the plan and other key content will also be shared for sighting and feedback through the development cycle.

- 29th January: Trust Board (closed session)
- 26th February: Board Development Session
- 17th March: Finance & Performance Committee
- 26th March: Trust Board
- 31st March: Welsh Government submission

RECOMMENDATION

19. Committee is asked to:

NOTE the progress reported to develop the 2026-29 IMTP

NEXT STEPS

20. The next steps are as follows:

- Continue to deliver against the IMTP project plan and approach including the refinement of IMTP deliverables, narrative and technical appendices.
- Continue to develop the organisational financial plan (including savings and development areas requiring funding).

IMTP HIGH LEVEL PROJECT PLAN 26-29

Project Title:	IMTP 26-29	SRO	Assistant Director of Planning and Transformation
Project Commenced:	06/10/2025	Project Lead	Head of Planning
Project Plan Updated	19/12/2025		

Work Area	Action	Owner	Progress Review/Notes	Progress in %	Start Date	Due Date	RAG
Pillar 1: Planning and Preparation							
Project Arrangements	Establish project group	James Houston	IMPT development group established, and key members agreed	100%	06/10/2025	31/10/2025	C
Project Arrangements	Develop high level plan	Helen Britton	Drafted, shared with IMTP Development Group	100%	02/11/2025	28/11/2025	C
Project Arrangements	Develop detailed project plan	Helen Britton	Detailed plan developed and continues to be updated	100%	01/12/2025	03/12/2025	C
Pillar 2: Gathering Intelligence							
Lessons Learned	Review 25/28 lessons learned report and implement recommendations	Helen Britton	Lessons learned process undertaken and reviewed as part of IMTP development process	100%	30/10/2025	13/11/2025	C
Intelligence Report	State of the nation report	James Houston	In progress to be finalised	80%	06/10/2025	05/01/2026	A
NHS Wales Planning Guidance	Review and cascade NHS Wales planning guidance & Technical appendices	James Houston /Helen Britton	WG informed that Planning Guidance and tech dependencies to be shared mid-Dec	60%	19/12/2025	24/12/2025	G
NHS Wales Planning Guidance	Develop IMTP checklist	Helen Britton	Details of key policies/guidance to be developed when planning guidance is received	10%	15/12/2025	05/01/2026	A
Health Board Plans	Request and review draft Health Board plans	James Houston /Helen Britton	Raised at ADOPs (Nov) to request early sighting	10%	17/12/2025	17/12/2025	A
Pillar 3: Listening & Engagement							
Patient Feedback	Collate PECl (patient) feedback	Leanne Hawker	Work to be undertaken with PECl. KRD linking in	5%	05/01/2026	31/01/2025	G
Staff Feedback	Capture staff feedback via CEO roadshows	Planning	CEO roadshows used to gather feedback	100%	01/11/2025	31/11/2025	C
Commissioner Feedback	Receive commissioner feedback	James Houston + Hugh Bennett	IMTP priorities & risk slide pack submitted (Mid-Dec). JCC arranging an engagement session with WAST (date tbc)	50%	12/12/2025	31/01/2026	G
HEW Engagement	Undertake engagement session with HEIW	Workforce	Meeting planned 29th Jan. Lianne Onslow leading information capture	20%	29/01/2026	29/02/2026	G
Pillar 4 : Agreeing the Priorities (IMTP Deliverables)							
Deliverables Review	Initial review of 25/26 IMTP deliverables (CMT & Directorates)	All	Work undertaken with directorate and CMT leads	100%	01/10/2025	31/11/2025	C
Deliverables Review	Board development review & feedback (Oct)	Planning	Board development sessions undertaken in Oct	100%	01/10/2025	31/10/2025	C
Deliverables Review	ELT engagement session	Planning	Initial discussion with ELT to confirm IMTP framing	100%	01/11/2025	15/11/2025	C
Deliverables Review	ELT/SLC workshop	Planning	workshop undertaken to review deliverables	100%	01/11/2025	15/11/2025	G
Deliverables Review	Second review of deliverables	All	Planning leads to link with directorate leads	50%	16/11/2025	02/01/2026	A
Deliverables Review	Draft list of all deliverables	Planning	To be completed following submission	40%	05/01/2026	23/01/2026	G
Deliverables Review	ELT/SLC prioritisation workshop	All	Workshop being planned	30%	15/01/2026	15/01/2026	G
Interdependencies	Interdependency check	Planning&Leads	Arrange a meeting with key enabling leads	10%	05/01/2026	09/01/2026	A
Deliverables Review	Final list of IMTP deliverables	Planning	Refine following funding re-prioritisation process and confirm with ELT	5%	09/01/2026	31/01/2026	G
Pillar 5 : Technical Planning							
Technical Appendices	Complete minimum data set (MDS)	Hugh Bennett	Awaiting MDS with technical dependencies from WG	0%	19/12/2025	31/01/2026	TBC
Technical Appendices	Workforce Planning section of MDS	Workforce	Awaiting MDS with technical dependencies from WG	0%	05/01/2026	31/01/2026	TBC
Technical Appendices	Financial Plan	Finance	Financial allocation received, awaiting confirmation from JCC	50%	19/12/2025	28/02/2026	G
Technical Appendices	Ministerial template	Planning	Awaiting template from WG	0%	19/12/2026	28/02/2026	TBC
Technical Appendices	Performance Template	Hugh Bennett	Awaiting template from WG	0%	19/12/2026	28/02/2026	TBC
EQIA	Develop EQIA	Planning + Kat Cobley	Confirm approach with QSPE	5%	05/01/2026	31/01/2026	G
QIA	Develop QIA	Planning & Kate Blackmore	Confirm approach with QSPE	5%	05/01/2026	31/01/2026	G
Unavoidable Costs / resource pressure	Develop IMTP investment options list	Planning&Finance	Costs pressures captured as part of ELT/SLC workshop	100%	01/11/2025	21/11/2025	C
Unavoidable Costs / resource pressure	Complete IMTP investment options proforma	Planning&Finance	Pro-formas sent out and being completed by directorate leads	50%	23/11/2025	02/01/2026	C
Unavoidable Costs / resource pressure	Develop investment prioritisation (scoring criteria and template)	Planning&Finance	Framework complete, awaiting STB sign off	100%	23/11/2025	15/12/2025	C
Unavoidable Costs / resource pressure	Full list of IMTP investment options	Planning&Finance	To be completed following proforma submission	50%	05/01/2026	07/01/2026	G
Unavoidable Costs / resource pressure	Score IMTP investment options and recommendations	ITPG	Review meeting scheduled 09/01/2026	25%	09/01/2026	12/01/2026	TBC
Unavoidable Costs / resource pressure	Scoring review to be shared with ELT (informal)	Planning&Finance	ELT 14th Jan	0%	09/01/2025	14/01/2026	TBC
Unavoidable Costs / resource pressure	Apply MOSCOW prioritisation (ELT/SLC workshop)	Planning&Finance	ELT/SLC workshop planned for 15th Jan	0%	15/01/2026	15/01/2026	G
Unavoidable Costs / resource pressure	ELT to review decisions and agree priorities for investment	Planning&Finance	ELT sessions 21st Jan, STB 26th Jan & ELT 28th Jan	0%	21/01/2026	28/01/2026	TBC
Unavoidable Costs / resource pressure	Board review of priorities for investment	Planning&Finance	Board Development (Closed session) 29th Jan	0%	29/01/2026	29/02/2026	TBC
Savings Plan	Develop savings approach (plan)	Finance	Proposed approach being shared with STB (12/12) and ELT (18/12)	30%	24/01/2025	05/01/2026	G
Savings Plan	Savings ideas captured and developed with directorates	All	Initial savings ideas captured in ELT/SLC workshop.	30%	24/01/2025	05/01/2026	G
Savings Plan	Savings ideas costed and plan updated	Finance	Not started	0%	05/01/2026	TBC	TBC

Savings Plan	Reviewed and approved by ELT (EFG)	Finance	Not started	7%	TBC	TBC	TBC
Pillar 6 : Writing the Plan							
IMTP Appendices	IMTP Appendices 1 (check content)	Planning		0%			
IMTP Drafting	Review IMTP document structure	Planning	Frame around 25/28 plan and amend as needed. Awaiting agreement from Rachel and ELT	80%	01/12/2025	15/12/2025	G
IMTP Drafting	Cascade IMTP doc for review	Helen Britton	Guidance to be provided for key authors	50%	15/12/2025	05/01/2026	A
IMTP Drafting	v0.1 complete (structure, planning narrative)	All	Planning leads to work with directorate/CMT leads	0%	15/12/2025	14/01/2026	TBC
IMTP Drafting	v 0.2 complete (full first draft narrative & deliverables)	All	Planning leads to work with directorate/CMT leads	0%	15/12/2025	06/02/2026	TBC
IMTP Drafting	v0.3 complete (refinement)	All	Planning leads to work with directorate/CMT leads	0%	06/02/2026	19/02/2026	TBC
IMTP Drafting	v0.4 complete (refinement & appendices)	All	Planning leads to work with directorate/CMT leads	0%	19/02/2026	05/03/2026	TBC
IMTP Drafting	Final draft complete	All	Ready for Trust Board sign off	0%	05/03/2026	26/03/2026	TBC
IMTP Drafting	Welsh Translation	Melfyn Hughes	MH to lead translation	0%	TBC	TBC	TBC
IMTP Letter	Draft IMTP letter	Planning		0%	TBC	TBC	TBC
Pillar 7 : Governance & Approvals							
Governance Meetings	STB	Planning		0%	26/01/2026	26/01/2026	TBC
Governance Meetings	Trust Board & Corporate Trustee	Planning	Focus on financial	0%	29/01/2026	29/01/2026	TBC
Governance Meetings	QUEST	Planning	Progress update and review	0%	03/02/2026	03/02/2026	TBC
Governance Meetings	People and Culture Committee	Planning		0%	10/02/2026	10/02/2026	TBC
Governance Meetings	Board Development	Planning		0%	26/02/2026	26/02/2026	TBC
Governance Meetings	ELT	Planning	sign off	0%	04/03/2026	04/03/2026	TBC
Governance Meetings	Finance & Performance Committee	Planning		0%	17/03/2026	17/03/2026	TBC
Governance Meetings	WASPT	Planning		0%	18/03/2026	18/03/2026	TBC
Governance Meetings	Trust Board	Planning		0%	26/03/2026	26/03/2026	TBC
Governance Meetings	Welsh Government Final Submission	Planning		0%	31/02/2026	31/02/2026	TBC
Pillar 8 : Communicating the Plan							
Communications Plan	Develop comms plan	Planning + Comms Leads	Lauren Price and Rachel Watling to support development of the plan	5%	05/01/2026	31/01/2026	TBC
Communication Collateral	IMTP Easy read	Planning + Comms Leads	TBC	0%	01/04/2026	30/04/2026	TBC
Communication Collateral	IMTP Animation Video	Planning + Comms Leads	TBC	0%	01/04/2026	30/04/2026	TBC
Communication Collateral	IMTP posters	Planning + Comms Leads	TBC	0%	01/04/2026	30/04/2026	TBC
Communication Collateral	Social medial content	Planning + Comms Leads	TBC	0%	01/04/2026	30/04/2026	TBC
Communication Collateral	IMTP Slides for circulation on screens	Planning		0%	01/04/2026	30/04/2026	TBC

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NHS Chairs

19 December 2025

Dear colleagues,

Transforming Services to Deliver Better Health and Care - NHS Wales Planning Framework 2026-2029

We issue every year a new Planning Framework for the NHS. It's a crucial point in our annual calendar, setting our next priorities. These priorities are Ministerial choices, designed to make services better, and help steer the NHS towards a more sustainable future. And they build upon a fundamental requirement for all health bodies in Wales, which are non-negotiable and never change: to provide safe and high-quality care for all those who need it, within given resources, and sustainably.

I know the context this year is really challenging. I am asking the NHS to keep services safe and make improvements, when financial pressures are significant, demand is increasing, and staff already deliver more every year. But I have great confidence that the NHS will rise to this challenge. Your ambition for improvement is as great as mine, your innovation and creativity are undimmed, and we all know that standing still will not deliver an NHS fit for the future. I am also clear in my expectation that your plans will need to make hard choices and not include many improvements which would otherwise be desirable, outside the six areas of focus set out below.

We have seen some good progress over the past twelve months, and I would like to thank everyone in NHS Wales for their huge efforts and commitment during a challenging time. For example, we have seen a reduction in number of patients waiting over 2 years for planned care treatment and an improvement in cancer waiting times, reduced ambulance handover delays and fewer delays in hospital discharges. It is also good to see that all health boards have plans in place to establish pathfinder Women's Health Hubs by the end of the financial year and that work is underway to deliver a national lung cancer screening programme.

It is important that we build rapidly on this progress to improve people's health and well-being, and ensure patients can access the care they need, where and when they need it.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We must tackle the challenges of today, whilst at the same time driving forward speedily the transformation which will lead over the longer-term to a more effective and sustainable service, and better health outcomes.

To give you clear and consistent direction for the period ahead, the NHS Wales Planning Framework for 2026-2029 echoes and builds on the previous Framework, and is aligned with the commitments made by the First Minister in relation to planned care, delayed pathways of care and women's health.

We must build on the progress made this year, to deliver the recommendations of the [Ministerial Advisory Group on Performance and Productivity](#) and the priorities I set out in my letter of 3 July 2025, *Improving Performance Together*. This Planning Framework reiterates those expectations, and I expect NHS organisations to ensure these are embedded in your planning arrangements.

I am aligning this Framework to financial allocations to health boards. These will help mitigate the impact of unavoidable inflationary and demand pressures on frontline services, but it is a challenging financial settlement, with no discretionary funding for investment I expect health boards to do more to address waste, harm, and variation, in addition to increasing productivity and efficiency.

I am expecting all health bodies to develop and submit plans that achieve financial balance.

My 3-Year Strategic Priorities for NHS Wales

This Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years.

The areas on which you must focus are:

- **Timely Access to Care**
- **Population Health and Prevention**
- **Community by Design**
- **Mental Health Access**
- **Women's Health**
- **Quality and Safety**

The minimum delivery expectations under each of these strategic priority areas have been refreshed for 2026-27 and are set out in Annex 1.

The areas of focus remain broadly the same, to provide continuity, though I have chosen to bring together our priorities on quality and safety and to highlight them in this Planning Framework.

Timely Access to Care

We have refreshed our referral to treatment guidance and provided faster access to tests and scans. This means we are reducing the time patients wait for diagnostics, reducing hospital treatment waiting times, especially for those who have been waiting longest and reducing the overall total waiting list. But there is much further to go.

I expect NHS organisations to explore opportunities to strengthen the way in which they communicate with their patients on waiting lists to enable patients to be better informed about their likely waiting times. It can be an anxious and difficult time for patients, and I believe it is important that they are fully engaged in their care, so they know what to expect.

Whilst focusing on those already waiting for treatment, we must also take the opportunity to think differently about how we deliver care in the future by utilising the opportunity we have of integrated health boards and maximising what can be done in primary and community care via Community by Design.

We know there continue to be pressures on our emergency departments and that long ambulance handover waits present significant and avoidable risk of harm to patients. I welcomed the MAG recommendation setting out the need to plan to deliver all handovers within 45 minutes. We have seen progress this year, but I expect health boards to improve patient flow rapidly, so that this expectation is met as standard practice, across all parts of Wales.

Population Health and Prevention

We know we need to improve people's long-term health and reduce health inequalities to improve life expectancy and the well-being of our population. Wales has higher rates of preventable deaths than similar countries. This requires a focus on prevention and earlier intervention in your plans including support for people to quit smoking, live healthier lives and to reduce obesity rates, especially amongst our children and managing chronic diseases such as diabetes. Your plans should also drive an uptake in vaccinations, including childhood immunisation, building on catch up programmes over the last year and reducing vaccine inequity.

In line with Community by Design, the commissioning and provision of health and care services in your area must be based on your population's health needs. I am keen to see population health management approaches reflected in the integrated planning of your services especially at a community level, which will be supported by a national population segmentation and risk stratification tool.

At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing, and community wellbeing. I am keen to see how you will work with other partners outside the NHS to take forward these approaches,

Community by Design

As well as placing prevention and population health at the core of NHS Wales we must make greater progress with the delivery of integrated services in the community, moving from a hospital by default approach to one of community by design, in particular supporting people with long-term conditions or frailty remain well and receive care in their communities. I expect to see how you plan to co-design these service models with your communities, working with GP practices, other key partners and stakeholders, to deliver integrated services in the community and how you will increase the proportionate spend on primary and community-based services over the course of 2026-29.

We must recognise that rising demand for services and increasing costs mean our social care system remains under pressure. I expect NHS organisations to continue working closely with their key partners to help ensure the care provided is person-centred, compassionate and flexible enough to adapt to an individual's changing needs and it is important that your plans support a collective effort with social care services to avoid unnecessary hospital admission and a further improvement in timely hospital discharge. Alignment with and commitment to delivering Regional Partnership Board plans will be key.

Mental Health Access

We are committed to ensuring there are seamless mental health services, that are person centred and needs-led. Earlier this year the NHS Wales Performance & Improvement Strategic Programme for Mental Health developed guidance, 'Transforming our system to open access mental health support – Supporting Information', setting clear expectations for the remainder of 2025-26. This is aligned to a 'Community by Design' approach and vital in order to continue to improve quality, safety, experience and outcomes, and driving this agenda at pace will place our mental health services in a stronger position to deliver the sustainable services we need to deliver through collaboration. I expect your plans for 2026-29 to build on this and ensure mental health services are shaped in alignment with the [Mental Health and Wellbeing Strategy 2025-35](#).

Women's Health

Progress over the last year in strengthening women's health services has been encouraging, but we need to do more to address the health inequalities women continue to face. We know there are serious challenges in accessing healthcare, including taboo, stigma and a lack of understanding by others when discussing their health and wellbeing - which can be a barrier to receiving the right help. The Women's Health Plan sets out the improvements required across Wales. I am encouraged by the commitment shown by health boards to establish a pathfinder women's health hub by March 2026. We must build on this to provide women with the care and support they need, as locally as possible and to deliver better outcomes. I am keen to see this reflected in your plans.

Quality and Safety

Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery. Your organisations are subject to the [Duty of Quality](#) and the [Health and Care Standards](#) - and this should shape your decision making. I would like to see this more strongly reflected in your planning and, as a minimum, I would like to see how your organisations are planning to work towards the expectations set out in the [Quality Statements](#), including those for cancer, circulatory diseases, diabetes, and Palliative and End of Life Care.

You should also identify and plan to address clinical services that meet the principles for fragility described in the [National Clinical Framework](#). The variation reported in [Quality and Outcomes Framework](#) and [National Clinical Audit and Outcome Review Programme](#) should be routinely used, and improvement actions regularly considered as part of your quality assurance and governance arrangements.

Year 1 Delivery Expectations for 2026-27

The minimum delivery expectations set out in Annex 1 highlight those areas of greatest priority and should therefore be the focus of your year-1 plans (2026-2027).

Securing these outcomes should be at the centre of how you use your resources and capacity to speed up delivery within existing resources. Progress in some of these areas will require you to prioritise partnerships with social care. Meeting these expectations will help achieve the improvements in performance and outcomes that we would all wish to see in year 1 of your plans (2026-27). I expect to see continual and consistent improvement towards delivery across all the strategic priority areas over the three years.

Enabling Actions

To support you to deliver against these expectations, I am also setting out a refreshed set of enabling actions (attached as Annex 2) which I am again mandating on the basis of “adopt or justify”.

These have been updated to reflect the progress made over the last twelve months and aim to drive forward improvements on a consistent basis and reduce variation. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work undertaken by the National Strategic Programmes and the Value and Sustainability Board. Several of the enabling actions relate to activity which must be deprioritised and stopped where there is evidence of waste, harm or variation resulting in no (or low) clinical value or effectiveness. Delivering the mandated enabling actions, along with an assessment of the associated productivity, efficiency and/or financial gains must also be reflected in your plans.

I am disappointed that not all the enabling actions for 2025-26 will have been achieved by year end. These are “just do it” actions, and, acknowledging the progress which has been made over the last year, much more must be done to ensure implementation during 2026-27. **I am expecting a clear organisational assessment of the baseline position, and the improvements that you will deliver, by enabling action, to feature as an annex to your plan.**

Your plans must also include an assessment of your progress in delivering the MAG recommendations on performance and productivity and the priorities set out in Improving Performance Together, as well as your commitment to deliver these during 2026-27.

Although this Framework is clear about the national priorities that your plans need to focus on most, I recognise of course that NHS organisations need to commission and/or provide a wide range of services to improve the health of your populations and to meet the strategic objectives of *A Healthier Wales*, within the resources available to you. I trust that your Boards will keep this balance in mind when making decisions and choices in other areas.

As NHS organisations, you are best placed to identify the needs of your local populations, so whilst setting out my expectations for delivery against the 3-year national strategic priorities, Year 1 delivery expectations and enabling actions, I recognise that this means greater flexibility in delivering on other areas. As you develop your plans, it would be helpful to have an open dialogue with you as you consider the options and choices open to you.

Financial Framework

The expectations set out in this Planning Framework should be achieved within existing resources. Delivering the progress required in 2025/26 on enabling actions, as well as cutting the waiting list will improve the effectiveness and sustainability of services on an

ongoing basis. However, we must go further within existing resources to appropriately reduce cost, increase productivity and address variation, whilst improving outcomes.

I expect all health bodies to develop and submit plans that achieve financial balance.

In developing your plans, I emphasise the following:

- New additional funding provided in the allocation letter is to support inescapable demand and unavoidable inflation, in supporting front line services. **It is to be utilised for this purpose only.** I expect plans to be free of discretionary investment.
- My officials have undertaken work to baseline as much funding as possible into core allocations and in return expect health boards to plan on living within that resource.
- I expect a step change in the achievement and consistent delivery of all enabling actions.
- Health bodies will need to ensure clarity and visibility for significant savings in non-core areas and overheads to prioritise front-line services, to ensure that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis, and to deliver the savings and cost mitigations that are required to achieve financial balance. No area of expenditure can be exempted from this and the need to increase productivity. The first draft of the NHS Wales total factor productivity model will be provided to health boards over coming months, and I expect all boards to develop clear quantified plans showing how their actions will deliver a quantified productivity gain in 2026/27.
- I expect health bodies to proactively reach agreement on commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.
- Your organisations must continue to have the highest levels of strong and effective financial management, that support cost control.
- Given the scale of investment in 2025/26 to address treatment backlogs, with the action on enabling actions, and productivity, a number of areas will have sustainable solutions on a recurrent basis. I am retaining £20m of funding to support a reduction in waiting times in areas of residual challenge. This will be used on a directive basis, only when all opportunities to deliver sustainability and productivity have demonstrably been exhausted. This position will be assessed through the planning process.
- I have taken a decision to invest in GMS services to proactively increase capacity and activity in primary care, closer to home, in support of the expected focus and development of the Community by Design programme. I expect your plans to show how you will shift activity and resource from a secondary care setting into primary and community care.
- There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

System Leadership and Transparency

This is my second Planning Framework as Cabinet Secretary for Health and Social Care, and I am still amazed by the dedication of our NHS workforce. They are at the heart of all we do for our patients. We must continue to focus, in social partnership, on ways to engage and empower our people to deliver safely, effectively and flexibly.

We must continue to lead with compassion at all levels across the NHS and this involves engaging the workforce. They are the key to delivering the transformation and improvements we all wish to see. I expect to hear how organisations continue to develop their leadership and culture to ensure the safety, health and well-being of their workforce to enable them to deliver, optimise their team effectiveness and improve their services. Clinical leadership is critical to this, directing the NHS to improvement in patients' interest. I have been pleased to see real improvements already in this area, nationally, regionally and locally, and look forward to seeing even more in coming months.

There is more for us to do together to streamline the relationship between the Welsh Government and NHS organisations, so that we can ensure that our data reporting, accountability and other systems are transparent, proportionate and reduce duplication. We have already taken action in some areas, for example the new Public Accountability Meetings, but there is more to do. I think that by engaging more – and more effectively - with our patients and staff, showing transparently what we are doing and welcoming accountability and honest reflection, we embed improvement in our working lives.

I am keen to ensure all parts of our NHS seek continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes the need to make far greater use of digital innovation. The rewards for patients are huge. We will continue to work with you to ensure a strong national digital architecture.

Regional solutions will be necessary in order to deliver quality, access and levels of care that often cannot be delivered by one organisation alone. Where such challenges exist, I expect your plans to set out tangible regional proposals, showing how your organisations will work together to strengthen services, and maximise the skills and facilities available in your regions to improve patient outcomes.

All organisational planning and delivery must be built upon the domains of improving quality, safety, outcomes and value, supported in turn by robust enabling plans for capital, digital, collaborative working, the NHS workforce, and within available resources.

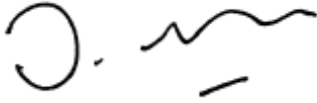
We must not lose sight of the cross-Government priorities such as the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, Anti-Racism Wales Action Plan, Welsh Language and the delivery of priorities in Mwy na geiriau / More than just words to name but a few. In addition, I would naturally expect you to work within the context and principles of the Wellbeing of Future Generations (Wales) Act 2015 and embrace Value Based Health Care to deliver the care we all aspire to on a sustainable basis.

Outcomes that matter to people

We must continue to balance better long-term outcomes with addressing the here and now issues that face our communities, our patients, our workforce and our health and social care system. I am struck by the commitment of your staff working on the front line and delivering care in our communities, and how much making a difference for patients and their families

means to them. Working together I am confident that we can make the improvements we all want to see, and the people of Wales deserve.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Annex 1 – Key Delivery Expectations for 2026-27

Strategic Priorities for 2026-29	Ministerial Delivery Expectations for 2026-27 (where applicable)
Timely Access to Care	<ul style="list-style-type: none"> • Ensure no ambulance patient handover waits over 45 minutes • Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. • No patients waiting more than 104 weeks for referral to treatment. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero • Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.
Population Health & Prevention	<ul style="list-style-type: none"> • Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. • Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. • At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.

	<ul style="list-style-type: none"> • Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.
Community by Design	<ul style="list-style-type: none"> • Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. • Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible. <p>(National requirements and expectations will be specified by the Community by Design Transformation Programme Board)</p>
Mental Health Access	<ul style="list-style-type: none"> • Implement and evaluate Open Access Mental Health Support by March 2027. • Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. • Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.
Women's Health	<ul style="list-style-type: none"> • Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) • Improving the quality of our maternity services by reducing perinatal mortality rates.

Quality and Safety

- Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- Days of safe care delivered since the last never event, monitored using SPC T-Chart
- Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027
- The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Annex 2- Enabling Actions for Delivery in 2026/27

New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, &	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

minimising Variation	
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Actions to be rolled over to 2026/27 with re-defined action definition

Strategic Priority	Newly defined action for 26/27
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.

	<p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.</p>
	<p>Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i>.</p>
	<p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.</p>
	<p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.</p> <p>Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.</p>
Population Health & Prevention	<p>Ensure progress of the focused Diabetes High Value High Impact pathway</p>
Improving Value, Optimising Outcomes, & minimising Variation	<p>Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.</p>

Appendix 1

Actions not rolled forward from 2025/26

Strategic Priority	Enabling Action	Note
Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Action completed
	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	Action completed – should now be considered as business as usual
	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Action completed – should now be considered as business as usual
	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	The action should become BAU but should continue to be monitored through programme and performance meetings
	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025.	Action completed – should now be considered as business as usual
	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Action will be taken forward under OHFF under UEC.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Action completed – should now be considered as business as usual
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Remove and propose performance management via optimisation framework
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26.	Remove and propose performance management via optimisation framework

	Ensuring full compliance with straight to test guidance	Remove as included in the rolled over Cancer National Optimal Pathway (NOPs in Cancer action
Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee).	Remove and propose performance management via optimisation framework



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University NHS Trust

Agenda Item No.

12

REPORT TITLE

Fire Safety Compliance – January 2026

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Chris Turley - Executive Director of Finance and Corporate Resources
Author(s) of report	Richard Davies - Assistant Director of Capital Development & Estates Susan Woodham - Head of Estates and Facilities Kataya Miura - Facilities Manager

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

REPORT SUMMARY:

1. To update the Committee in relation to fire safety compliance across the WAST estate, including emergency lighting and fire alarm systems.
2. To provide an update on the progress of undertaking Fire Risk Assessments (FRAs) across the whole estate.



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RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Finance and Performance Committee is requested to:

1. **NOTE** the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites.
2. **NOTE** the appointment of new Fire safety advisor, namely Thomas Carroll Group PLC, and
3. **NOTE** the changes made to the training of fire marshals through Thomas Carroll Group PLC.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

N/A

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
Virtual Circulation	ELT
20 January 2026	F&PC
28 January 2026	Fire Safety Group



SITUATION

1. This paper presents the Finance and Performance Committee (F&PC) with an update on the work being undertaken in support of ensuring and significantly improving fire safety compliance across the WAST estate following the appointment of a more dedicated facilities team, that focus specifically on this. This paper provides the annual update on fire safety, with the plan to continue to provide this to F&PC on an annual basis going forward.

BACKGROUND

2. This paper has been developed in part as a result of previous internal audit reviews and recommendations to provide a minimum of an annual update of compliance to the appropriate fire safety group and to ensure Board level awareness of such issues, discharged through the Finance and Performance Committee, for which such issues are devolved from the Trust Board.

ASSESSMENT

3. **Fire Policy**

The organisations Fire Safety Policy is currently due for review. The review process involves assessing the existing procedures, responsibilities and control measures to ensure alignment with current operational activities, regulatory and statutory requirements and fire safety standards. Once complete this will be submitted to Policy group for review in January 2026.

4. **Fire Audit**

Over the past few months, the Estates & Facilities team have taken part in a Fire Safety audit undertaken by NWSSP shared services audit team. The auditor has visited five premises across Wales (Vantage Point House, Matrix One, Beacon House, Merthyr Ambulance Station, and Merthyr Fleet Workshops). These provided a mix of freehold and leased premises, consisting of ambulance stations, and key corporate and operational facilities. The scope of the audit involved the in-depth performance of Fire Safety Management within WAST's:-

1. Governance Arrangements,
2. Procedures,
3. Central Monitoring and reporting
4. Local Procedures.

The outcome of the audit and any recommendations provided will be included in the Fire Policy. We are awaiting the final audit report from Shared Services Audit team.



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5. Emergency Lighting Systems (British Standard 5266)

Emergency lighting is provided to illuminate evacuation routes should the main building lighting fail. Chubb Fire, our appointed specialist fire contractor, have been appointed to service and maintain the Emergency Lighting systems at all Trust premises throughout Wales.

The Chubb contract is part of an NHS framework that will end in April 2026. Procurement have been made aware and will support Estates with procuring a new contract.

Our statutory obligations (Part A) include the annual servicing and maintenance of all emergency lighting. **We can confirm we are fully compliant as all servicing, maintenance and remedial works have been completed for 2025.**

Annual servicing and maintenance has been included on our Annual Planned Preventative Maintenance (PPM) Planner held electronically on our Studio 3i CAFM system.

Whilst we are fully compliant with (Part A) annual servicing, BS 5266 also requires all emergency lighting systems to be subject to a monthly 'flick' test (Part B) and suitable records maintained.

Whilst this is being completed at our larger corporate and operational buildings and higher risk sites (listed below), including sites in our North Region being completed in 2025 by our Estates Maintenance Officer, we are not currently able to carry out the monthly flick tests at all ambulance stations.

- Vantage Point House
- Beacon House
- Matrix One
- Matrix House
- Ty Elwy
- Thanet House
- Llangunnor

It has been recommended by our Fire Risk Assessor to nominate a site lead (site responsible person) or equivalent to undertake these obligatory monthly tests and ensure adequate records are kept for auditing purposes at all sites.

In conjunction with the Trust's Health and Safety team, we have been working to ensure a site lead/site responsible person or equivalent is nominated for each of our premises, that operationally this can be challenging in some areas. Estates have been able to undertake the monthly 'flick' tests in the North region



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(c.24 sites) utilising our Estates Maintenance Officer from January 2025. For our other 2 regions, options to consider include.

- a) Accept the risk and continue to work with operational teams to nominate a site responsible person;
- b) Prepare a specification to allow us to tender the works and appoint an external service provider to carry out the monthly testing at all sites;
- c) Employ additional Maintenance Officers (Southeast and Central and West) to undertake the role of site responsible person to cover all locations within the remaining 2 regions.

During 2025 the Estates Maintenance Officer (North) was assigned the statutory compliance tasks to complete on each site visit. The compliance has increased by 39%. Further improvement plans will be made to increase this in 2026.

An updated position and balance of risk assessment will now be further undertaken, the results of which will be reported in due course. A main element of this will be to evaluate the new approach being essentially trialled in North Wales with an Estates Maintenance Officer leading and undertaking much of this, as opposed to relying on local operational colleagues, the support of which will inevitably continue to be needed to see any further improvement required.

6. Fire Alarm Systems - British Standard 5839

All fire systems are currently serviced and maintained by our appointed specialist fire contractor - Chubb Fire. **Servicing and maintenance is completed bi-annually across all WAST owned sites in line with our statutory obligations.** Bi-annual servicing is included in our Annual PPM Planner for each site and managed by the Facilities Team. The Chubb contract is part of an NHS framework that will end in April 2026. Procurement have been made aware and will support Estates with procuring a new contract.

Weekly fire alarm testing is covered by BS 5839-1:2017, and is being completed at our larger corporate and contact centre sites as follows, and a number of ambulance stations.

- Vantage Point House
- Beacon House
- Matrix One
- Matrix House
- Ty Elwy
- Thanet House
- Llangunnor
- HART



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It is planned that, once identified and agreed with operations, the nominated site lead (site responsible person) or equivalent, will undertake the statutory weekly fire alarm testing for the remaining Trust sites and ensure adequate records are kept for auditing purposes.

The options highlighted above would need to be considered if a site responsible person is not available/nominated at all Trust premises, the Estates Maintenance Officer will undertake monthly fire alarm checks at all sites in the North region. Options to carry out the testing weekly are as follows:-

- a) Accept the risk and continue to work with operational teams to nominate a site responsible person;
- b) Prepare a specification to allow us to tender the works and appoint an external service provider to carry out the weekly testing at all sites;
- c) Employ additional Maintenance staff to undertake these compliance checks.

7. EICR - Electricity at Work Regulations 1989

The Trust is fully compliant as all sites have up to date EICR Electrical testing certificates. EICR testing needs to be completed every 5 years and this is reflected in our site-specific annual PPM planner. An Electrical Fixed Wire testing tender is currently in the procurement process, and we hope to appoint a successful contractor in Q4 of 2025-26.

8. Fire Risk Assessments (FRAs)

To comply with the relevant statutory provisions of the Regulatory Reform (Fire Safety) Order 2005, fire risk assessments have to have been carried out to assist the site 'Responsible Person' of our statutory obligations. It also seeks to address relevant issues relating to business, property and environmental protection. It is a non-invasive survey, carried out in accordance with PAS 79:2020.

All WAST sites have a current Fire Risk Assessment with the 2-year renewal programme currently in place. Thomas Carroll Group PLC have been appointed to replace Anolex Fire to complete this year's Fire Risk Assessments. The fire risk assessments provide an overview of the current performance of each premises against our statutory obligations and documents recommendations in the format of a remedial action plan for each site. We have collated all remedial actions from the completed FRAs and categorised the actions based on the following criteria:

- Reactive works via the estate's helpdesk – ongoing;
- Minor investment needed; and
- More significant investment needed.



Below is a brief overview of some actions that still need to be addressed with operational site support: -

Actions from FRAs	Updates
All fire doors should be inspected on at least a 6 monthly basis. Suitable records should be maintained.	This task now sits on the Facilities PPM (Planned preventative maintenance) Studio 3i CAFM system. Contractors have been assigned to carry out this statutory task. It is in progress.
Fire doors continue to be wedged open at varies sites at the time of the inspections.	Ongoing reminders sent to site management
It is recommended that any portable heaters used are limited to oil filled radiators only. Fan heaters and convector heaters should not be used.	Fan heaters are collected in by Estates maintenance staff. Sites have been advised of the risk portable fan heaters carry.
A pictorial fire alarm zone plan should be provided adjacent to the main fire panel	New site drawings are in progress
Written fire emergency procedures should be produced and displayed at the entrance to the premises.	Emergency procedures have been drafted and approved by the Fire Safety Group for distribution along with site drawings
Weekly testing of the fire alarm system should be carried out by the operation of a different call point each week, in rotation. Records must be maintained.	Ongoing
The emergency lighting system should be subject to monthly 'flick' testing and suitable records maintained (none sighted).	Ongoing

9. Fire Drills

In accordance with the Regulatory Reform (Fire Safety) Order 2005, it is recommended that fire drills should be undertaken as a minimum, annually. This is being completed at larger sites but not historically at smaller Ambulance Stations.

Annual fire drills have now been added to the Studio3i CAFM system and an annual planned preventative maintenance (PPM) task has been raised to



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prompt all site responsible persons (DOM, LM, SM) that they need to complete their annual drill.

Estates (via the help desk) will be notified once the fire drill has been undertaken and the correct forms completed providing an overview of the drill and any recommendations that are highlighted are recorded, the forms will be stored for compliance evidence and for Health and Safety audit purposes and recorded in the Estates Studio 3i CAFM system.

In previous years, fire drills were solely the responsibility of site leads but no records were available to demonstrate compliance. Estates have taken on the responsibility of managing the annual programme for fire drills across all Trust sites and provide support and guidance at site level if requested.

Despite repeated follow-ups, sites are providing minimal response and engagement to coordinate the required fire drills. 51 sites have yet to conduct a fire drill despite Estates support being offered.

10. Fire Marshals

A suitable number of persons should be trained to ensure that adequate cover is provided in the event of an evacuation for "every operational hour" and available 24 hours a day. A full list of trained site-specific Fire Marshal's should be prominently displayed on site.

WASTs Fire Policy states:

"The Estates department will liaise with Operations to nominate Fire Marshals at each building. The Estates Department will manage an annual programme for fire marshal training and arrange courses as necessary to maintain the overall numbers of trained fire marshals."

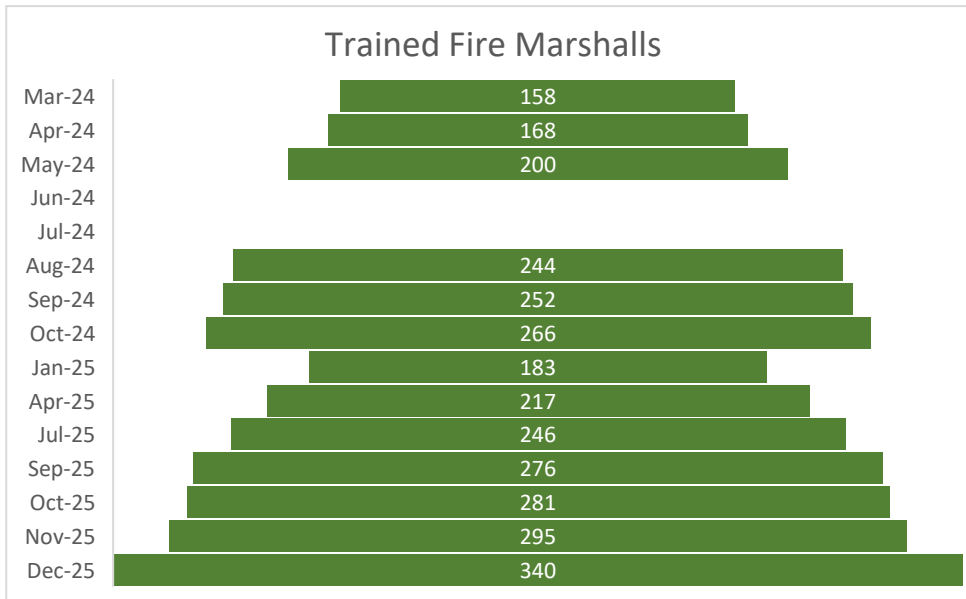
Previous internal audits have recommended the 'numbers' of staff that should be trained, however due to WAST supporting agile working, increased numbers of trained fire marshals are required to provide sufficient cover across all WAST sites.

Since the introduction of new Fire Marshal e-Learning (commencing May 2024) provided and supported by Thomas Carroll Group PLC, there has been a significant increase in the number of trained fire marshals across the Trust estate. The interactive course can be completed in 2-3 hours and provides staff with a certificate once completed.



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WAST’s Compliance Officer is responsible for sending out requests on a quarterly basis to the site responsible person (DOM/LM/SM) requesting them to provide details of nominated staff members to undertake Fire Marshall training. The graph above shows a significant increase from the numbers reported in the 2024 Fire Safety Compliance Report. During 2025 there has been a more focused approach to increasing the numbers of trained fire Marshalls. This focus has been on larger corporate and operational sites and sites that had no recorded fire marshalls. This continues to be monitored.

11. ESR Fire Safety Compliance

In conjunction with the above, the table below provides the latest available compliance report for Statutory and Mandatory Fire Safety Training. Whilst there are undoubtedly areas of further improvement required, this does provide for a much better level of compliance than in recent years.

Fire Safety

Directorate	Assignment Count	Required	Achieved	Compliance %
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	19	19	12	63.16%
020 CORPORATE GOVERNANCE (BX02)	11	11	11	100.00%
020 DIGITAL DIRECTORATE (KX01)	87	87	76	87.36%
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	129	129	122	94.57%
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	96	96	91	94.79%
020 OPERATIONS DIRECTORATE (DX01)	3927	3927	3146	80.11%
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	13	13	11	84.62%
020 PEOPLE & CULTURE DIRECTORATE (PX01)	110	110	106	96.36%
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	128	128	125	97.66%
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	23	23	19	82.61%
Total	4543	4543	3719	81.86%



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12. Reporting Structure

The Fire Safety Group (FSG) will continue to ensure that the reporting of Fire Safety issues is communicated through a formal assurance reporting framework to Board level, including through future annual reports such as this and that any issues that arise in between times by exception. Any high-risk issues recommended at the group will be formally reported at the following ELT. The FSG and Estates Team will produce a detailed action plan to successfully conclude all high-risk recommendations.

13. Conclusion

Whilst there are always areas of future improvement, it is hoped that the Committee will receive assurance from this report, that significant improvements in fire safety have been achieved over the past 12 months and since the previous (reasonable assurance) follow up audit.

Once we receive the outcome of the most recent Fire Audit undertaken by NWSSP Shared Services, we can ensure that any recommendations feed into the updated Fire Policy in readiness for review in Q4 which will allow the Estates Team to provide a refreshed baseline to track future improvement trends.

RECOMMENDATION

14. The recommendations are as set out in the front cover above.



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Agenda Item No.

13

REPORT TITLE

Environment, Decarbonisation and Sustainability Update

Name of meeting	Finance and Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley - Executive Director of Finance & Corporate Resources
Author(s) of report	Jo Williams – Head of Capital Development

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

This paper provides an update on:

- Decarbonisation Programme Board
- Strategic Delivery Plan (SDP) refresh
- Capital Investment – TEF Funding
- Single Response Vehicle locations and EV charging
- EV rapid charging infrastructure
- EV and infrastructure resources



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RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Finance and Performance Committee is requested to:

1. Note the update

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

None

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

Corporate risk 542

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
14 November 2025	CMB – noted
20 January 2026	FPC – to note



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SITUATION

1. This paper presents the Finance and Performance Committee with an update on the work being undertaken in support of the Trust's Environment, Decarbonisation and Sustainability work programme.
2. It also provides an update on the detailed reporting against the Trust's Decarbonisation Action Plan.

BACKGROUND

3. WAST has produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (*NHSW- DSDP*).
4. The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust. It is vital that all areas of the Trust take ownership for the plan and that work across a potentially complex range of actions is organised appropriately to monitor and demonstrate progress.

ASSESSMENT

Decarbonisation Programme Board

5. The Decarbonisation Programme Board met on 17th September to consider an update on the development of the Strategic Delivery Plan (SDP) refresh being conducted by Welsh Government. A regular meeting of the Programme Board then took place on 22nd October.
6. Members of the Programme Board received updates on TEF scheme delivery noting projects are on track, the work of the Transport Project Board, PCSR data which was submitted in October 2025, resource challenges and the SDP refresh (included below).

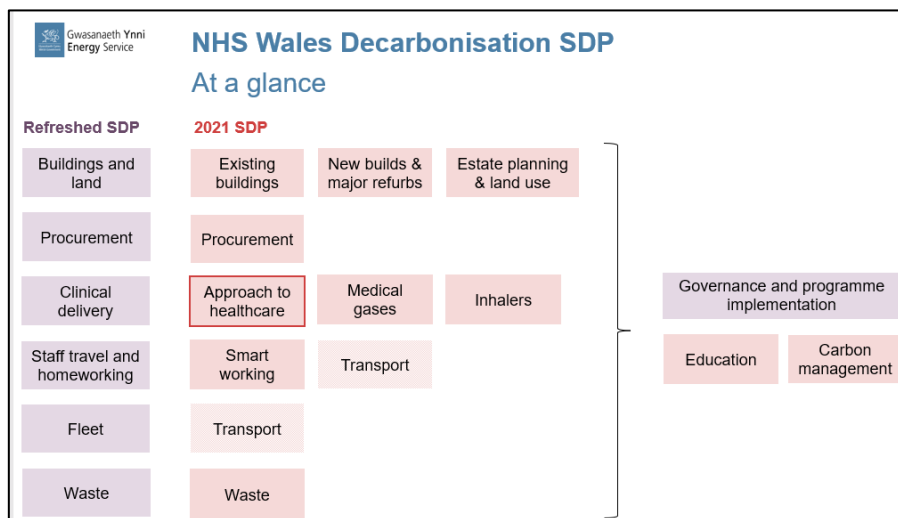
Strategic Delivery Plan (SDP) Refresh

7. The Welsh Government, supported by Welsh Government Energy Services (WGES) has refreshed the SDP which underpins organisation's DAPs. WAST provided comments on two versions of the document. Version 3 was presented to the National Programme Board and the NHS Leadership Board for endorsement.



8. The Finance and Performance Committee is asked to note that the final SDP has now been received and the DAP will need to be refreshed in line with the initiatives outlined within it. There will be a significant amount of work associated with this, and will need further resource to support.

9. The categories outlined in the previous update remain (buildings and land, procurement, clinical delivery, staff travel and homeworking, fleet, waste, and governance and programme implementation) but actions have been further refined and recategorized within this for the latest version.



10. Within the SDP are 25 initiatives across 7 categories. WAST are named specifically (or within the umbrella of all NHS organisations) in 36 actions. However, the Trust may wish to consider opting in to others which are of relevance, for example some of the clinical actions.

11. The reframing of the initiatives and the redefinition of specific actions within these categories means a significant change to the current Trust DAP. There will be a need to consider all of the current DAP actions, and to map these across to new actions in the SDP. Some actions previously required will change, or be removed, and there are a number of additional actions in the new SDP which will have an impact, including across a number of directorates. It should also be noted that all actions are now time-bound, with specific deadlines for completion.

12. The team is currently considering the methodology for the preparation of the SDP response in the form of a new plan, recognising that the Trust may need to consider some of the specific actions, and the resource implications of supporting these as programmes of work. It is as yet unknown what the national reporting requirements



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will be, and it is sensible to continue to seek clarity on this, as the design of any reporting templates may affect the capture of information in the revised DAP.

13. Within the refreshed SDP are a series of data metrics. Whilst some of this data may already be collated by the Trust, there are aspects which will require changes to WAST process, or development of mechanisms for capturing newly required data. Once these have been finalised within the document, further consideration will need to be given to the Trust's reporting on this information. Whilst every attempt will be made to automate data gathering and reporting, it should be noted that this will require time and resource to establish.
14. The Welsh Government has confirmed a change to the previously set public sector carbon reduction targets of 16% reduction by 2025 and 34% reduction by 2030 for carbon emissions. Targets will now focus only on scope 1 and 2 (direct and indirect) emissions and will not include scope 3 (supply chain) emissions. The targeted reduction has been reprofiled to a 41.7% reduction by 2030 across these two categories. This also recognises achievement of the original 16% target reduction between 2018/19 and 2025, with an actual achievement of 17.7%.
15. Next steps now include:
 - Team to work through mapping between current DAP and new SDP actions
 - Team to work through new DAP and development of a communication in the first instance to the Decarbonisation Programme Board and Capital Management Board to highlight the actions and impacts as well as the resource requirements.
 - It is anticipated that this will need Trust wide consideration given the current challenges around resource and the increased impacts of the new plan, including strengthened narrative and actions within the IMTP. Timescales for this will need to be further considered in due course.

Capital Investment – TEF Funding

16. The Trust was successful in obtaining funding for schemes in Abergavenny (£850k) and HART (£156k) this year. Both schemes are progressing well with the HART scheme now complete, and the Abergavenny scheme on track to deliver by the end of the financial year.



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Single Response Vehicle specification design

17. All vehicles are now in operational service, and the 10 Maxus BEVs are currently being evaluated to gather information on battery capacity and range, charging times and performance under response conditions.
18. The work on implementation for the Plug-in Hybrid Vehicles (PHEVs) continues; given that there is an established mechanism for this implementation from previous vehicle procurement rounds, it is not considered that this will need additional supporting processes or information such as charging information or further training.
19. The team is currently managing a number of queries from operational teams regarding charging provision and infrastructure. Whilst all efforts have been made to ensure that vehicles are allocated to stations where charging provision is in place, it is recognised that local oversight of vehicle locations will be needed, to ensure that the vehicles remain based where there is charging provision.

EV rapid charging infrastructure

20. Work is currently focussed on installing 22kw chargers across 5 sites, following the withdrawal of BP Chargemaster from the rapid charge provision arrangement previously in place.
21. Work has completed on the installation of 22kw chargers at Welshpool, Ty Elwy and Bryncethin to increase charging provision at these locations. Infrastructure work will be required at Rhyl and it is anticipated that this will be complete, with chargers installed by the end of the financial year. Planned DNO upgrade work at Pembroke Dock is likely to be more challenging than previously anticipated given land access concerns which are outside of the Trust's control and which will be monitored working with National Grid. Challenges experienced through all of the projects illustrate the complexity of this work, and the significant costs and timescales which can be incurred in seeking to upgrade electrical capacity at sites.
22. It is recognised that a significant amount of effort, time and resource has been invested into the programme of work this year, and the process is significantly complex. The Trust will need to consider the approach for the next financial year, given that the current delivery method does not appear to be sustainable. By attempting to deliver packages of work in three phases (DNO capacity upgrade, infrastructure works, and installation of the charging unit), the process becomes protracted and heavily reliant on consultancy support, and more complex procurement processes for work packages associated with the work. The preferred



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process for the team is still to secure a provider (as was the case with BP Chargemaster) who will manage this process as a package of work. Whilst recognising the levels of risk with current market volatility, the team remains of the view that this is the only viable way of securing rapid charging provision across Wales.

23. It should be noted that limitations and challenges still exist with the Distribution Network Operator (DNO) in both timescales for installations (capacity of the network and infrastructure) and the costs of upgrades required to support further EV charging.

EV and infrastructure resources

24. As noted in a previous update, resources to support the roll out of EVs and supporting infrastructure remain a challenge. Consideration is being given to this within the Finance and Corporate Resources Directorate, recognising that any new resources or roles would straddle across teams. This aligns to the required consideration of the SDP, and the confirmation of any new action plan in response.

RECOMMENDATION

25. The recommendation(s) are as set out in the front cover above.

NEXT STEPS

26. It is anticipated that the team will continue to make progress on the issues outlined within this report.



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Agenda Item No. 14

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance / Board Secretary
Author(s) of report	Julie Boalch, Assistant Director of Corporate Governance & Risk

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the eight risks that are relevant to Committee's remit.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF). All updates are highlighted in blue and show changes to the narrative, mitigating actions, controls, and assurances.
3. The more detailed description contained within the BAF (Annex 4) provides the Committee with an opportunity to review the controls in place against each principal risk and the

assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix (Annex 2).

4. Members can take assurance that each of the principal risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.
5. The Executive Leadership Team (ELT) approved the principal risk activity on 28 December 2025 having considered the review of each risk undertaken throughout the period by Risk Owners. There have been no material changes to the principal risks during this period.
6. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* remains static at a score of 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. The specific detail and planned mitigations of this risk will be considered in closed session of committee today due to the sensitive and security based nature of these and is not included in Annex 4.
7. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5). This risk is taken in open session in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.
8. **Risks 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* at a score of 16 (4x4). Work remains ongoing to reframe the risk and present it using the new approach to separate controls, assurances and gaps into internal and external themes and categories; those that the Trust manages and those that it monitors. Each of the assurances against the controls will be described over three lines of assurance.
9. **Risk 671** *Unauthorised or Inappropriate use of AI technologies* remains static at a score of 16 (4x4) with a target of 8 (2x4). An AI Steering Group (AISG) has been established, reporting into Information Governance Steering Group, meeting for the first time in October 2025, to ensure the approach of "responsible AI" across the Trust.
10. **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* remains unchanged this period and static at a score of 15 (3x5).

11. **Risk 623** *Failure to comply with Data Protection Legislation* has achieved target score of 10 (2x5) reducing from 15 (3x5) and will be removed from the BAF. The risk is unlikely to ever be completely resolved as the landscape around the Trust constantly shifts and will be managed at a directorate level and by the Integrated Governance Steering Group.
12. **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* remains static at a score of 12 (3x4) during this period; however, this risk will be considered more closely to determine whether it can be factored into the new relationships with stakeholders reputation risk.
13. **Risk 139** *Failure to Deliver our Statutory Financial Duties in accordance with legislation* remains unchanged at a score of 12 (3x4) during this period; however, this risk will be considered in close detail in the next round in line with the financial position for 2026/27.
14. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Finance & Performance Committee is requested to:

1. Consider contents of the report including:
 - a. The reduction in score of Risk 623 to target of 10 (2x5) and ongoing management of the risk at a directorate level.
 - b. The controls in place against the risks.
 - c. The actions described to further mitigate the risks.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Finance & Performance Committee is requested to receive the following:

- Annex 1** Summary table
- Annex 2** Scoring Matrix
- Annex 3** Frequency of Risk review
- Annex 4** Board Assurance Framework

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION




Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 December 2025	Executive Leadership Team

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
641 FPC	The Trust’s inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	<p>IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared</p> <p>THEN there is a RISK that the Trust’s Incident Response will be suboptimal</p> <p>RESULTING IN avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability</p>	Executive Director of Operations	<p>20 (5x4)</p> 
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	<p>IF there is a lack of resources and available technology and infrastructure</p> <p>THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines</p> <p>RESULTING IN negative environmental and social impacts causing and reputational damage</p>	Executive Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
671 FPC	Unauthorised or Inappropriate use of AI technologies	<p>IF staff use Gen-AI tools such as ChatGPT, Co-Pilot or other AI enable platforms outside of approved organisational channels or without appropriate governance</p> <p>THEN information passed into, accessed by, or returned by the AI tools may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements</p>		<p>16 (4x4)</p> 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN potential breach of confidentiality and data protection law, data, damage to Trust, and non-compliance with other legislation, regulation and standards.		
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	<p>IF a major incident or mass casualty incident is declared</p> <p>THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p>RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p>	Executive Director of Operations	15 (3x5)
623 FPC	Failure to comply with Data Protection Legislation	<p>IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality</p> <p>THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used</p> <p>RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.</p>	Director of Digital Services	10 (2x5) 15 (3x5)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
100 FPC	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	<p>IF WAST fails to persuade JCC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Executive Director of Strategy Planning & Performance	12 (3x4)
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Executive Director of Finance & Corporate Resources	8 (2x4)

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident		Date of Review:	28/10/2025	TREND	20
			Date of Next Review:	28/11/2025	➡	(4x5)
IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	THEN there is a RISK that the Trust's Incident Response will be suboptimal	RESULTING IN avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	4	5	20
			Target	2	3	6
IMTP Deliverable Numbers:						
Strategic Objective:						
EXECUTIVE OWNER	Executive Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee			
Risk Commentary						
<p>Following the Manchester Arena Incident in May 2017, whereby twenty-two (22) innocent people were sadly killed, and the subsequent Public Inquiry (MAI), ambulance services across the UK have reviewed their ability to respond to a Major Incident. WAST has undertaken its own review and has identified sixty-eight (68) of the MAI recommendations as being pertinent to the ambulance service and/or multi-agency preparedness and response. Once these recommendations have been implemented then the risk will be mitigated to target; however, additional financial resources are required to do this.</p> <p>As part of the Trust's ongoing commitment to deliver the necessary change against the MAI recommendations, a dedicated team was established in June 2023 to investigate and assure the Board that all necessary organisational processes were in place should an incident occur in Wales. Since the beginning of this project, significant progress has been made in addressing the recommendations (as identified in the 'Controls' section below) and the Trust is better prepared because of the work undertaken to date.</p> <p>As part of the ongoing work, the Trust has completed a series of investigations and developed a series of 'Capability Reports' to demonstrate and explain where remaining challenges to an anticipated Major Incident could occur. The capability gaps identified are detailed in the below reports, which were shared with the Board, and are supported by a significant base of evidence produced as part of the 'R105' self-review process. The reports are:</p> <ul style="list-style-type: none"> - R106 Capability Report - Capability to Prepare - Capability to Respond - Capability of Specialist Assets <p>The reports identify that a significant proportion of the MAI recommendations remain outstanding, and the Trust is unable to progress these further or fully implement the identified learning without financial support. The reports highlighted what is needed to complete or significantly progress twenty (20) MAI recommendations and forms the basis of the 'Gaps in Controls' and 'Actions' sections. Transitioning these gaps and actions across into the 'Controls' section when achieved will act as a longitudinal method of tracking progress of completion against the MAI recommendations, and the associated risk reduction as this occurs. If the Trust is unable to implement the MAI recommendations fully, there remains a risk to the public, the organisation, and commissioners in the event of a mass casualty incident.</p> <p><i>This Board Assurance Framework (BAF) extract is supported by a more detailed appendix of itemised actions required to permit greater scrutiny of remaining gaps and actions, as well as a detailed repository of control measures that have been successfully implemented.</i></p>						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. Forty-six (46) of the pertinent MAI Recommendations have been implemented into WAST practice through the work undertaken to date.			1. MAI recommendations that have been marked as implemented by the EPRR MAI Project are authorised and ratified by Operations Senior Leadership Team and cascaded via the approved governance route (AAA) to ELT and Trust Board. This forms a documented governance route for rationale for completion and details of this are recorded in the EPRR share drive alongside evidence of compliance. Additional details of assurance are provided in the annex to this Corporate Risk. Ongoing monitoring and assurance of lessons learned is captured through BAU processes and the established debriefing/lessons learned process such as the Organisational Learning Spreadsheet.			
GAPS IN CONTROLS			GAPS IN ASSURANCE			
1. Two (2) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning (REF: MAI recommendations 26 & 88). These are not included in the R106 funding request.			1. Work is progressing against these recommendations as part of the ongoing MAI project. It is anticipated that these recommendations can be implemented without additional financial support. Regular updates on these four recommendations are provided through the regular 'touch point' meetings with EPRR HoS, ADO for National Operations & ED of Ops, with periodic updates to SLT that are then cascaded via the approved governance route.			

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:	28/10/2025	TREND →	20 (4x5)
		Date of Next Review:	28/11/2025		

2. Eighteen (18) outstanding MAI Recommendations that have been submitted to Trust commissioners via the 'R106' process as requiring financial support to implement the learning (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).	2. The outstanding recommendations are not able to be implemented independently by WAST and may remain unresolved until such time that additional financial resources and practical arrangements are in place to support this work. Trust commissioners have been notified of this via the formal R106 submission completed in August 2024.
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Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
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1. Implement the learning relating to forty-eight (48) recommendations identified in the MAI report as pertinent for WAST (REF: Outstanding MAI recommendations (26 & 88)).	Assistant Director of Operations, National Operations & Support	CLOSED	<p>This programme of work is underway, with nearly all recommendations completed. 2 recommendations remain outstanding, with a plan in place to implement all these recommendations.</p> <p>May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners and further scrutiny sessions completed and awaiting commissioner outcome expected in August 2025.</p>
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2. Submit evidence to Commissioners demonstrating that additional funding is required to implement a further twenty (20) recommendations identified in the MAI report (REF: MAI recommendation R106).	Assistant Director of Operations, National Operations & Support	CLOSED	<p>March 25- During March and April the Trust has engaged with commissioners on a series of scrutiny sessions to review content of submission for the MAI; following these scrutiny sessions it will be for the commissioners to formally respond to the Trust, determining next steps and any subsequent course of action.</p> <p>A formal submission of requirements has been submitted to commissioners for consideration and approval. Commissioners have been engaged with since early 2024 to raise awareness and facilitate early discussion. The Trust is awaiting a formal response to the submission.</p> <p>May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners completed and awaiting commissioner outcome expected August 2025.</p> <p>Oct25 – A series of scrutiny sessions with Commissioners has been undertaken, the most recent being in September 2025. The original timescales to respond to the Commissioner November 2025 has been extended by 1-month to December 2025.</p>
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3. Implement the necessary amendments to Trust infrastructure, resourcing level and equipment required to address the remaining recommendations once funding has been made available. (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).	Assistant Director of Operations, National Operations & Support	March 2029	<p>An assortment of 20 proposals rests with commissioners at present. As these proposals are funded, capabilities gaps will be addressed and an associated reduction in the risk score can be expected. Some of these proposals may take several years to implement (e.g. a North Wales HART Unit) which is reflected in the target date. Other proposals could be accomplished in a much shorter timeframe if funded.</p> <p>Once the implementation of infrastructure, resourcing and equipment has occurred, WAST will either be compliant with the MAI recommendations, or, in some circumstances, may need to undertake further work to integrate the MAI learning into practice (e.g. once the EPRR Training & Exercising Team have established, they will then need to provide sufficient levels of exercising to comply with the exercising-related MAI recs).</p>
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Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	04/12/2025	TREND	16 (4x4)
		Date of Next Review:	04/01/2026		

IF there is a lack of resources and available technology and infrastructure	THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing reputational damage		Likelihood	Consequence	Score
			Inherent	5	4	20
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers: 17, 18, 33

Strategic Objective:

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee
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Risk Commentary
 Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board continue to meet. Noting some progress on positive movement to actions within the DAP. Recent progress is focussing on implementation of PHEV and BEV SRVs. WG is refreshing the Strategic Delivery Plan – final version **now received but discussion is required on the Trust response, the next steps, and the resources required to further progress this. It should be noted that as work in this space increases, so too does the volume of BAU management required e.g. on the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc).**

CONTROLS	ASSURANCES
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CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board	1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board. Next update will be January FPC meeting
2. Capital and Estates directorate lead support – Director of Finance (DOF)	2. Regular briefings to DOF
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.	3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps	4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. Next survey round to take place in 2025/26 which will inform the update of the Estates SOP. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions	5. Fleet SOP shows move to ULEV vehicles. BJC 2025/26 details intention for move to EV for smaller and support vehicles. Ambitions for further decarbonisation of fleet to be included in 2026/27 Business Justification Case (approved by Trust Board on 27th Nov and submitted to WG on 28th Nov 2025)
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.	6. Board Development session occurred on 8th November 2021 – presentation slides are available.
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.	7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager	8. KPIs to Estates team includes energy use at all WAST managed buildings
9. ISO14001 accreditation in place	9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.
10. Environment Strategy in place	10. Environment strategy has been approved by the Trust Board. This covers the next 5 years
11. Programme Board Risk Register	11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting	12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BELP Project Board	13. Minutes and papers of meeting

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	04/12/2025	TREND ➡	16 (4x4)
		Date of Next Review:	04/01/2026		

14. Full engagement in Strategic Development Plan (SDP) refresh process undertaken by Welsh Government	15. WAST specific comments provided. Full engagement in support of influencing future SDP (and therefore DAP) actions.
	External - Independent Assurance: <ul style="list-style-type: none"> Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements	
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles	
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)	
4. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.	Decarbonisation Programme Board	Ongoing programme of investment. Next phase to be complete by March 2026	Actions taken in line with investment provided to implement rapid charging by end of March 2025 at a small number of sites. Confirmed adequate charging provision for the replacement of 20 x PHEV and 10 x BEV in March/April 2025. This action is ongoing. Further consideration of the increasing resource requirements will be highlighted at the Transport Project Board, Decarbonisation Programme Board and through the Capital Management Board. Specific action in relation to development of investment plan was closed on the Audit Tracker in March 2025, given that this has been absorbed within other strategic investment plans. To note, as the Trust further implements infrastructure, there is a greater BAU workload which the team is currently not resourced to manage. With the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc)
2. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding	Fleet Team	Ongoing programme of investment. Next phase to be completed by March 2026	Position remains that only vans can currently be purchased. This will be delivered by March/April 2025. Further PHEV SRVs and full BEV small NEPTS vehicles to be procured in 2025/26 for implementation by end March 2026.
3. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan	Director of Finance & Corporate Resources	31.03.25 March 2026	Discussions ongoing regarding enhanced resource requirements to implement low carbon emission vehicles. Targeted Estate Fund (TEF) bids were submitted, and it has been confirmed that 3 of the 6 submitted projects have been supported. Work is well underway on delivery of the 2025/26 schemes. Further Executive level and Trust Board discussion will be required on the Trust response to the new SDP, and the ability for the Trust to resource this appropriately. Given the developmental nature of this work, it is now not possible to sustain the current governance, infrastructure, progress without additional resource.

Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:	02/12/2025	TREND	16 (4x4)
		Date of Next Review:	19/01/2026	➔	

IF staff use Gen-AI tools (e.g. ChatGPT, Copilot, Gemini) or other AI-enabled platforms (including standalone apps, algorithms or built-in functionality) outside of approved organisational channels or without appropriate governance	THEN information passed into, accessed by, or returned by the AI tools may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements	RESULTING IN potential breach of confidentiality and data protection law, data leakage (staff, public and business sensitive information), damage to Trust reputation through such a breach or through FOI responses, and non-compliance with other EU, UK or Welsh legislation, regulation and standards		Likelihood	Consequence	Score
			Inherent	5	4	20
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers:

Strategic Objective: Being at the forefront of innovation and technology

EXECUTIVE OWNER	Director of Digital	ASSURANCE COMMITTEE	Finance & Performance Committee
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Risk Commentary

The current risk is high due to the appetite of WAST to adopt new AI technologies, the ease of access by individuals to a breadth of (freely) available Generative-AI tools offered by tech start-ups and companies globally, and the **currently** limited guidance and regulation offered in this sector for health & care providers.

Given the evolving nature of AI technologies, it will not be possible to fully mitigate this risk. The consequences will remain, but with greater awareness, confidence and support for staff, the chance of breach, bias, or reputation damage from AI output can be reduced.

An AI Steering Group (AISG) has been established, reporting into Information Governance Steering Group, which already has delegated authority from the Executive Leadership Team, and provides AAAs monthly, and additional reporting for assurance through to Finance & Performance Committee. The AISG met for the first time in October 2025, and again in November, and will continue monthly with a regular cycle of business including oversight of existing tooling, projects and implementations, advice on strategic alignment of future use cases, and responsibility to support the development of guidance and frameworks to ensure the approach of “responsible AI” across the Trust.

CONTROLS	ASSURANCES
1. Guidance & Awareness <ul style="list-style-type: none"> a) Gen-AI guidance + Engagement sessions (small audience) b) Procurement toolkit 	1. Guidance & Awareness <ul style="list-style-type: none"> a) Gen-AI guidance issued to all WAST (January 2025); Copilot guidance issued to Copilot licence holders (as onboarded to the pilot); Copilot Pilot feedback form b) Toolkit for Procurement of AI in health and social care sector in Wales (v1.2 2025), has been published by the AI Working Group of Health & Social Care in Wales, 2025.
2. Strategic Alignment <ul style="list-style-type: none"> a) IMTP reference to use cases 	2. Strategic Alignment <ul style="list-style-type: none"> a) AI safety and adoption updates reported via Digital Report to Finance & Performance Committee bi-monthly b) IGSG maintain responsibility for data protection and information security, including in respect to AI. IGSG report via AAA to ELT monthly and an IG report passes to Finance & Performance Committee bi-monthly.
3. Technical Controls <ul style="list-style-type: none"> a) Digital issued and managed Copilot licences (and pilot) b) Deactivation of licences not regularly used 	3. Technical Controls <ul style="list-style-type: none"> a) Monitoring of Copilot users via MS Purview b) Copilot pilot evaluation feedback allows scrutiny of use cases and applications at regular intervals
4. Processes <ul style="list-style-type: none"> a) Cyber Assurance of suppliers during procurement processes through existing mechanisms e.g. cyber essentials b) Data Protection related to AI projects / tools covered by existing DPIA c) Alignment with NHS Wales guidance and position including e.g. procurement routes 	4. Processes <ul style="list-style-type: none"> a) Cyber risks and Data Protection logs reported to IGSG. b) Monitoring of Datix incidents related to data breaches and security



Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:	02/12/2025	TREND	16 (4x4)
		Date of Next Review:	19/01/2026	➔	

5. Expertise a) Ability to draw on Digital expertise for advice (including data science, algorithmic, cyber, data protection, data quality and other relevant domains) b) Leverage support from existing suppliers with technical expertise (e.g. Microsoft) c) AI Steering Group established to advise and guide on AI-related decisions and progress	5. Expertise a) AI risks and issues informally reported via IGSG to date in lieu of dedicated forum b) - c) First meeting of monthly AISG occurred in October 2025, with AAA to be shared at next meeting of IGSG, and routinely thereafter.
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GAPS IN CONTROLS	GAPS IN ASSURANCE
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1. Guidance & Awareness a) Copilot rollout and chat requires guidance for all WAST staff b) General awareness sessions / e-learning for all WAST staff c) Ethics and responsible AI frameworks	1. Guidance & Awareness a) eLearning compliance b) Pulse check or other mechanism to understand staff views on AI c) Approval and monitoring of any developed or adopted frameworks by AISG and IGSG
2. Strategic Alignment a) AI Mission Statement / strategy b) Clear set of 'approved' use cases c) Steering Group to maintain alignment of use cases and horizon scan (for opportunity and risk)	2. Strategic Alignment a) Regular reporting and clear governance route from AI Steering Group to Board
3. Technical Controls a) MS 365 Copilot chat offer for all staff (without need for upgraded licence) - needs monitoring for appropriate use b) Sanctioned / unsanctioned apps list to be maintained c) Monitoring and auditing of users d) Sensitivity tagging project for all digital documents to support access management e) Metadata / data quality project to support accurate AI use	3. Technical Controls a) Escalation route established for inappropriate use of Copilot chat and other available tooling b) SharePoint access and controls to be tested and confirmed
4. Processes a) Procurement to consider AI specific requirements b) IG x AI Programme to be developed c) WAST AI Policy to consider UK and Welsh position across several domains (data protection, cyber security, WBFGA, Equality Act, Welsh Language etc)	4. Processes a) Processes to be identified, developed and maintained by AI steering group
5. Expertise a) AI lead to be determined and position filled b) Connection in with NHS Wales and public sector specialist groups.	5. Expertise a) DTIP forum in development to support governance routes and in decisions related to capacity, planning and prioritisation of Digital expertise to WAST projects b)

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Publication of WAST AI Policy	Leanne Smith	November 2025	AI Policy in development with support from TU Partner; in agreement with Policy Group this has been deferred until February meeting to allow inclusion of recent guidance and external policy updates.
2. Agreement on sanctioned and unsanctioned apps, and block of certain apps / sites	James Rowland	Q4 25/26	WAST to align with national steer on sanctioned / unsanctioned apps
3. Awareness campaign (including ethics, DP, shadow IT risks)	Leanne Smith	Q1 26/27	To be managed by AISG
4. Board Development Day and AI Mission Statement development with Trust Board	Leanne Smith	February 2026	
5. Copilot rollout to avoid ChatGPT risk – requires usage monitoring mechanism	Aasha Cowey	June 2026 (current pilot licences run until this time)	Dependent on funding



Risk ID 671	Unauthorised or Inappropriate use of AI technologies			Date of Review:	02/12/2025	TREND	16 (4x4)
				Date of Next Review:	19/01/2026	➔	
				Dec-25: copilot pilot evaluation underway, and decision to be made on reallocation of unused licences and associated process.			
6. Alignment with WG and NHS Wales AI policy positions	Leanne Smith	Q4 25/26	Proactively engage with WG AI Commission				
7. eLearning for all staff	Leanne Smith	Q4 25/26	Supported by AISG Dec-25: AISG to support Digital Learning Manager (Education & Development team) in development of AI e-learning module. Leanne Smith as Chair of AISG to be responsible for updates on this action.				
8. IG x AI programme (confirming DPIA and checklists are appropriate)	Kelly Holding	Q4 25/26	Will be a requirement of the 26/27 IG Toolkit				
9. WG AI Commission membership / alignment	Leanne Smith	Q3 25/26	Proactively engage with WG and NHSW AI groups Dec-25: Welsh Government are redesigning the AI Commission, and considering membership (likely to include Directors of Digital). An AI policy and plan is also in draft for Wales. Further updates are expected in Q4 25/26.				
10. Document sensitivity / confidentiality tagging project (linked to SharePoint migration project)	Leanne Smith / Aled Williams	Q4 26/27	Large scale project across digital				
11. AI Lead to be identified and agreed	Leanne Smith	Q3 25/26	AISG to have oversight				
12. Monitor usage	Kara Walsh	Ongoing from Q3 25/26	AISG to have oversight Dec-25: AISG now regularly monitor the use cases, tooling and uptake of AI tools. This will form part of regular reporting through to IGSG in future months.				

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	28/10/2025	TREND	15 (3x5)
		Date of Next Review:	28/11/2025		

IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24

Strategic Objective:

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee
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Risk Commentary Q1 2024/2025

The challenges across the unscheduled care system. Handover lost hours in **October** were **12,497** and **November** were **14,513**. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.

After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons:

- Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register.
- Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below:
 - 50% of vehicles released within 10 minutes
 - 75% of vehicles released within 20 minutes
 - 100% of vehicles released within 30 minutes
- Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed.

22/01/25 - In light of the critical incident declared earlier this month, a review of the risk scoring is scheduled for this at SLT on 11th February in the first instance and this will be updated following conversations.

March 25 – following review at SLT, it has been agreed to maintain the score as it stands currently.

CONTROLS	ASSURANCES
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CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Immediate release protocol	1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services. V1.3 has been reviewed, updated and released (August 2024).
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v5.1 released in January 2025
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU. New version 3.3 released in December 2024.
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	28/10/2025	TREND →	15 (3x5)
		Date of Next Review:	28/11/2025		

	External Independent Assurance N/A
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.	11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.	12. All Health Boards responded with assurance of plans except BCU.
13. Multi Agency Exercise to be arranged.	13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.	14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.

GAPS IN CONTROLS	GAPS IN ASSURANCE
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Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.	The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.
	Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBS except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust's ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morryston Hospital, Wales's dedicated burns unit (formal debrief still to be conducted).

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Review of Manchester Arena Inquiry	Assistant Director of Operations	CLOSED	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and JCC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024. 01/10/2024 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed, and it is anticipated these will conclude within the next six months. To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death		Date of Review:	28/10/2025	TREND	15 (3x5)
			Date of Next Review:	28/11/2025	➔	
				<p>recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.</p> <p>Jan 2025 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust, continues. We expect to complete all recommendations that do not rely on financial investment by the end of this financial year. To ensure the continued progression and completion of the recommendations with financial dependency (18 recommendations), a corporate risk has been developed for inclusion in the Trust's Corporate Risk Register and Board Assurance Framework. As the risk progresses through the internal governance route, culminating in final approval at Trust Board in January 2025, there is an alignment of the outstanding MAI recommendations with a clearly defined business-as-usual framework, which will support the governance of capability gaps whilst awaiting financial decisions from commissioners and the implementation of necessary changes.</p> <p>Mar25 – Progress of MAI will now be reviewed within CRR 641. During March and April the Trust has engaged with commissioners on a series of scrutiny sessions to review content of submission for the MAI, following these scrutiny sessions it will be the commissioners to determine next steps and any subsequent course of action.</p> <p>May 25 – Actions complete subject to closure report to SLT with outstanding actions monitored through the risk register (Ref: 641). Submission to commissioners completed and awaiting commissioner outcome expected August 2025.</p>		
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans	Assistant Director of Operations	CLOSED	<p>Immediate Release Protocol Developed and Released August 2024. Correspondence with Welsh Government remains ongoing.</p> <p>22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6th Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.</p> <p>May25 – Further correspondence submitted to the NHS Executive dated 28 April 2025, highlights that plans remain untested in the context of a continued deterioration on handover delays.</p>			
3. Request from COO network to share Action cards related to risk	Executive Director of Operations	Q1 CLOSED	<p>May24 – LB will follow up with COO network on the sharing of their action cards to WAST.</p> <p>March 24 – This risk was discussed at both JCC management and in the COO meeting.</p> <p>May25 – The Trust has now exhausted its influence on this risk, and with further correspondence to NHS Executive in April 2025 highlighting the outstanding risk and untested plans, the Trust considers all actions closed.</p>			
4. Ongoing monitoring of the 45MR continues, as reducing handover delays is expected to decrease the number of ambulances waiting outside hospitals, particularly within BCU.	Assistant Director of Operations					

Risk ID 623	Failure to comply with Data Protection Legislation			Date of Review:	05/12/2025	TREND →	10 (2x5)
				Date of Next Review:	25/01/2026		
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	2	5	10	
			Target	2	5	10	
IMTP Deliverable Numbers: 1, 13, 14, 18, 19							
Strategic Objective:							
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance & Performance Committee		
Risk Commentary							
<p>The consequences of this risk depend on the worst-case scenario which crosses a number of Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk; if we demonstrate Statutory Requirements are met, even if a serious incident/event/failure arises, evidence provided would help reduce / mitigate against the consequences (e.g. penalty).</p> <p>In March 2025 the Trust submitted a self-assessment under the Welsh IG Toolkit, and met or exceeded expectations in all areas, except for the Training & Awareness category (for which minimum expectations were not met.) Last measured on the 02/12/25, WAST had achieved 91.21% compliance against an 85% target for statutory IG training. The Confidentiality Advisory Group (CAG), an independent body advising the UK's Health Research Authority on the use of confidential patient information in research projects, and the Secretary of State for Health for non-research uses, require organisations across NHS Wales to demonstrate compliance with legislation via the IG Toolkit, or risk requests for using sensitive patient information being rejected – this compliance achievement helps protect WAST's academic partnerships and reputation, strategic research endeavours, and patient data linkage initiatives should CAG support be pursued, but must now be maintained until the Toolkit is submitted in March 2026. This is in addition to now meeting a new category of compliance covering video surveillance.</p> <p>If the Trust fails to meet the Minimum Expectations of the IG Toolkit, this highlights that the organisation may not be meeting its obligations under the accountability principle. The accountability principle places a responsibility on organisations to not only comply with the UK GDPR, but that they must also to be able to demonstrate compliance. If an organisation cannot show good data protection practices, it may leave them open to administrative fines (irrespective of a data breach), reputational damage and affect patients' trust in the organisation handling their data.</p> <p>Recently, several projects have seen delays due to outstanding IG queries, late engagement with the IG team, and project scope change impacting data protection. These have been escalated and are being managed but demonstrate some risk still in the understanding and awareness of IG and data protection requirements and responsibilities of staff, despite the increase in training compliance. In addition, there has been an increase in inappropriate use of social media and non-corporate communication channels (e.g. Whatsapp) resulting in reportable breaches to the Information Commissioner's Office.</p> <p>A new IG Priority Framework has been developed as a risk mitigation action. The framework applies a clear, risk-based prioritisation of tasks, ensuring that high-risk areas receive immediate attention and resources as a risk-based approach to compliance. This has resulted in further and more detailed risks being identified and raised (e.g. data sharing gaps, inappropriate social media use etc). Improvements in recent months include the maintaining of compliance levels above target for mandatory IG training, investment in the IG team and improved resilience of the specialist profession, increased visibility and reporting to IGSG, and a plan to address the final three areas of proactive auditing, data sharing gaps, and more in-depth breach investigations. Given these significant improvements, and active progress with the remaining gaps in controls, the likelihood score of this risk has been reduced to 2, reaching target score. Noting however IG and data protection risk can fluctuate quickly, this risk will continue to be managed locally and monitored regularly via IGSG.</p>							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Expertise: Data Protection Expertise: 2 x FTE Data Protection and Compliance Managers (DPCM); 1 FTE Information Governance Officer, 4 x FTE in the Cyber Security team				1. Two new permanent Data Protection and Compliance Managers have been in post since November 2024, bringing capacity of this skillset up to 3 x FTE.			

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026		
		2. Additional DPCM role now being recruited (Dec 26) plus a new job description being designed to provide more resilience and career pathways through the Information Governance team to support with succession planning and long-term capacity.			
2. Expertise: Permanent Data Protection Officer		3. Temporary Data Protection Officer responsibilities held by Head of ICT up to December 2024. A full-time, permanent DPO has been recruited, and the position has been filled since December 2024.			
3. Documentation: Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments)		4. Procedure for auditing Welsh Clinical Portal usage (by WAST staff) updated (Jun24). Monthly Information Governance Steering Group which includes progress updates on: - DPC, DSA and DPIA reviews (I) IG Training IG Toolkit (System for providing a level of assurance of compliance (I)) Incident Reporting Accountability to ELT Development of reporting (dashboard) which supports IGSG, ELT and Finance & Performance Board Committee for scrutiny.			
4. Documentation: Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy		5. Add: Template Model Data Processor Agreements and Data Sharing Agreements which are able to be produced when IG are engaged.			
5. Ownership: Register of information assets and data flows (outdated)		6. New Information Asset Management Group has been established with TOR developed.			
6. Awareness: Staff training on updated training module (Apr 2023)		7. Training compliance monitored monthly via IGSG (captured on ESR and LMS365)			
7. Monitoring: Incident Reporting and management (DATIX)		8. Summary statistics reported monthly via IGSG and MIQPR			
8. Monitoring: NIIAS (national intelligent integrated audit solution) for auditing access to personal information on national systems such as WCP and WDS.		9. New performance reporting now being collected to increase visibility.			
9. Awareness: Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)		10. Regular publication of IG related comms: Lock screen image issued 04/24 in relation to WhatsApp and training_Lock screen image in relation to physical security as ongoing recurring screen. Digital Notice on Whatsapp issued 04/25. AI Guidance issued 01/25. Cyber & IG procurement guidance drafted and available on SharePoint and shared to ADLT. Information Governance Factsheet produced and shared to new users of WCP, WDS, and Secure File Share Portal (and as and when needed to other groups). Presentations on Data Breaches and DPIAs are provided to groups. Inappropriate use of social media Digital Notice issued 10/25.			
10. Collaboration: Proactive engagement outbound (not inbound to team)		10a. Regular comms issued across WAST in Q3 and Q4 of 2024/25, explaining the importance and encouraging uptake of IG Training – this included targeted messages to non-compliant individuals, and their line managers, and escalations to Executive level as required. 10b. Requests made for IG representatives to sit on project boards of critical workstreams and other Directorate forums, helping improve understanding, and collaboration, reducing risk of non-compliant go-lives or deliverables. Delivery of training and awareness on 'Information Governance & Transformation: What You Need to Know' to the Transformation Support Office.			
11. Compliance: Trust meeting mandatory IG training compliance threshold of 85%		11. The Trust has seen increasing compliance for the past several months – this must now be maintained			
12. Ownership: documented risk for physical security with mitigating action plan		12. This risk was approved by IGSG in June 2025 and will now pass through usual Trust risk management cycles.			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. Succession Planning and appropriate capacity within the team to manage the incoming demand from across the Trust and wider NHS Wales system (particularly in respect to national data sharing)		1. Additional investment sought for IG team to bolster capacity and ensure career progression through the specialist team (tbc in October 25). Now captured under controls (1).			
2. Documentation: Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements, policies or procedures.		2. Expertise: Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan. Now captured under controls (2).			
3. Documentation: Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.		3. Documentation: Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could engage third parties and/or purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST's controls for appropriate due diligence or legislative required controls in managing these risks. Gaps in data sharing governance (lack of agreements for all outgoing flows).			

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026		
		Capacity constraints continue to impact ability to undertake audits of systems and access, timely completion of DPIAs, data breach investigations and management, and data flow mapping (Records of Processing Activity documentation.)			
4. Ownership: New data, or new data processes which have either bypassed the controls or there are no information asset owners identified and therefore asset doesn't get on to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)	4. Ownership: Data Protection and Compliance Risks not fully realised. IGSG have approved the establishment of a sub-group to manage activities related to Information Asset Register and Ownership, however, due to vacancies and limited capacity in the IG team, this action will not be able to be progressed until January-25. (Information Asset Management Group has now been established. Captured under controls 5.)				
6. Documentation & Awareness: Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase non-compliant IT systems.					
7. Awareness: The Confidentiality Advisory Group (CAG) notified WAST (via DHCW) in June 24 that for organisations with a 23-24 IG Toolkit outcome of "standards not met", any CAG approvals for research & non-research requests are likely to be rejected unless the organisations' IG Toolkit Improvement Action Plan can be met and evidenced by Nov 24 (instead of the original target date for this plan of Mar 25).	7. Awareness: The Confidentiality Advisory Group (CAG) required WAST to submit an IG Toolkit Improvement Action Plan (via DHCW) with adjusted timelines to show a path to a "minimum standards met" position by Nov 24. The Improvement Action Plan has been adjusted and shared, and internal stakeholders notified. This will be managed by ADLT and monitored via IGSG. The Improvement Plan Actions were met by the Nov 24 deadline, satisfying the requirements of the CAG up to March 2025. However, with the IG Toolkit submission in March-25 this view will be reset, and WAST failed to meet the minimum expectations for Training and Awareness.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Ensure compliance with the appropriate IG level training across all Directorate and Departments a. Demonstrate a regular series of comms on IG and DP - complete b. Regular monitoring of training compliance through IGSG – evidence of ongoing c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached by March 2025. - achieved in July 2025. This must now be maintained and will be monitored for the next few months to ensure progress does not slip. d. BAU on Siren training notices and specific guidance or advice – evidence of ongoing e. IG checklist to be complete for all projects, and DPIAs ahead of project design / development, and critically all go-lives to have IG approval		Leanne Smith	Q4 2024/25 Q2 2025/26 Ongoing monitoring of Trust-wide compliance (will need to be demonstrated by March 2026) and current escalations for non-compliant individuals. Q3 2025/26	IG training compliance required to meet 85% target. An Action Plan for training has been created, and a training needs analysis being progressed with L&D team. 3d. Procedures, such as audit of Welsh Clinical Portal usage, has been updated. Previous actions: April 2024 - Lock screen issued in relation to WhatsApp and training, refreshed 06/24. May 2024 - Siren notice drafted for ELT. Jan 2025 - AI guidance issued. Mar 2025 - Cyber & IG procurement guidance in development. Evidence that regular comms is being published, and so action complete, and assurances added to Controls. May 2025 - Ongoing comms on the importance of early engagement with IG to ensure legal required documents and risk assessment are completed will continue to be raised across forums. Jun 2024 - Paper to ADLT seeking support for increased awareness & training compliance Mar 2025 - Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required. Latest actions: July 2025 - Letters have been issued to individuals and training is requested to be completed by end of August 2025. Several potential data breach incidents remain under investigation, and there has been an increase in inappropriate use of social media by staff – further work is required to give confidence in Trust compliance beyond threshold met. September 2025 – reduction from 290 to 194 staff with overdue mandatory training. IGSG continue to offer oversight and a route for escalation of non-compliance, with support given to further investigate staff with a professional registration who are out of compliance. December 2025 - Escalations for overdue, non-compliant training are ongoing, and formal actions are now being considered as the next steps. A DPIA backlog remains with 42 DPIAs due for review and an additional 35 in progress (Nov 25) meaning potential privacy issues remain unidentified and unmanaged. Without DPIAs, high risk projects may proceed without adequate	

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026			
				<p>safeguards, increasing the possibility of data breaches and misuse. A DPIA Backlog Recovery Plan is in development as a result.</p> <p>The IG Priority Framework designates data breaches as the highest priority. A rapid triage process has been implemented to ensure all breach notifications receive an appropriate and timely response. Additionally, DPCMs will attend specialised Data Breach Management training (Dec 25) to strengthen capability and compliance.</p> <p>Following the recruitment of additional roles, increased capacity will enable us to address the remaining outstanding areas, including: Proactive audits on WAST systems to strengthen assurance. Closing data sharing gaps by implementing agreements and improving visibility of outgoing data flows. Enhancing data breach investigations and management to ensure timely and robust responses.</p>		
2. Report on physical security to IGSG – working with fleet and estates team		Leanne Smith and Aled Williams	Q2 2024/25 Q1 2025/26 Complete	Reporting to IGSG and FPC. A risk has been drafted by members of IGSG, and agreed, but action plan now to be developed in collaboration with Fleet & Estates. The draft risk was approved by IGSG in July 2025 and will now progress through risk management cycles.		
3. Assurance of “standards met” for all IG Toolkit requirements: gain support of all Directorates’ leadership to complete the IG Toolkit Improvement Action Plan and ensure compliance for the 2025/26 IG Toolkit submission		Leanne Smith	Nov24 for IG Toolkit Improvement Action Plan (with evidence to CAG) - complete March 2025 for 24/25 submission complete March 2026 for 25/26 submission – ahead of plan	<p>Paper to ADLT Jun24 seeking support for completion of the IG Toolkit improvement action plan.</p> <p>To ensure no impact to CAG approvals for WAST research, this improvement action plan must now be met and evidenced by Nov24.</p> <p>The improvement plan actions resulting from the “standards not met” results of the 23/24 IG Toolkit submission were met ahead of the Nov24 deadline to assure CAG, however, to meet the requirements of the 24/25 IG Toolkit submission, further improvement work was required before the Mar25 deadline.</p> <p>All other improvement work was complete, and the submission of the IG Toolkit in March 2025 saw standards either met or exceeded in all categories except for Training & Awareness, where standards were not met due to the IG Training compliance being below the 85% target.</p> <p>Progress on the 2025/26 improvement plan, to support the IG Toolkit submission in March 2026 is approximately 90% complete. However, the remaining 10% relates to Video Surveillance compliance and actions are needing to be addressed.</p>		

Risk ID 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	Date of Review:	05/12/2025	TREND	12 (3x4)
		Date of Next Review:	05/03/2025	➡	

IF WAST fails to persuade JCC/Health Boards about WAST ambitions	THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32

Strategic Objective:

EXECUTIVE OWNER	Executive Director of Strategy, Planning & Performance	ASSURANCE COMMITTEE	Finance and Performance Committee
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Risk Commentary

From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.

The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 12,560 (Jul-25). The extant WG policy is 15 minute handover i.e. no lost hours, with the current WG focus on W45 i.e. 45 minute handover, which equates to approximately 6,000 hours. There is evidence of some material handover lost reduction in some health boards in recent months. The Trust had almost recruited up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in January 2025 was 94%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics (current levels are staff in post to establishment for CHARUs at 85%). The Trust delivered on its ambition to switch on key aspects of its clinical model transformation programme in 2024/25, in particular, rapid clinical screening, which included the recruitment of 28 FTES to EMSC (clinical navigators) and increasing the APP establishment to APPs. The 111-call abandonment rate has stabilised post 111 CAS go live, as the Trust has recovered its call handler staff in post to establishment, but the commissioned levels are not sufficient to achieve the 5% abandonment rate. Ambulance Care performance is stable, but the level of capacity management plan cancellations are running at c20,000 per annum. For 2025/26 the Trust's ambitions are set out in its IMTP, with a particular focus on delivering further aspects of the clinical model transformation programme: the re-categorisation of 999 demand (purple, red and RCS0 etc), remote clinical care and further see & treat capability. The EA skills mix (no funding from JCC) and Manchester Area Inquiry (MIA) submission are also important considerations.

The JCC is now becoming more established. Current areas of focus for the JCC (in relation to WAST) include: a scrutiny exercise on the Trust's MAI submission, consideration of the Future Vision for NEPTS, the Emergency Ambulance Measures Review Task Group and Ambulance Patient Handover Improvement Implementation (APHID) Group. The Trust has received the JCC commissioning intentions 25/26 for 111, 999 and NEPTS, which are reflected in the Trust's IMTP. These are broadly supportive of the Trust's ambitions, but the financial pressures within NHS Wales means that there's limited financial support of the Trust's ambitions.

CONTROLS	ASSURANCES
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	Internal & External Management (1st Line of Assurance)
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC meetings	1. Minutes of meetings and a standard agenda item
2. JCC and its 2 sub-committees established as a forum to discuss WAST's strategy (sub-committees currently under review as part of move into JCC).	2. Minutes of meetings and a standard agenda item. Sub-committees now established, with report on commissioning arrangements to July Finance & Performance Committee.
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO	3. Meetings are diarised every week
4. Collaboration between JCC and WAST on specific projects	4. Representatives are co-opted onto meetings and frequency is between 3-6 weeks. Set agendas with NCCU reps co-opted.
5. Joint WAST Executive/JCC SLT Monthly Meeting	5. 02/12/25 This meeting has now restarted with the first one held on 26 Nov-25.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder's fortnightly
7. Commissioning intentions.	1. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111 Wales and expected to be approved by Mar-24 JCC (approved).
8. Governance arrangements for JCC Committee, Ambulance & 111 Commissioning Management Group and NEPTS DAG	2. Minutes of meetings and a standard agenda item

Risk ID 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	Date of Review:	05/12/2025	TREND	12 (3x4)
		Date of Next Review:	05/03/2025	➡	

		External Management (1st Line of Assurance)			
		1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST's three patient pathways.		1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees. There is no provider brief going at this time, but the Trust does produce extensive slides for the bi-monthly WG Integrated Quality, Planning & Delivery accountability meeting, with the Director of Commissioning for Ambulance & 111 Services in attendance. 02/12/25 It is anticipated that the new Joint WAST/JCC SLT Monthly Executive Meeting will provide dedicated time for discussion on the three pathways and will likely be supported by a quality, performance & information pack from WAST.			
2. Governance coordination between the JCC and WAST to be improved.		2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team (now the JCC team). This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners. This meeting has now been restarted and continues to function.			
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)		3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours. WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition. This has led to the W45 initiative i.e. 45 minute handover, with handover lost hours in July 2025 being their lowest since July 2021. A continued focus by health boards is required to achieve the ambition and sustain it. 02/12/25 14,512 hours were lost to hospital handover in Nov-25. Previous year's performance would suggest this will increase further in Dec-25. Whilst there has been a material reduction in handover lost hours, they are some distance from the 6,000 hours on which the roster keys are predicated.			
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)		4. Strategic demand and capacity review completed and reported to Finance & Performance Committee. Whilst the Director of 111 & Ambulance Commissioning is sighted on the findings, it has not yet been formally reported to the JCC, in agreement with WAST. This remains the case. 02/12/25 2026/27 is expected to be flat cash, with a significant savings target for the Trust. The Trust is also expecting the JCC to carry out an review of WAST during the remainder of Q3 and into Q4.			

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	As part of 25/26 budget setting process in Q4 this year (18/03/25 F&P Committee). IMTP now with WG awaiting approval, timeframe dependent on WG.	26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24. 21/01/25 ELT has considered the draft commissioning intentions and responded to the Director of Commissioning. 14/04/25 Commissioning intentions built into the Trust's 2025-28 IMTP with FTE additionality planned in the remote care and see & treat space. MAI scrutiny exercise on-going. Skills Mix Task & Finish on-going, due to report into ELT end of April 2025, no funding from JCC expected. 19/08/25 Q1 commissioning intentions reported to JCC sub-committee. EA Skills Mix paper went to ELT in June 2025 with further paper on 27/08/25. 02/12/2025 The Trust has responded to the draft review by the JCC, the draft 2026/27 commissioning intentions and has submitted a presentation on its outline 2026-29 IMTP identifying risks, cost pressures, emerging deliverables etc. Whilst the Trust is actively influencing the commissioning process, this is within the construct of flat cash for 2026/27.
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	IQPD 12/02/25 The APHID is a WG led group, so timeframe is dependent on WG.	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. 26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust.

Risk ID	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience		Date of Review:	05/12/2025	TREND	12 (3x4)
			Date of Next Review:	05/03/2025	➡	
			<p>21/01/25 The Trust experienced 26,000 ambulance unit hours lost to hospital handover in December 2025, in line with its prediction, but significantly above the WG target of no waits over one hour, which equates to approximately 7,500 hours.</p> <p>14/04/25 WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition.</p> <p>19/08/25 This has led to the W45 initiative i.e. 45 minute handover, with handover lost hours in July 2025 being their lowest since July 2021. A continued focus by health boards is required to achieve the ambition and sustain it.</p> <p>02/12/25 As above, hospital handover lost hours have seen a material reduction, however, 14,512 hours were lost to hospital handover in Nov-25. Previous year's performance would suggest this will increase further in Dec-25. Whilst there has been a material reduction in handover lost hours, they are some distance from the 6,000 hours on which the roster keys are predicated.</p>			
3. Increased understanding of NEPTS by JCC	Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24 21/02/25 Timeframe tbc, subject to current discussion with JCC.	<p>16/04/24 Workshop arranged for April 2024 (completed).</p> <p>26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee.</p> <p>06/08/24 The WAST briefing to the JCC Board Development session in Aug-24 includes coverage of five workstreams, one of which is Health Transport, which includes NEPTS and UCS.</p> <p>21/01/25 Consideration of Future Vision for NEPTS at JCC meeting on 21/02/25.</p> <p>14/04/25 On-going discussions with JCC on the Future Vision, in particular, next steps, with possible development of a service blueprint connected to the Vision.</p> <p>18/08/25 The Director of Commissioning for Ambulance & 111 Services has raised a concern about the level of capacity management cancellations and asked for options for mitigating these, which the Trust is currently exploring.</p> <p>02/12/25 The Trust is currently undertaking modelling on different options for increasing NEPTS capacity within the current resource envelope.</p>			
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date Timeframe for establishing a replacement for CASC Assurance is a JCC responsibility.	<p>30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control.</p> <p>16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment.</p> <p>26/06/24 Request to commissioners to re-establish this meeting.</p> <p>06/08/24 Meeting now re-established. 21/01/25 Meeting continues to operate.</p> <p>14/04/25 Meeting continues, but the monthly CASC Assurance meeting has lapsed and needs to be restarted. This is anticipated by the Trust but is dependent on the Director of 111 & Ambulance Commissioning discussion with JCC colleagues.</p> <p>19/08/25 As above, the WG IQPD meeting operates bi-monthly and provides an accountability mechanism, but the Trust is anticipating the resumption of a JCC mechanism in the second half of the year.</p> <p>02/12/25 The first Joint WAST Executive/JCC SLT Monthly Meeting was held on 26 Nov-25</p>			
5. Develop and roll out the Stakeholder Influencing Plan	Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	<p>15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.</p> <p>14/04/25 The CMT Programme Engagement Plan (PEP) is live. During Q4 the programme has undertaken a series of priority engagement sessions with key clinical groups and stakeholders on the Clinical Services Model proposals. The next steps are to undertake wider system engagement.</p> <p>19/08/25 System wider engagement was undertaken as part of the phase one Ambulance Performance Framework go live on 01 July, with further communications planned as part of the phase 2 go live on 01 December 2025.</p>			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	19/11/2025	TREND ➔	8 (2x4)
		Date of Next Review:	19/02/2026		

IF the Trust does: <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding 	THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
			Inherent	3	4	12
			Current	2	4	8
			Target	2	4	8

IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32
Strategic Objective:

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee
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Risk Commentary: To end of **November** 2025 of the 2025/26 financial year. The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to WG year to date to Month 7 of the 2025/26 Financial Year. The score is consistent with that of Qtr. 2 2025/26 due to presenting an opening balanced financial plan for 2025/26, full allocation of the £8.5m savings delivery target and YTD overachievement. Reported Financial position is currently in deficit (£0.135m) but revised year end forecast is one of balance. It must be noted though that clear monitoring of the savings target for 25/26 will be needed as this is £2m increase from the 24/25 delivered position and also the recovery of the current deficit albeit in a challenging financial climate for all public sector organisations.

CONTROLS	ASSURANCES
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	Internal Management (1st Line of Assurance)
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board
2. Financial policies and procedures in place	
3. Budget management meetings	3. Diarised dates for budget management meetings and delegation of budgets has occurred
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place	4. Diarised dates for ADLT, FPC and Trust Board and monthly reports with budget managers. EFG meetings held in July and August 25
5. Welsh government reporting	5. MMR submitted monthly to WG and monthly catch ups with F&P Delivery unit
6. Monthly review of savings targets	6. ADLT updated via core reporting. Reporting included in finance reports to committees and boards
7. Regular review monitoring and challenge via WAST and JCC / CASC quality and delivery meeting with commissioners.	
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren
10. Forecasting of revenue and capital budgets	a) Monthly monitoring returns to ELT (EFG) and FPC (b) Reliance on available intelligence to inform future forecasting.
11. Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ELT, FPC prior to Trust Board for approval as appropriate according to value.
	External Assurances Management (1st Line of Assurance)
	5. Monthly Monitoring Returns to Welsh Government
	7. JCC management meetings and at bi-monthly meeting with JCC Finance teams
	8. Capital meetings with Trust and WG capital leads
	9. Regular P2P meetings diarised (bi-monthly)
	10. Monthly monitoring returns into Welsh Government
	Independent Assurances (3rd Line of Assurance)

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	19/11/2025	TREND	8 (2x4)
		Date of Next Review:	19/02/2026		

	1-10 Internal audit reviews covering
	1-10 External audit reviews

GAPS IN CONTROLS	GAPS IN ASSURANCE
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1. Lack of formalised service contracts between Commissioner and WAST as a commissioned body	1. None identified.
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Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/25 31/03/26	Supported financial plan included in IMTP for 25/26. At least bi-monthly meetings with WAST finance and JCC in relation to contract payments.
2. Embed a transformative savings plan and ensure organisational buy in	Savings subgroup / FSP	31/03/25 31/03/26	The Financial Sustainability Program (FSP) will continue to be a key vehicle for the Trust to monitor and develop its savings program. Over delivery was achieved for the 24/25 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 25/26 £8.5m savings plan before the start of the financial year.
3. Embed value-based healthcare working through the organisation	Executive Leadership Team and Value Based Healthcare Group	31/03/25 31/03/26	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/25 31/03/26	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.



GIG
CYMRU
NHS
WALES

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

Agenda Item No.

15

REPORT TITLE

Committee Cycle of Business Monitoring and Priorities Report 2025/26

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	20 January 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input checked="" type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This report updates the Committee on progress against the priorities it set for 2025/26 and progress against the agreed cycle of business for the Committee. There is one matter in regard to the cycle of business of note to the Committee, indicated in paragraph six below.
2. During the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2025 and will be tracked quarterly.
3. The Committee's cycle of business was approved by the Committee in May 2025. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
4. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
5. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.
6. The Committee is asked to note that the Waste Management Update Report - which was originally scheduled for the September 2025 meeting - was deferred to the meeting of the committee in January 2026. It has since been deferred to the March 2026 meeting with the agreement of the Chair. This position was Initially reported to the Committee at its meeting in September.
7. Finally, the Committee's priorities and progress against them is as follows:



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Priority	Progress
A focus on financial sustainability	<ul style="list-style-type: none">• It has been agreed that an update on the Financial Sustainability Programme will be received at every other meeting of the Committee, and as such has been programmed for July 2025, November 2025 and March 2026 (on the Committee Cycle of Business). The November 2025 update was received as programmed.
A focus on Clinical Model Transformation performance	<ul style="list-style-type: none">• The August 2025 meeting focused on the implementation of Phase 2 of the Ambulance Performance Framework. The Committee provided assurance to the Board on readiness ahead of the Extraordinary QuEST and board meetings in October 2025.• Updates on the progress are included as part of the Integrated Medium Term Plan (IMTP) Progress Report which is received at every meeting of the Committee.• An update on Phase 2 go-live was received at the November 2025 meeting. The Committee were assured that plans were in place for Phase 2 go-live in early December 2025.
A focus on resilience including information security	<ul style="list-style-type: none">• The Information Governance (IG) Report received at every meeting highlight ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges.• As part of the additional funding secured for the Digital Directorate in 2024/25 and 2025/26, a significant recruitment programme is underway to strengthen capacity within the directorate.
A focus on the progress of the Manchester Arena Inquiry recommendations	<ul style="list-style-type: none">• The Committee will continue to receive progress updates against the Manchester Arena Inquiry (MAI) with regards to the recommendations required via the Operations Directorate report received at each meeting.



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- An update is programmed for the January 2026 meeting. An update on the progress of recommendations and the case submitted to Welsh Government was received in the closed session of the September and November 2025 meetings.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to NOTE the update.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. FPC Cycle of Business Monitoring Report – January 2026

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

SO1: Providing the right care or advice, in the right place, every time

SO2: Enabling our people to be the best they can be

SO3: Being at the forefront of innovation and technology

SO4: Developing services in collaboration

SO5: Being quality driven and clinically led

SO6: Delivering exceptional value



RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

n/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 January 2026	Finance and Performance Committee

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2025-26											
TERMS OF REFERENCE NOTED IN RED TEXT											
Refreshes of 2030 Delivering Excellence	STB	Ad Hoc							EDSPP	Endorsement	
Refreshes of long term plans	STB	Ad Hoc							EDSPP	Endorsement	
Long term plans organogram	STB	Annually							EDSPP	Assurance	
IMTP for following year	STB/ELT/Board	Annually							EDSPP	Endorsement	Earmarked for potential preliminary discussions in November/January
IMTP Progress Report	STB/Board	Each meeting							EDSPP	Endorsement	
Annual revenue budget	ELT	Annually							EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget (closed)	Capital M'tment Board	Annually							EDOF	Endorsement	
Financial report	ELT	Each meeting							EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year; year end report May
Year end M12 report (same time as M1 in new year)	ELT	May meeting							EDOF	Assurance	
IMTP financial plan	STB/ELT	Annually							EDOF	Endorsement	
Financial Sustainability Report	TBC	Every other meeting							DD	Assurance	Agreed at 18.09.23 FPC to include quarterly updates on the Financial Sustainability Programme (FSP) for future meetings.
Business cases over £500K	TBC	As required							EDOF	Endorsement	FPC to consider if individual business cases should return for PIR, and if so at what time.
Reporting to be developed in 2025/26 (commercial framework)	TBC	TBC							EDSPP	Assurance	Head of Commercial being appointed in 2025. Reporting to be confirmed following appointment.
Value Based Healthcare Report	TBC	Every other meeting							EDQN	Assurance	May: VBH deferred to future meeting, in line with update from LW, EDON. Note, this item will now be presented at a BDD
Review of Ambulance Service Indicators	TBC	Bi-annually							EDSPP	Assurance	Added in 20062025; reporting placement to be agreed.
Report on commissioning	TBC	TBC							EDSPP	Assurance	Scope of this element to be developed - see Note 1
QPMF update report	QPMF Steering Group	Bi-annually							EDSPP	Assurance	QPMF Benefits map went to July meeting
Monthly Integrated Quality Performance report	ELT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually							EDSPP	Endorsement	May: review of metrics not taken, discussions held at BDD.
Annual HART KPI report (Open Session)	TBC	Annually							EDO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted. See July FPC on HART KPIs
Metrics for digital systems infrastructure	TBC	Three times a year							DD	Assurance	
Commissioning arrangements	ELT	Consider annually							EDSPP	Endorsement	Consider potential annual report to be developed
Demand and capacity reviews	ELT	Ad Hoc							EDSPP	Endorsement	
Estates Condition and Backlog Maintenance Update [EPPMS Data/Report]	TBC	Annually							EDOF	Assurance	This was added in as a future requirement (following initial receipt in September 2024) by CorGov.
Decarbonisation Update	Decarb Programme Board	Every other meeting							EDOF	Assurance	Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management.
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023; Deferred from Sept 2025 to March 2026.
Sustainability Report	Decarb Programme Board	Annually							EDOF	Assurance/Endorse	No Sustainability Report required for 2024/25 (to be received in 2025/26)
Fire safety annual report	ELT/Board	Annually							EDOF	Assurance	Timing of annual report TBC (annual compliance report was presented in Jan 24). By exception reporting outside cycle.
Fire safety exception report	TBC	Periodically as required							EDOF	Assurance	By exception outside of annual report
WG Annual Emergency Planning Report (Open session)	ELT/Board	Annually							EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report (closed session)	ELT	Annually							EDO	Assurance	Externally reported - See Note 2
Business Continuity Annual Report (Open Session)	ELT	Annually							EDO	Assurance	See Note 2
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting developing in 23/24 - start off at 3 times a year reporting; intention to bring to every meeting if possible.
Information Governance Toolkit	IGSC	Annually							DD	Assurance	
Information Governance Report	IGSC	Each meeting							DD	Assurance	
Policies for review and approval	Policy Group	Ad Hoc							BS	Approval	
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDO	Information/Discussion	Only received in quarter, not at every FPC meeting (if it would otherwise be a duplicate from previous meeting)
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-committees - but may set up task and finish groups from time to time
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	UEC report presented 21 July 2025

EDOF - Exec Director of Finance and Corporate Resources
 EDO - Exec Director of Operations
 EDSPP - Exec Director of Strategy, Planning and Performance
 DD - Digital Director
 BS - Board Secretary
 EDQN - Exec Director of Quality and Nursing
 DP - Director of People

Key: Pre-agenda setting
 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

Key: Post-agenda setting
 Presented as cycled
 Ad hoc / item considered - not programmed
 Item deferred
 Reporting developing

1 **Commissioning**

Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.

2 **Emergency Preparedness**

The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are

- Assess local risks and use this to inform emergency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

CCA Part one devolved to Wales.

WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation.

Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next.

NHS Emergency Planning Annual Report: return that is signed by JK. Comes to FPC for assurance. One element is assurance the board has received the IRP which FPC does on behalf of the board. WG compile into an All Wales return and in September 2024 the first meeting of the Health Executives for EPRR has been called by WG and likely they will be the primary reviewer of these.

Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Taken in closed session due to sensitivities.

Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs.