Bundle Finance and Performance PUBLIC 17 November 2026

Agenda attachments
FPC Agenda 17 November 2026

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies and quorum

2 Declarations of interest
Item 02 Board Member Register of Interests 12 November 2026

3 Minutes of the last meetings held on: 15 September 2026
Item 03 2026-09-15 PUBLIC FPC Minutes draft

4 Action log and matters arising
Item 04 Action Log and Decisions (Public) FPC as at 101126
Item 04 Action Log Response to Action 51210726

4.1 Committee AAA report: 15 September 2026
Item 04.1 Finance and Performance Committee Highlight Report 150926 Public

4.2 FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 - Financial performance at Month 6 - 2026/27 and Financial position for Month 7 - 2026/27
Item 05 Financial Performance as at Month 6 202627

6 09:50 - Financial Sustainability Report
Item 06 Financial Sustainability Programme Governance Group 171126
Item 06 Annex 1 Financial Sustainability Programme Governance Group Structure update

7 10:05 - Integrated Medium Term Plan (IMTP) Update
Item 07 FPC IMTP Cover Paper
Item 07 Annex 1 FPC_IMTP 26-29 Assurance Report Q2 v0.3 FINAL
Item 07 Annex 2 IMTP Strategic objectives plans on a page 2026-29

8 10:25 - Manchester Arena Inquiry update
Item 08 MAI Update - correspondence from JCC
Item 08 Annex 1 MAI JCC position on recommendation 106 JCC Letter

8.1 10:35 - COMFORT BREAK

9 10:50 - Monthly Integrated Quality Performance Report (MIQPR) August/September 2026
Item 09 MIQPR SBARN FPC August September 2026
Item 09 Annex 1 MIQPR FPC August September 26

10 11:05 - Digital Reporting
Item 10 Digital Reporting November 2026
Item 10 Appendix 1 - Digital Reporting November 2026 - Metrics

10.1 Albot Patient Feedback and Learning Update
Item 10.1 Albot patient feedback and learning update
Item 10.1 Appendix 1 Report - Albot Patient Feedback and Learning update

11 11:15 - Risk Management Report
Item 11 Executive Summary Risk Management Report FPC 171126
Item 11 Annex 3 - BAF 210926 v1.2
Item 11 Annex 4 - Trend Data -November 2024 - October 26

12 11:25 - Information Governance report
Item 12 Information Governance Report November 2026

13 11:35 - Audit tracker Q2 2026/27

Item 13 Audit Tracker 26-27 Q2 (Jul-Sep26) Exception Report FPC 171126 Public

Item 13 Annex 1 - List of open audit actions (as at 300926) - FPC 171126

13.1 CONSENT ITEMS

14 Quarterly operations update

Item 14 Operations update Q2 Graphic

15 Shift Overruns - Internal Audit Report 2026/27

Item 15 Shift Overruns - Final Internal Audit Report 2026-27

15.1 11:45 - CLOSING ITEMS

16 Reflections

17 Any other business

18 Date and time of the next meeting: 19 January 2027

Length of Meeting:	02:25	Agenda Status: AGREED	[PUBLIC] FINANCE AND PERFORMANCE COMMITTEE - 17 November 2026					Deadline for Papers: 6 November 2026	
Time	**Mins allotted**	**Agendum**	**Title**	**Format**	**Item for**	**Item requested by**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
		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
09:30	00:10	3	Minutes of the last meetings held on: 15 September 2026 (Confirmation of recording/transcript deletion of previous meeting)	Paper	Approval	Standing	n/a	Chair	n/a
		4	Action log and matters arising	Paper	Discussion	Standing	n/a	Chair	n/a
		4.1	Committee AAA report: 15 September 2026	Paper	Discussion	Standing	n/a	Chair	Trish Mills
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
09:40	00:15	5	Financial performance at Month 6 - 2026/27 Financial position for Month 7 - 2026/27	Paper Presentation	Assurance	CoB	FinCor	Chris Turley	Ed Roberts
09:55	00:15	6	Financial Sustainability Report	Paper	Assurance	CoB	FinCor	Chris Turley	Ed Roberts, Richard Baxter
10:10	00:20	7	Integrated Medium Term Plan (IMTP) Update	Paper	Assurance	CoB	SPP	Rachel Marsh	James Houston
10:30	00:10	8	Manchester Arena Inquiry update - correspondence from JCC	Paper	Discussion	Adhoc	Ops	Lee Brooks	n/a
10:40	00:15		COMFORT BREAK						
10:55	00:15	9	Monthly Integrated Quality Performance Report (MIQPR) August/September 2026	Paper	Assurance	CoB	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:10	00:10	10	Digital reporting 10.1 Albot Patient Feedback and Learning Update	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith
11:20	00:10	11	Risk management report	Paper	Assurance	CoB	Gov	Trish Mills	Julie Boalch
11:30	00:10	12	Information Governance report	Paper	Assurance	CoB	Digital	Jonny Sammut	Leanne Smith
11:40	00:10	13	Audit tracker Q2 2026/27	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce
			CONSENT ITEMS						
11:50	00:00	14	Quarterly operations update	Paper	Information	CoB	Ops	Lee Brooks	Judith Bryce/Toni-Marie Norman/Sophie Francis
11:50	00:00	15	Shift Overruns - Internal Audit Report 2026/27 This audit has relevance to FPC so is in the consent agenda, however PCC will be the committee to oversee the audit, given its relation to staff wellbeing.	Paper	Information	CoB	Gov	Trish Mills	n/a
			CLOSING ITEMS						
		16	Any other business	Verbal	Discussion	Standing	n/a	Chair	n/a
11:50	00:05	17	Reflections	Verbal	Discussion	Standing	n/a	Chair	n/a
		18	Date and time of the next meeting: 19 January 2027	Verbal	Information	Standing	n/a	Chair	n/a
11:55	**02:25**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Chair and Non-Executive Director
Lee Brooks	Executive Director of Operations
Rachel Marsh	Deputy Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital
Leanne Smith	Deputy Director of Digital
Chris Turley	Executive Director of Finance and Corporate Resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
AHMAD, Umar Afthab DR	**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	GP Partner at Plains View Surgery, Nottingham	Financial Interest	2014		
		Primary Care Network Clinical Director for Arrow Health, Nottingham	Financial Interest	2019		
		Non-executive Director (appointed company director) for Primary Integrated Community Services Ltd, Nottingham and small shareholder [Company number 08763136]	Financial Interest	2023 and 2016		
		Owner and company director of Travel Jab Guru Ltd – online medical travel advice [Company number 14685908]	Financial Interest	2023		
		Local Medical Committee Member	Financial Interest	2019		
		Nottingham Integrated Care Board Cardiovascular Disease and Stroke Prevention Clinical Design Authority Lead	Financial Interest	2025		
		Associate Non-executive Director Nottinghamshire University Hospital Trust (non-voting member of the board)	Financial Interest	2024		
BEESLEE, Jayne	**Non-Executive Director** * Chair of Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment fro interim assignments via Public Sector Resourcing (an agency) regarding the rev iew of major UK Government programmes (remunerated nex of tax via an umberella company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Governor on the Finance and General Purposes Committee of Cardiff and Cale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel and Development	Non-Financial Personal	01 April 2006		
BERRINGTON, Phil	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee **[TO BE CONFIRMED]**	Shareholdings: Remaining shares in former employer: IBM <£10,000	Financial Interest	2010		
		Remaining shares in former employer: The Hackett Group <£5,000	Financial Interest	2008		
		Secondary employment: Deputy Chair Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust	Financial Interest	2019		
		Fellow Chartered Institute of Management Accountants	Non-Financial Personal	1981		
		Chartered Management Consultant	Non-Financial Personal	2021		
BROOKS, Lee	**Chief Operating Officer**	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		
		Cmgr FCMI - Chartered Manager and Fellow of Chartered Management Institute (UK)	Loyalty			
		CPMgr FIML - Certified Practising Manager and Fellow of Institute of Managers and Leaders (Aus/NZ)	Loyalty			
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		
		Trustee of Action for Children Pension Board	Position in Charity or Voluntary Organisation	22 May 2023		
		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		
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Non-Financial Professional	01 March 2024		

		Independent Member - Kaplan Open Learning (including member of the Audit & Risk Committee)	Directorships	21 March 2024		
Name	**Position**	**Declaration**	**Interest Type**	**Date Interest Started**	**Date Interest Ended**	**Date Left Trust**
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026		
		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		
DURRANT, Penny	**Deputy Director of Nursing, Quality and Governance**	Nil Declaration		30 May 2026		
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		
		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 - Glyncornel 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		
		Longhope Property Ltd	Directorships	12 February 2026		
		My Choice Healthcare England Ltd	Directorships	26 August 2025		
		My Choice Healthcare Ltd	Directorships	26 August 2025		

		Glyncornel Care Ltd	Directorships	16 August 2022		
Name	**Position**	**Declaration**	**Interest Type**	**Date Interest Started**	**Date Interest Ended**	**Date Left Trust**
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	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026		
		Charity Trustee, UK Paruresis Trust	Non-Financial Personal	24-Aug-26		
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		
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		28 June 2026
		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**	Chartered Fellow of the CIPD		2005		
MARSH, Rachel	**Deputy Chief Executive/Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
NESTOR, Alex	**Chief People Officer**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	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		
		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]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	17 June 2028	
		CHIME (College of Healthcare Information Management Executives) Digital Health Fellowship - UK Cohort 2026	Non-Financial Professional	07 May 2026		
		Author of the book: '*Working With AI, Not Against It*' ~ commerically published and generates royalty income from sales.	Financial Interest	24 February 2026		
		Family member appointed to a post within Digital Directorate but will not be line managed by Director [appointment accepted 24/07/2026]	Any Other Interest	24 July 2026		
SWINBURN, Andrew (Andy)	**Chief Medical Officer**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Nil Declaration				
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
Name	**Position**	**Declaration**	**Interest Type**	**Date Interest Started**	**Date Interest Ended**	**Date 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		29-May-26

	2022]	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		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		
		Sub/Relief Yoga Teacher at Omni Studio, Worle, North Somerset	Financial Interest	04 April 2026		
		Board Director, Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	August 2026		

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

WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
MINUTES OF THE PUBLIC MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 15 SEPTEMBER 2026 IN THE CARDIFF MRD AND VIA TEAMS

The meeting started at 09:30

ATTENDEES

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director *(left at 10:28 during item 7 and returned at 12:25 during item 15)*
Lee Brooks	Chief Operating Officer
Bev Flood	Head of People Services *(Deputising for Liz Rogers)*
Rachel Marsh	Deputy Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES

Matthew Dugdale	Assistant Director of Commercial Development
Liz Rogers	Deputy Director of People and Culture
Damon Turner	Trade Union Partner
Penny Durrant	Interim Director of Nursing

IN ATTENDANCE

Sarah Harland	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

DRAFT

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies were received as set out above. The Chair welcomed Ross Whitehead from the Joint Commissioning Council, observing the meeting ahead of his appointment at WAST commencing October 2026. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 21 JULY 2026

3.1 The minutes of the public meeting of the Finance and Performance Committee held on 21 July 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

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

4.1 AAA HIGHLIGHT REPORT 21 JULY 2026

4.1.2 The AAA Highlight Report from the meeting held on 21 July 2026 was noted.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. FINANCIAL PERFORMANCE AT MONTH 4, 2026/27
FINANCIAL POSITION FOR MONTH 5, 2026/27

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

5.1 Chris Turley presented financial performance at month 4 and the financial position for month 5 2026/27, highlighting that the Trust remains on track to achieve a balanced financial position, with a year-end break-even forecast maintained at month 5. Members noted that delivery of the savings programme remains positive, with £7.8m recurrent savings forecast and all savings fully embedded within budgets. Capital expenditure is progressing broadly as planned, with investment activity expected to increase during the second half of the financial year.

5.2 Members received an update on the Welsh Government financial grip and control self-assessment, noting that the review identified generally strong governance and financial controls across the organisation. A small number of areas for improvement have been identified, which are already being progressed through existing work programmes and will be monitored through a supporting action plan. Members supported the approach taken and endorsed the assessment for onward reporting to the Trust Board.

5.3 Members welcomed the positive assurance provided by the self-assessment. Peter Curran noted the strength of the Trust's financial management arrangements and sought assurance regarding financial management training for non-finance budget holders. Chris advised that enhanced finance business partnering arrangements, ongoing training initiatives and existing governance mechanisms are supporting improvements in financial awareness and budget management across the organisation. Members emphasised the value of continuing to strengthen financial capability through established organisational development and governance structures.

5.4 The committee discussed the residual risk associated with the Welsh Risk Pool assumption within the financial plan. Whilst Welsh Government has confirmed that the additional costs will be supported provided the Trust achieves breakeven, members agreed it remains appropriate to retain this as a risk until formal funding is received and the year-end position is secured. The Committee noted that there also remains a broader policy risk should national funding assumptions change during the year, albeit this was considered unlikely given the assurances received to date.

5.5 The committee discussed financial risks, including fuel price volatility and potential energy cost pressures. Members were assured that these risks continue to be actively monitored and reported, with the overall financial position remaining stable. Assurance was also provided that sufficient capital contingency remains available to manage emerging pressures, and that robust arrangements are in place to monitor programme delivery.

The committee noted and gained assurance in relation to the Month 4 revenue financial position and performance of the Trust as at 31 July 2026; noted the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust; noted the initial capital programme for 2026/27; noted the Grip and Control review; and noted the Month 4 Welsh Government monitoring return submission (as required by WG).

6. INTEGRATED MEDIUM-TERM PLAN (IMTP) PROGRESS REPORT

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

6.1 Rachel Marsh provided a verbal update on the IMTP, advising that the current IMTP has been approved by Welsh Government, although formal accountability conditions are still awaited. Early planning for the next IMTP cycle has commenced, incorporating lessons learned from the previous year, with a focus on earlier engagement, simplification of the planning process and greater understanding of interdependencies across programme deliverables.

6.2 The committee noted that Welsh Government priorities are expected to remain broadly consistent, with continued emphasis on population health, prevention, efficiency and productivity. Early discussions suggest a continued focus on consolidating and realising benefits from existing transformation programmes, alongside greater emphasis on digital opportunities, financial sustainability and potential operating model changes in response to anticipated financial pressures

6.3 Members welcomed the update and recognised the challenges associated with planning for future years in advance of receiving accountability conditions and funding assumptions. Discussion highlighted the importance of early engagement with the board and stakeholders given the increasingly challenging financial environment and the need to balance growing demand with efficiency requirements. Members supported the proposed approach of consolidating existing programmes whilst maintaining flexibility to respond to future financial and policy developments.

7. MANCHESTER ARENA INQUIRY PROGRESS UPDATE: COMMISSIONER RESPONSE AND RESIDUAL RISK POSITION

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

7.1 Lee Brooks presented an update on the Trust's response to the Manchester Arena Inquiry (MAI) recommendations, advising that commissioners have endorsed the majority of the Trust's proposals as proportionate and appropriate enhancements. The committee noted that progress has continued despite the absence of a formal commissioner response until recently, including developments relating to the National Operations Coordination Centre (NOCC), additional Operational Commander capacity in North Wales, deployment of multi-casualty triage bags and elements of the Emergency Preparedness Resilience and Response (EPRR) enhancement programme.

7.2 The committee noted the remaining areas of divergence with commissioners, principally relating to emergency ambulance capacity and a number of recommendations that remain wholly or partially unfunded. It was emphasised that whilst commissioners had not supported additional emergency ambulance resources at this time, the Trust's assessment of the capability gap and associated risks remained unchanged. The committee recognised that the Trust has already redirected significant resources and management capacity to support implementation and that further progression of the remaining recommendations would be increasingly difficult within the current financial environment without impacting other service priorities.

7.3 The Chair welcomed the comprehensive report and reflected on the difficult financial decisions faced by the Trust. The Chair also highlighted emerging concerns regarding preparedness for major forthcoming events, including the Tour de France and UEFA Euro 2028, noting the potential implications for the Trust as a Category 1 responder. Lee outlined the planning arrangements already underway, including the establishment of a dedicated planning team, cross-directorate engagement and ongoing discussions with Welsh Government and NHS Wales Performance and Improvement regarding additional support and resources. Concern was expressed that planning costs are already being incurred without any central identified funding stream to support these events.

7.4 Members sought assurance regarding the level of residual risk and the extent to which discussions with commissioners and Welsh Government remain active. The committee was advised that discussions continue and that the Trust will remain committed to advocating for the resources required to address identified capability gaps. Members emphasised the importance of maintaining visibility of these risks and ensuring that decisions relating to any unfunded recommendations are fully understood by partners and stakeholders.

7.5 Emma Wood highlighted the need to consider the risks as shared system risks rather than solely Trust risks, noting that where funding is unavailable to implement recommendations, accountability and ownership of the remaining risks should be understood across the wider system. The committee supported this position and recognised the importance of continuing dialogue with commissioners and Welsh Government regarding risk ownership, prioritisation and future funding arrangements.

7.6 The Chair thanked Lee for a clear and timely report and noted the importance of maintaining visibility of the outstanding risks and funding challenges associated with the remaining MAI recommendations. The Chair recognised the significant progress made by the Trust to date despite financial constraints and emphasised the need for continued engagement with commissioners and Welsh Government regarding risk ownership, preparedness and future funding requirements. The committee agreed that the discussion and associated risks should be highlighted to the board through the committee's assurance reporting arrangements, and that the position should continue to be monitored through existing EPRR and risk management processes.

The committee received assurance on progress since the previous update; noted the commissioner response and the Trust's subsequent reply; noted the areas of agreement and continuing difference, including the Trust's unchanged assessment of the emergency ambulance capacity requirement; noted the residual operational, strategic and financial risks and the actions underway to manage them; and noted the position on specialist assets for North Wales and the submission of the HART South Wales expansion case to Welsh Government.

8. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT JUNE/JULY 2026

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

8.1 Rachel Marsh presented the MIQPR, highlighting that the report continues to evolve following implementation of the new reporting framework. Members noted that a small number of metrics remained under development and that a further update would be provided to Trust Board regarding outstanding measures and proposed amendments to the dashboard. Key areas of focus included EMS response performance, Remote Clinical Services demand, 111 call abandonment rates, Advanced Paramedic Practitioners (APP) productivity, Single Point of Access developments and patient flow improvements ahead of winter.

8.2 The committee noted the range of actions underway to improve performance, including additional clinical capacity within remote integrated care service, accelerated work with health boards on Single Points of Access, a renewed focus on APP productivity and further refinement of clinical process pathways through the Clinical Model Transformation Programme. Members were advised that these interventions were expected to support performance improvements, although the interdependencies between service, system and handover performance made future trajectories difficult to predict with certainty.

8.3 Members welcomed the enhanced narrative within the report and discussed the importance of presenting productivity measures in a way that reflected operational realities. Peter Curran highlighted the need to ensure productivity indicators were interpreted within the context of ambulance availability and utilisation, recognising that emergency ambulance productivity could not be viewed in isolation from response requirements and hospital handover delays. Members acknowledged this complexity and noted that a future deep-dive discussion on productivity measures may be beneficial.

8.4 The Chair welcomed the improvements made to the MIQPR format and suggested that future iterations place greater emphasis on a balance between concise analysis, remedial actions and expected trajectories in the slides to further strengthen readability and assurance.

8.5 The committee also discussed the significant impact of hospital handover delays, noting modelling which indicated that 3,000 additional patients could be reached if delays reduced to target levels. Members emphasised the importance of continuing to clearly demonstrate the relationship between handover performance and ambulance response times. Emma Wood reinforced that improvements in handover performance represented the single greatest opportunity to improve patient outcomes, patient safety and ambulance responsiveness, noting that gains achievable through internal productivity improvements alone were comparatively limited. Members welcomed the ongoing engagement with NHS partners, Welsh

Government and the national Urgent and Emergency Care Programme to address system-wide handover challenges.

8.6 The Chair thanked Rachel for a comprehensive update and acknowledged the quality of discussion generated by the new reporting framework. The Chair welcomed the continued development of the MIQPR, recognising the work being undertaken to improve performance ahead of winter, and emphasised the importance of maintaining a clear focus on handover improvement, productivity and system-wide collaboration. The committee noted the assurances provided and supported the continued refinement of the report to strengthen future performance oversight.

9. NON-EMERGENCY PATIENT TRANSPORT INCLUDING THE AUDIT WALES REPORT

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

9.1 Lee Brooks presented the Audit Wales review of Non-Emergency Patient Transport Services (NEPTS), advising that the findings were broadly positive and recognised that the Trust's plans aligned with the future vision for NEPTS in Wales. The review identified opportunities to strengthen programme management, benefits realisation, risk management and system-wide accountability. Lee reported that many of the recommendations are already being addressed through the ongoing NEPTS Improvement Programme and strengthened governance arrangements.

9.2 Members noted that a reinforced programme structure and oversight arrangements had been established since the audit fieldwork was undertaken and that progress against several recommendations is already underway. Peter Curran advised that the report had been considered by the Audit and Risk Assurance Committee and that assurance had been received regarding the deliverability of the proposed actions. Peter noted that the timing gap between audit fieldwork and publication meant that several areas identified for improvement had already progressed significantly.

9.3 The Chair welcomed the positive alignment between the audit findings and the Trust's existing improvement programme and noted the importance of ensuring that appropriate governance arrangements remain in place to monitor implementation. Members also discussed the need to maintain clarity regarding the respective oversight roles of board committees and the Audit and Risk Assurance Committee to avoid duplication. Trish Mills advised that this will be considered as part of a forthcoming review of the Audit Handbook and related governance arrangements.

9.4 The Chair welcomed the assurance provided by the report, whilst noting some frustration regarding the lengthy timeframe between audit fieldwork and publication. The Chair was assured that robust arrangements were already in place through the NEPTS Improvement Programme and Strategic Transformation Board to oversee delivery of the actions and monitor progress against the recommendations.

The committee received and discussed the audit report and findings; confirmed that the committee is assured by the findings and that the appropriate management responses are in place; and note that management actions arising from the report will be incorporated into the NEPTS Improvement Programme and monitored through existing governance and IMTP reporting arrangements.

10. AUDIT WALES DIGITAL TRANSFORMATION REVIEW

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

10.1 Jonny Sammut presented the Audit Wales Digital Transformation Review, highlighting that the assessment provided positive assurance regarding the Trust's digital ambition, leadership, programme delivery and cyber security arrangements. Whilst the review identified several recommendations relating to strategy, governance, infrastructure, artificial intelligence, workforce capability and digital inclusion, the committee noted that many of the actions are already underway through existing digital improvement programmes and governance arrangements.

10.2 Members noted that the recommendations would be progressed through established structures, including the Digital Oversight Group (DOG), benefits realisation workstreams and the development of data and artificial intelligence plans. Peter Curran acknowledged that the number of recommendations initially appeared significant but took assurance that much of the work is already in progress. Peter emphasised the importance of prioritisation and resource management given growing demands on digital services and workforce capacity constraints.

10.3 The Chair welcomed the positive findings and observed that the review reflected the Trust's maturity and progress in digital transformation. Whilst noting the lengthy timeframe between the audit fieldwork and publication of the report, the Chair welcomed benchmarking information demonstrating areas of strength and recognised the increasing organisational reliance on digital services. The committee discussed the need for clear prioritisation of digital investment and transformation activity, particularly in the context of future financial pressures. Emma Wood noted that future digital innovation would need to demonstrate clear business benefits and financial return, with investment decisions increasingly focused on delivering sustainable efficiencies.

10.4 The Chair also welcomed the assurance provided by the review and recognised the significant progress already made by the Trust in strengthening its digital capabilities. The Chair emphasised the importance of maintaining focus on prioritisation, benefits realisation and capacity management as demand for digital support continues to grow, and noted that progress against the recommendations would be monitored through existing governance and reporting arrangements.

The committee noted the discussion and feedback from the Audit Risk and Assurance Committee at its meeting on 3 September 2026; and reviewed the report, noting the agreed management actions and mitigations of risks.

11. DIGITAL REPORTING JULY 2026

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

10.1 Jonny Sammut presented the Digital Reporting update, highlighting progress across several key digital transformation programmes, including the establishment of the Digital Oversight Group (DOG), development of the digital front door, progress with the Digital Business Case, Electronic Patient Care Record developments, strategic data planning and workforce recruitment. The committee noted that demand for digital services continues to grow significantly and that robust prioritisation arrangements are being implemented through DOG to ensure resources are directed towards the highest-value organisational priorities.

10.2 The committee received an update on programme risks and challenges, including workforce capacity pressures, increasing digital demand, preparations for future Computer Aided Dispatch replacement requirements and national data-sharing developments. Members were advised that substantial work is also underway to support the Connected Trust Model programme, with dedicated resources focused on delivery of critical data and reporting requirements.

10.3 The Chair welcomed progress made with the introduction of the DOG and sought assurance regarding its effectiveness in prioritising work across an increasingly busy digital portfolio. Jonny Sammut advised that the group is developing a structured, evidence-based approach to prioritisation and benefits realisation, recognising that not all requests can be accommodated within existing resources. The Chair also acknowledged the complexity of the Connected Trust Model programme and the importance of maintaining focus on delivery of its anticipated benefits.

10.4 Members welcomed the progress reported and recognised the increasing strategic importance of digital services across the organisation. Discussion highlighted the need for clear prioritisation, realistic capacity planning and continued focus on delivering measurable benefits from digital investment.

The committee received assurance on the progress of the Digital plan activities, IMTP commitments and CMT involvement of the Digital Directorate teams.

11. INFORMATION GOVERNANCE REPORT

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

12.1 Jonny Sammut presented the Information Governance report, highlighting progress across several key areas, including cyber security improvement activity, Information Governance Toolkit compliance, CCTV governance and the development of artificial intelligence governance arrangements. The committee noted that cyber improvement actions continued to progress, that significant work had been undertaken to address CCTV compliance issues across the EMS fleet, and that the Trust remains on track to achieve a second consecutive successful Information Governance Toolkit submission.

12.2 Members noted ongoing operational pressures arising from increasing volumes of Freedom of Information requests, Subject Access Requests (SAR) and Data Protection Impact Assessments (DPIA), which had contributed to delays in achieving compliance with statutory response times. Assurance was provided that recovery plans are in place for SAR and DPIAs, additional support options are being explored, and progress continues against agreed improvement trajectories. The committee also noted early evidence of organisational benefits being realised using Microsoft Copilot and welcomed completion of the Trust's AI maturity assessment.

12.3 The Chair welcomed the transparency of the report and the progress made in addressing CCTV compliance concerns. Members discussed the challenges posed by increasing demand and wider shared service procurement delays, noting the importance of maintaining focus on organisational priorities and risk-based decision-making.

The committee received 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.

13. ANNUAL ESTATES INFRASTRUCTURE REPORT TO INCLUDE: ESTATES CONDITION AND BACKLOG MAINTENANCE; DECARBONISATION; AND WASTE MANAGEMENT

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

13.1 Chris Turley presented the inaugural annual Estates Infrastructure report, which consolidates previous separate reports on estate condition, backlog maintenance, utilities, waste management and environmental performance into a single overview. The committee noted that the report provides a comprehensive assessment of the Trust's estate portfolio, demonstrating continued investment in

estate infrastructure, a reduction in higher-risk backlog maintenance through targeted capital investment and ongoing progress in environmental management, including retention of the Trust's ISO 14001 accreditation.

13.2 Members welcomed the report and the improved holistic approach to assurance. Peter Curran commented positively on the level of detail provided and welcomed the evidence of capital investment being directed towards areas of greatest need and risk reduction. Peter also sought an update on the forthcoming quinquennial estate condition survey, noting its importance in informing future estate investment priorities. Assurance was provided that the survey findings are expected later in the year and will support future capital planning.

13.3 The committee discussed the ongoing challenges associated with decarbonisation and sustainability objectives, recognising the Trust's reliance on external funding, technological developments and supporting infrastructure to achieve longer-term ambitions. Members noted the progress being made in estate modernisation, energy efficiency and electric vehicle infrastructure planning whilst acknowledging the constraints faced across the wider NHS system.

13.4 The Chair welcomed the report, describing it as a valuable and accessible overview of the Trust's estate position. The Chair noted the scale and complexity of managing a diverse estate portfolio and welcomed the positive story demonstrated through investment, estate improvements, backlog maintenance management, sustainability initiatives and environmental performance. The Chair also supported the more integrated reporting approach and agreed that consideration should be given to incorporating fire safety reporting into future annual estate assurance arrangements.

The committee received assurance from the report, welcomed the consolidated approach to estates reporting and noted the continued progress being made in managing and improving the Trust's estate infrastructure.

14. RISK MANAGEMENT REPORT

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

14.1 Trish Mills presented the Risk Management report, advising that all principal risks had been reviewed in accordance with the agreed review schedule. The committee noted ongoing work to refine several risks, including those relating to decarbonisation and commissioning arrangements, and received assurance that risks discussed throughout the meeting, including Manchester Arena Inquiry, EPRR and cyber security risks, continue to be actively managed through established governance arrangements. 14.2 Members considered the emerging application of risk appetite and tolerance levels to the principal risk register. The committee noted that whilst overall risk scores had remained relatively stable, the introduction of risk appetite measures would provide greater clarity regarding which risks

required additional focus and resources. The Chair welcomed this development and highlighted the importance of ensuring organisational effort was directed towards risks outside agreed tolerance levels.

14.3 Emma Wood highlighted discussions taking place at system level regarding the development of a shared NHS Wales risk profile and noted the opportunity to consider whether certain risks should be owned and managed collectively across the system, rather than solely by individual organisations. Peter Curran welcomed the continued development of the risk management framework and supported the planned Trust Board discussion on risk appetite and tolerance, noting that it would strengthen future decision-making and resource prioritisation.

The committee noted the report and received assurance regarding the ongoing management and review of the principal risks, whilst recognising the importance of embedding risk appetite and exploring opportunities for greater system-wide risk ownership where appropriate.

14. AUDIT TRACKER Q1 2026/27

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

15.1 Trish Mills presented the Audit Tracker report, reminding members that reporting had been refined to focus potential residual risk on overdue actions relating to high-priority findings, limited assurance audits, or actions that had exceeded their final (second) revised completion dates. Members noted that the outstanding actions related to the Forecasting and Modelling Audit and the IMTP Development Process Audit. Assurance was provided that most actions had been completed and that, in several cases, closure was dependent upon submission of supporting evidence rather than further work being required.

15.2 In relation to the Forecasting and Modelling Audit, members were advised that the required processes, trackers and standard operating procedures are in place, with evidence being finalised to enable formal closure. Members also noted that progress has been made against actions arising from the IMTP Development Process Audit, although implementation of a fully digitised IMTP tracking solution had proven more complex and time-consuming than originally anticipated. Assurance was provided that appropriate interim monitoring arrangements remained in place through the existing reporting framework.

15.3 Members welcomed the contextual approach to reporting. The Chair noted the importance of considering overdue actions in the context of the level of risk being managed and questioned whether some recommendations could become disproportionately resource-intensive over time. Peter Curran sought assurance that there was no dispute regarding the evidence required to close the outstanding actions and encouraged prompt completion where actions had been substantively delivered. It was agreed that the section on 'expected evidence' in the audit clarifies that which closes an action so there is little dispute as to this. Members agreed that the delays did not give rise to any material increase in risk and welcomed the proportionate, risk-based approach to audit follow-up.

The committee received assurance that appropriate controls and mitigations remained in place and were content that the outstanding actions did not present any undue organisational risk pending formal closure.

CONSENT ITEMS

15. AUDIT WALES URGENT AND EMERGENCY CARE REVIEW PART 3

16.1 The committee noted the Urgent and Emergency Care review part 3, particularly as it related to handover delays and the impact on patients.

16. COMMITTEE CYCLE OF BUSINESS MONITORING REPORT

17.1 The committee noted the Cycle of Business Monitoring report.

CLOSING ITEMS

17. REFLECTIONS

18.1 Members reflected on the quality and clarity of the reports presented and noted that they provided a comprehensive yet appropriately concise overview of key areas of responsibility. The committee reaffirmed its commitment to supporting the ongoing development of governance, risk and assurance arrangements and welcomed the continued focus on ensuring that reporting remains proportionate and with a strategic focus.

19. ANY OTHER BUSINESS

19.1 There was no other business discussed.

20. DATE AND TIME OF THE NEXT MEETING

19.1 The next meeting will be held on 17 November at 9:30am

The meeting closed at 12:45

ACTION LOG - CURRENT
FINANCE AND PERFORMANCE COMMITTEE

Action	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
TB Action 9.7 - 28/05	28 May 2026	**Monthly Integrated Quality and Performance Report**	**ACTION FROM TRUST BOARD TO FINANCE AND PERFORMANCE COMMITTEE** Patient feedback outcomes form Albot interaction wil be reported going forward to Finance and Performance Committee; this item to be added to the forward planner for the next meeting.	Jonny Sammut/Trish Mills	17 November 2026	Update 09/11/2026 Included on report submitted for November meeting - propose closure. Update for FPC 150926: This was omitted from the commissioning of this paper and will be added to the commissioning for the November meeting	Complete
5/1/210726	21 July 2026	**Operations Quarterly Report Q1 2026/27**	Following members' discussion of the Operations report, an action was taken for more information to be provided at the next meeting on: • Long-term funding arrangements for the Falls Desk • When the Trust is expected to receive a decision or outcome on the HART uplift business case submission • The meaning of 'high level costs' on page 9 of the report, clarification of the assumptions underpinning the cost estimates and an indication of the likely future funding ask to commissioning bodies Members also requested that TOIL is referenced in all subsequent Operations reports so that the committee is aware of any updates on this.	Lee Brooks	17 November 2026	Update 101126: see attached document for further updates to close this action. To be updated in the next Operations report to the committee, which will be at the November meeting.	Open
7/210726	21 July 2026	**Financial Sustainability Report**	An action was taken for the next report to include a schematic setting out workstreams, oversight groups and reporting lines to support committee understanding.	Chris Turley	17 November 2026	Update 091126 - included in report for November meeting, propose closure. Action added to forward planner for November meeting	Complete
8/210726	21 July 2026	**Integrated Medium Term Plan (IMTP) Progress Report**	It was agreed that future reports will include definitions for RAG ratings and delivery confidence levels, so that committee members can interpret these consistently.	James Houston	17 November 2026	Update 091126 - included in report for November meeting, propose closure. Update from ASM 27 July 2026 The next progress report will be in November 2026 and the changes to be reflected in that report. Action added to forward planner for November meeting	Complete
06/0511202	6 November 2026	**Monthly Integrated Performance Report (MIQPR)**	**ACTION FROM QUEST TO FINANCE AND PERFORMANCE COMMITTEE** In light of the high number of cancelled ambulance responses reported through the MIQPR, and the committee's concern regarding the potential impact on patients and limited visibility of subsequent patient outcomes, the Finance and Performance Committee is requested to undertake further scrutiny of the position. This should include consideration of the underlying causes and trends, the impact of cancellations on patients, and whether any further mitigating actions or more detailed review are required to reduce cancellations and associated patient risk.	**Rachel Marsh**	4 February 2026	**TM 101126**: to be picked up at the January FPC meeting	Open

Finance and Performance Committee 17 November 2026

Action Log: Response to Action 5/1/210726

1. Action 5/1/210726 from the Finance and Performance Committee meeting held on 21 July 2026 was:

   Operations Quarterly Report Q1 2026/27
   Following members' discussion of the Operations report, an action was taken for more information to be provided at the next meeting on:
   • Long-term funding arrangements for the Falls Desk
   • When the Trust is expected to receive a decision or outcome on the HART uplift business case submission
   • The meaning of 'high level costs' on page 9 of the report, clarification of the assumptions underpinning the cost estimates and an indication of the likely future funding ask to commissioning bodies
   Members also requested that TOIL is referenced in all subsequent Operations reports so that the committee is aware of any updates on this.

2. In response to this action, Lee Brooks has advised as follows:

   - **Long-term funding arrangements for the Falls Desk**

   There is no long-term funding arrangement. We will be undertaking an evaluation of the falls desk which we can provide to commissioners and WG, however, if the desk is to continue it either requires dedicated funding to continue, or it creates a cost pressure in 2027/28 and would need to be incorporated into financial planning.

   - **When the Trust is expected to receive a decision or outcome on the HART uplift business case submission**

   The case has been submitted to Welsh Government, with NHS P&I endorsement. Welsh Government asked for some adjustment to the case with some costs spread over two years. The timeline for return is not known.

- **The meaning of 'high level costs' on page 9 of the report, clarification of the assumptions underpinning the cost estimates and an indication of the likely future funding ask to commissioning bodies**

High level costs" refers to an initial planning estimate rather than a final funding submission. The current WAST estimate is £689,758 and is based on a prudent very-high-risk assumption for the six Cardiff match days, together with planning resource, command arrangements and training requirements. It does not yet capture all non-pay costs or the full implications of fan zones and the emerging multi-agency assumption that Euro 2028 should be planned as a 31-day festival environment rather than six discrete match days.

The submission should therefore be viewed as a baseline from which the eventual funding requirement will be refined. As planning matures, WAST will develop a fuller assessment of the additional cost of maintaining business-as-usual ambulance services while providing the necessary major-event capability and will use this to inform the formal commissioning and funding ask.

Currently we are working with NHS P&I who in turn is working with Welsh Government. We have also raised this to our commissioner who has asked for some supplementary information about impacts on core services if funding is not made available.

- **Members also requested that TOIL is referenced in all subsequent Operations reports so that the committee is aware of any updates on this.**

This may not now happen given the revision of format of the report. Committee should therefore determine how it might wish to deal to this matter.

The resource policy is commencing its governance, and what has been developed in partnership with trade unions is incorporated into standard operating procedures.

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	24 September 2026
Committee Meeting Date	15 September 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Manchester Arena Inquiry Recommendations

1. The board is requested to note the discussions on the outcome of the Joint Commissioning committee (JCC) review of the Trust's assessment against the Manchester Arena Inquiry (MAI) recommendations. There are no areas for escalation to the board at this time, but members are asked to note that commissioners had endorsed the majority of the Trust's proposed actions as proportionate and targeted improvements and had committed to continuing discussions on those requiring further development through future IMTP cycles. This was viewed by committee members as an important endorsement of the credibility of the Trust's original assessment.

2. The committee noted the progress already made by the Trust despite the absence of a formal commissioner response until recently. This included developments in the National Operations Coordination Centre, an additional Operational Commander post in North Wales, deployment of multi-casualty triage bags, elements of emergency preparedness, resilience and response (EPRR) restructuring and enhancements funded through Welsh Government support. Members welcomed the proactive approach taken by the Trust in progressing improvements wherever possible.

3. Discussion focused on the remaining areas of divergence with commissioners, principally relating to emergency ambulance capacity and a number of recommendations that remain wholly or partially unfunded. It was emphasised that whilst commissioners had not supported additional emergency ambulance resources at this time, the Trust's assessment of the capability gap and associated risks remained unchanged. The committee reflected on the lengthy period of deliberation required by Commissioners and recognised that the Trust has already redirected significant resources and management capacity to support implementation. Committee confirmed that further progression of the remaining recommendations would be increasingly difficult within the current financial environment without significantly impacting upon the delivery of other service priorities.

4. Members also highlighted the implications of future major events, including the Tour de France in 2027 and UEFA Euro 2028, noting that these events increase the importance of preparedness and reinforce the relevance of the capability gaps identified through the MAI work. Assurance was provided that dedicated planning arrangements are now in place and that the Trust is actively engaging with Welsh Government and NHS Performance and Improvement regarding the resources required to support planning and delivery. However, concern was expressed that planning costs are already being incurred without any central identified funding stream to support these events.

5. A significant element of the discussion focused on risk ownership. Members reflected that, whilst the Trust had clearly articulated the residual capability, preparedness and financial risks, there was a need to ensure these were recognised and shared across the wider system. The committee concluded that the remaining risks could not be addressed by the Trust alone and should continue to be escalated through ongoing discussions with commissioners, NHS Performance and Improvement and Welsh Government. The committee therefore took broad assurance from the progress made to date whilst recognising that a number of material funding and capability issues remain unresolved and will need to be closely monitored through the corporate risk framework and future committee reports.

ADVISE

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

6. Members welcomed and the committee noted **formal approval of the 2026/27 IMTP by Welsh Government**, with detailed accountability conditions awaited. An update was provided on preparations for the next planning cycle, including earlier engagement with stakeholders, incorporation of lessons learned from the previous process and a renewed focus on understanding interdependencies across programmes. Early planning assumptions suggest continuity of current priorities, with a focus on consolidating and realising benefits from existing transformation programmes, strengthening digital delivery, and responding to the anticipated financial challenges of a flat-cash settlement. Members supported early Board involvement in shaping priorities and recognised that the scale of future savings requirements may influence the extent of organisational change required.

7. **Members reflected** on the quality and clarity of the reports presented and noted that they provided a comprehensive yet appropriately concise overview of key areas of responsibility. The committee reaffirmed its commitment to supporting the ongoing development of governance, risk and assurance arrangements and welcomed the continued focus on ensuring that reporting remains proportionate and with a strategic focus.

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:

Financial Position

8. Financial **performance month 4 and month 5 2026/27** was reviewed and that detail will be in the board meeting on 24 September. Of note from the committee:
   - The Trust continues to report a balanced position year-to-date and is forecasting delivery of a balanced outturn for the financial year. Members were advised that this forecast remains dependent upon a number of assumptions, most notably the continued Welsh Government support for Welsh Risk Pool cost pressures, which remains the principal assumption underpinning the financial plan.
   - The report highlighted ongoing monitoring of fuel cost pressures and potential volatility in Q4 energy prices, although neither was currently expected to jeopardise the forecast financial position. It was also noted that confirmation had now been received that the Joint Commissioning Committee would not seek any additional financial contributions during the year, removing a previously reported risk. Savings delivery continues to perform well and is forecast to exceed £7.8 million, with all savings now embedded recurrently within budgets.
   - The committee also noted that there were no significant financial concerns at directorate level and that the capital programme remains on track, with the majority of planned expenditure expected to take place during the second half of the year as business cases progress through the approval process.
   - Members noted the outcome of the Trust's financial grip and controls self-assessment to Welsh Government. The assessment provided assurance that robust financial grip and control arrangements are in place across the organisation, with only a small number of areas identified for further development. It was reported that the majority of these improvement actions were already being progressed through existing programmes of work, including strengthening financial management capability amongst non-finance budget holders and continuing to enhance finance business partnering arrangements.
   - The committee discussed the residual risk associated with the Welsh Risk Pool assumption within the financial plan. Whilst Welsh Government has confirmed that the additional costs will be supported provided the Trust achieves breakeven, members agreed it remains appropriate to retain this as a risk until formal funding is received and the year-end position is secured. The Committee noted that there also remains a broader policy risk should national funding assumptions change during the year, albeit this was considered unlikely given the assurances received to date.

Monthly Integrated Quality and Performance Review (June/July 2026)

9. The committee received the second iteration of the revised MIQPR and noted that further refinements will be incorporated into the Board report as a number of measures continue to mature. The committee discussed ongoing performance challenges across 999, 111 and NEPTS services and received assurance that targeted improvement actions are being prioritised ahead of winter, including actions arising from the Clinical Model Transformation programme.

10. Members noted continued pressure on 111 abandonment rates due to demand exceeding available capacity and received assurance that improvement actions are underway to improve call handling and patient access. In NEPTS, performance challenges relating to discharge and transfer journeys,

particularly in North Wales, continue to be addressed jointly with health board partners.

11. The committee held a detailed discussion on productivity measures and noted that average jobs per shift, when viewed in isolation, can be a crude indicator of performance. Members explored the distinction between utilisation of Advanced Paramedic Practitioners and Emergency Ambulances and suggested a future deep dive into utilisation metrics to provide richer insight into operational productivity.

12. Significant discussion focused on the relationship between ambulance handover delays and ambulance performance. The committee noted modelling which demonstrates that sustained improvements in Handover 45 performance would release substantial capacity to respond to unmet demand and improve patient outcomes. Assurance was provided that the Trust is well positioned to utilise any released capacity, and that this evidence continues to be shared through national forums, including Community by Design and the Urgent and Emergency Care Programme Board. The committee also recognised that, whilst the Trust continues to advocate strongly for improved handover performance, accountability for delivery of Handover 45 targets sits outside the Trust's direct control. The committee noted the handover lost hours improvement in July, and heard this trajectory was repeated. The Audit Wales report on urgent and emergency care published in June 2026 was included in the papers for this meeting and members noted the findings related to handover delays putting patients at risk and increasing pressure on the whole system.

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

13. The **Audit Wales report on Non-Emergency Patient Transport (NEPTS)** was received, and had been presented to the Audit, Risk and Assurance committee (ARAC) by Audit Wales on 3 September. The ARAC feedback was relayed to the committee. Members noted its positive conclusion that the Trust's plans remain aligned with the future vision for services in Wales. Whilst opportunities for improvement were identified, members recognised that many have already been addressed through subsequent enhancements.

14. The **Audit Wales report on Digital Transformation** was received and had been presented to the ARAC by Audit Wales on 3 September. The ARAC feedback was relayed to the committee. Members noted the positive assessment of the Trust's digital ambition and progress, recognising that many recommendations are already being addressed through existing work programmes. Assurance was provided that governance arrangements are in place to oversee delivery of the remaining actions.

15. The committee received an **update on the digital portfolio**, noting continued delivery across a complex and increasingly demanding programme of work. Particular attention was drawn to the significant complexity of the data work underpinning the Clinical Model Transformation (CMT) programme and associated benefits realisation arrangements. Assurance was provided that CMT remains the primary focus for the insights and data team, with dedicated resource and governance arrangements in place to support delivery of the benefits framework and reporting requirements. The committee discussed the role of the newly established Digital Oversight Group (DOG), which is intended to provide a single point of oversight for digital demand, prioritisation, capacity management and benefits realisation. Members welcomed the early progress made in establishing DOG, recognising its importance in supporting evidence-based prioritisation decisions, maximising

value from limited digital resources and ensuring alignment between digital investment and organisational objectives.

Whilst noting continued recruitment and delivery successes, members recognised the significant demand pressures facing digital services and the need for difficult prioritisation decisions as digital dependencies continue to grow across the organisation. The committee took assurance from the governance arrangements in place and the focus on benefits realisation, particularly in relation to CMT and wider transformation programmes.

16. The committee received an update on the **information governance** position, including continuing non-compliance against statutory response times for freedom of information requests, subject access requests and data protection impact assessments. Members noted the significant and sustained increase in demand, together with the growing complexity of requests, and ongoing capacity pressures despite recovery actions already underway. The committee welcomed the progress being made in reducing backlogs, improvements in cyber compliance and the resolution of issues relating to CCTV recording arrangements. Members acknowledged that some areas of non-compliance are an inevitable consequence of the scale of requests currently being received and supported the approach being taken to focus limited resources on the areas of greatest organisational risk and benefit. The committee was assured that external support options are being explored to help improve compliance levels, whilst recognising the wider capacity constraints being experienced across NHS Wales support services.

17. The committee received the **first annual estates infrastructure report**, incorporating the estates maintenance values, estates backlog reduction plan, waste management, energy management, and the ISO14001 accreditation. It was noted that fire safety has been excluded from the current report and will continue to be reported separately through the annual fire safety report in January 2027, reflecting the importance of maintaining dedicated oversight following recent internal audit activity. Members noted that the forthcoming quinquennial estate condition survey will provide an updated evidence base to inform future estate priorities and capital investment decisions.

18. The **audit tracker Q1 report** was received and whilst some actions were overdue the risks they posed were minimal.

19. In **private session** members endorsed various business cases and contract awards for the board's approval as well as discussion on cyber security reporting and risk.

RISKS

Risk Management: The committee reviewed the principal risks for its remit, noting that many of the risks had been considered during substantive item on the agenda, including those relating to cyber security, emergency preparedness, AI, records management, decarbonisation and MAI recommendations, demonstrating the value of the committee's role in scrutinising the underlying controls and mitigating actions.

There are no escalations for the board.

The next phase of development of the risk management framework was welcomed, particularly the

introduction of risk appetite and tolerance thresholds. Members noted that whilst risk scores had remained relatively stable, the planned application of tolerance levels is expected to provide greater clarity on which risks are genuinely outside the organisation's accepted appetite and therefore warrant additional management focus and resource.

The committee also discussed the concept of shared system risk, referencing earlier discussions on emergency preparedness and the MAI. Members welcomed emerging work at NHS Wales level to develop a broader system risk perspective and recognised opportunities to strengthen how risks that sit beyond the direct control of a single organisation are articulated and managed collectively across the system.

COMMITTEE AGENDA FOR MEETING		
Financial performance months 4 and 5	IMTP update	MAI progress update
MIQPR June/July	Audit Wales review – NEPTS	Audit Wales review – digital transformation
Digital reporting September 2026	Information governance report	Annual estates infrastructure report
Risk management report	Audit tracker Q1 2026/27	

COMMITTEE ATTENDANCE						
Name	**19 May 2026**	**21 Jul 2026**	**15 Sep 2026[1]**	**17 Nov 2026**	**19 Jan 2027**	**16 Mar 2027**
Jayne Beeslee (Chair)						
Bethan Evans			[2]			
Peter Curran		Until item 8[3]				
Chris Turley		[4]				
Rachel Marsh		James Houston				
Lee Brooks		Mark Harris				
Liam Williams						
Director of People		Liz Rogers	Bev Flood			
Jonny Sammut		Leanne Smith				
Trish Mills	Julie Boalch					
Hugh Parry	Until 12:40					
Damon Turner						
Matt Dugdale						
Penny Durrant						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Emma Wood was in attendance for this meeting
[2] Not in the meeting for items 9 to 12
[3] Colin Dennis and Emma Wood were in attendance for this meeting also
[4] Jason Collins was in attendance for this meeting

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

Agenda Item No. 5

REPORT TITLE

Financial Performance as at Month 6 – 2026/27

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 November 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	Edward Roberts, Interim Assistant Director of Finance Steph Taylor, Deputy Head of Financial Business Intelligence & Capital Planning

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☒ Noting

REPORT SUMMARY:

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

1. This paper presents to the Committee the latest Financial Performance Report of the 2026/27 financial year, the reported position as at Month 6 (September 2026).

2. The Committee is asked to review, comment, note and receive assurance on the financial position and 2026/27 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 reporting a breakeven position for month 6 2026/27, but the assumptions made in doing so need to be noted;
   - Capital expenditure plans continue to be progressed, with plans to fully achieve in year;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust continues to forecast a breakeven position by the 2026/27 financial year end;
   - In line with the financial plans that support the IMTP, gross savings of £4.646m have been achieved in month 6 against a target of £3.999m;
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.2% for the number, whilst slightly off track in terms of value at 93.1% of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The committee is requested to:

1. **Note** and gain **assurance** in relation to the Month 6 revenue financial position and performance of the Trust as at 30 September 2026.
2. **Note** the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust.
3. **Note** the capital programme for 2026/27.
4. **Note** the Month 6 Welsh Government monitoring return submission (as required by WG).

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:
Annex 1 Monitoring return submitted to Welsh Government for month 6 – required by WG
Annex 2 Monitoring return letter submitted to Welsh Government for month 6 – 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]	
☐ 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]		
☐ Safe	☐ Timely	☐ Effective
☐ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☐ Workforce	☐ Culture
☒ Information	☐ Learning Improvement & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☒ 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
n/a	n/a

SITUATION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 30 September 2026 (Month 6 2026/27), along with a brief update on the 2026/27 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2026 – 30 September 2026) are that:

   - The revenue financial position reported is **breakeven,** based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2026/27. The underlying year-end forecast for 2026/27 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 **£4.646m** have been achieved against a target of **£3.999m**;

   - Public Sector Payment Policy is on track with performance**, against a target of 95%, of 98.2% for the number,** whilst slightly off track in terms of value at **93.1% of the value** of non-NHS invoices paid within 30 days.

4. At the planning stage of the 2026/27 financial year the Trust assumed it would need to cover in full, the emerging cost pressure of the increase in the Welsh Risk Pool (WRP) costs. As such, the Trust strove to identify savings to cover the whole £2.355m estimated cost increase, as part of the original £9.000m total savings requirement. However, following the submission of the plan, Welsh Government (WG) confirmed that if organisations could deliver a balanced position other than for the WRP element then WG would fund this pressure. As such, the Trust is now assuming cover for this. This, therefore, is the basis of both the year to date and forecast financial position, and the residual in year savings delivery required, which now aligns to that which was identified as deliverable at the outset of the financial year (£7.800m). Following revised forecasts received from NWSSP in September, the total estimated cost has now increased to £3.220m (requiring funding support of £2.546m, an increase of £0.191m from original estimates)

5. In terms of the current reported position, this is further compounded by the cost pressure and volatility that has emerged following the completion of the

plan in relation to fuel price increases, primarily due to the impact of the conflict in the Middle East. Should prices remain as high as they have been throughout the financial year, this would translate into a c.£1.500m additional cost pressure not recognised in the original financial plan.

6. Whilst reporting and forecasting a balanced position therefore, which is clearly encouraging, it is key to also note the following assumptions which have been made in reporting this current and forecast position:

   - The ability to deliver a minimum of £7.800m in savings in year.
   - Assumed financial cover from WG for the increased WRP costs – at a value of £2.546m.
   - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere.
   - The ability to manage any other in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2026/27 financial plan.
   - Income assumptions in opening financial plan are fully funded via commissioners and Welsh Government (i.e. pay awards / Employers National Insurance increases)

7. 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 6 are set in line with the submitted IMTP and summarised later in this report. As we progress through the remainder of the financial year we will continue to scrutinise and amend accordingly, with mitigations and management plans in place.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 6 2026/27

8. The table below presents an overview of the financial position for the period 1 April 2026 to 30 September 2026.

Revenue Financial Position for the period 1st April - 30th September				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-343,606	-170,885	-171,184	-300
Expenditure				
Pay	252,926	125,461	124,446	-1,015
Non-pay	65,157	30,842	32,116	1,274
Total pay & non-pay expenditure	318,083	156,303	156,562	259
Depreciation & Impairments / interest payable & receivable	25,523	14,581	14,622	41
Total	0	0	0	0

Income

9. Reported Income against the initial budget set to Month 6 shows an overachievement of **£0.300m**.

Pay Costs

10. Overall, the total pay variance at Month 6 is an underspend of **£1.015m**.

Non-pay Costs

11. The non-pay position at Month 6 is an overspend of **£1.274m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, which overspent by **£0.041m,** hence the total overspend to budget of **£1.315m**.

Savings

12. As above, the original 2026/27 financial plan identified that a minimum of £9.000m of planned savings (including income generation) were likely to be required to achieve financial balance in 2026/27. However, as detailed above, following the cover for the WRP being provided by WG, the initially unidentified savings of £1.200m are now assumed not to be delivered in the current financial year, with work progressing to ensure this can be further delivered recurringly.

13. Month 6 in month performance was, plan of £0.630m and £0.781m achieved, therefore an overachievement of £0.151m (as per the below table).

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
BX01-Chief Executive Directorate	107	5	4	-2	33	26	-6	107	106	-1
BX02-Corporate Governance	39	1	1	0	6	6	0	39	39	0
CX01-Partnerships & Engagement Directorate	40	3	3	0	20	19	-1	40	39	-1
DX01-Operations Directorate	4,337	342	354	12	2,310	2,426	116	4,337	4,423	86
FX01-Finance and Corporate Resources Directorate	1,064	94	179	85	526	667	141	1,064	1,212	148
HX01-Planning and Performance Directorate	267	26	25	-1	108	195	86	267	303	36
JX01-Quality, Safety and Patient Experience Directorate	420	35	39	4	210	264	54	420	474	54
KX01-Digital Directorate	720	60	71	11	360	485	125	720	777	57
PX01-People and Culture Directorate	402	30	70	41	224	402	178	402	582	180
RR01-Trust Reserves	20	2	2	0	10	10	0	20	20	0
UX01-Medical & Clinical Services Directorate	384	32	32	0	192	147	-45	384	339	-45
Totals	**7,800**	**630**	**781**	**151**	**3,999**	**4,646**	**647**	**7,800**	**8,314**	**514**

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

14. ***Appendix 1*** provides the overall detail for Month 6 by theme.

Financial Performance by Directorate

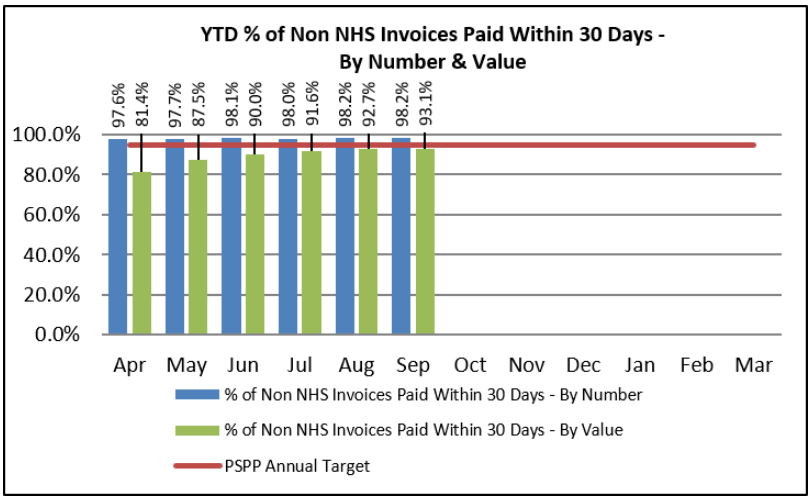
15. Whilst there is a breakeven position at Month 6, there are some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 30th September	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	227,164	113,117	113,170	53	0.0%
Chief Executive Directorate	2,189	1,123	1,101	-21	-1.9%
Board Secretary	781	384	377	-7	-1.9%
Partnerships & Engagement Directorate	716	341	294	-47	-13.9%
Finance and Corporate Resources Directorate	38,696	19,533	19,750	217	1.1%
Planning and Performance Directorate	3,242	1,660	1,567	-93	-5.6%
Quality, Safety and Patient Experience Directorate	7,686	3,819	3,663	-156	-4.1%
Digital Directorate	17,306	7,908	7,741	-167	-2.1%
People and Culture	7,695	3,617	3,449	-169	-4.7%
Medical & Clinical Services Directorate	6,783	3,268	3,238	-30	-0.9%
Trust Reserves	3,710	-418	2	420	100.6%
Trust Income (mainly JCC)	-315,967	-154,353	-154,353	0	0.0%
Overall Trust Position	**0**	**0**	**-0**	**-0**	

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance to Month 6 was **98.2%** against the **95%** WG target set for non-NHS invoices by number and **93.1%** by value.

17. Whilst the number is in line with the target, due to a payment processing issue, one large value invoice failed to process correctly in month 1, resulting in the 30-day target for value being missed. Due to the cumulative nature of this, it is expected that this delivery will recover as we progress through the rest of the financial year.



2026-27 CAPITAL PROGRAMME

18. The discretionary capital programme and resulting budgets have been finalised, and work is ongoing to go through the required tendering processes to commence work on these schemes.

19. At Month 6, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2026/27 is **£31.428m**. This includes **£24.633m** of All Wales Approved schemes and **£6.795m** for Discretionary schemes.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	57	181
MDVS	3	100
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2026-27	3,347	23,110
TEF - Infrastructure	39	517
TEF - Decarbonisation	0	225
Digital Backlog Funding 2026-27	0	500
Sub Total	**3,446**	**24,633**
Discretionary:		
I.T.	152	985
Equipment	458	1,160
Statutory Compliance	0	0
Estates	265	3,950
Other	22	400
Unallocated Discretionary Capital	0	300
Sub Total	**897**	**6,795**
Total	**4,343**	**31,428**

RISKS AND ASSUMPTIONS

20. At present, it is considered that there are no medium or high likelihood risks as reported to WG. However, as the financial year progresses, the Trust will continue to review both the likelihood and financial value of risks. Depending on the outcome of issues highlighted, higher risks may need to be reported in due course. This will also inform a further review of risk 139 in the BAF.

21. However, there are a small 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.

22. Given the pressures the Trust is already experiencing in relation to the conflict in the Middle East, a risk has been included around further increases in energy prices. While the Shared Services forecast indicated a reduction for WAST, this was based on energy baskets already secured, which have increased again. In addition, the Trust has a number of sites outside this supply arrangement, including one high-usage site where costs are recharged by the landlord and are therefore more heavily impacted by rate increases. Considering the latest rates, the Trust has reduced this risk from £0.300m to **£0.200m** however will continue to monitor both usage and unit price as we move into the colder months.

23. At this stage it is prudent to include a risk of the WRP funding not being provided by Welsh Government, as such a risk has been included for the full amount of **£2.546m**. However, given the assurance from WG that if we achieve our forecast, it will be covered in full, this is a low risk.

24. In addition to the current forecast around the Risk Pool, given the additional work being undertaken and the change in methodologies being applied by the courts, an unquantified low risk has been included.

25. As noted above, there are currently no individually assessed high financial risks. However, when this is considered alongside continuing significant service pressures and the likely need to balance financial risk against patient safety, quality and experience, it remains clear, as set out in the IMTP, that 2026/27 is likely to be another challenging financial year. This remains the case despite the initially reported Month 6 financial performance and the assumptions underpinning it.

RECOMMENDATION(S)

26. The recommendations are as set out in the front cover above.

NEXT STEPS

27. Monitor the ongoing revenue and capital position as we move through 2026/27, linking in with key stakeholders, to ensure delivery to plan.

28. Continue to closely monitor 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.

Savings Performance by Theme 26-27

Reporting Month 6

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	17	0	-17	50	0	-50	150	50	-100
Non Pay Estates Efficiencies - Corporate	135	11	11	0	69	64	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	65	44	125	97	-28	250	219	-31
Non Pay Local Schemes - Corporate	471	39	31	-8	236	175	-60	471	339	-133
Non Pay Local Schemes - Operations	915	81	71	-10	387	422	35	915	920	5
Non Pay Local Schemes - Operations Contract Reviews	415	30	30	0	229	229	0	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	89	7	7	0	45	45	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	526	526	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	31	22	56	137	81	110	191	81
Pay Skill Mix Modernisation - Operations	500	42	42	0	252	252	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,368	193	312	119	1,165	1,839	674	2,368	3,059	691
Pay Vacancy Management - Operations	1,297	84	84	0	860	860	0	1,297	1,297	0
Totals	**7,800**	**630**	**781**	**151**	**3,999**	**4,646**	**647**	**7,800**	**8,314**	**514**

Savings Performance by Theme 26-27 - Recurrent

Reporting Month 6

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	17	0	-17	50	0	-50	150	50	-100
Non Pay Estates Efficiencies - Corporate	135	11	11	0	69	64	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	65	44	125	97	-28	250	219	-31
Non Pay Local Schemes - Corporate	471	39	31	-8	236	175	-60	471	339	-133
Non Pay Local Schemes - Operations	915	81	71	-10	387	422	35	915	920	5
Non Pay Local Schemes - Operations Contract Reviews	415	30	30	0	229	229	0	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	89	7	7	0	45	45	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	526	526	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	31	22	56	137	81	110	191	81
Pay Skill Mix Modernisation - Operations	500	42	42	0	252	252	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,368	193	312	119	1,165	1,839	674	2,368	3,059	691
Pay Vacancy Management - Operations	1,297	84	84	0	860	860	0	1,297	1,297	0
Totals	**7,800**	**630**	**781**	**151**	**3,999**	**4,646**	**647**	**7,800**	**8,314**	**514**

Savings Performance by Theme 26-27 - Non Recurrent

Reporting Month 6

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Non Pay Estates Efficiencies - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Fleet Efficiencies - Corporate	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
Non Pay Local Schemes - Operations Contract Reviews	0	0	0	0	0	0	0	0	0	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable Cost reductions) - Operations	0	0	0	0	0	0	0	0	0	0
Pay End of Shift Overrun - Operations	0	0	0	0	0	0	0	0	0	0
Pay Skill Mix Modernisation - Operations	0	0	0	0	0	0	0	0	0	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Operations	0	0	0	0	0	0	0	0	0	0
Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Please note figures are rounded to the nearest whole number

Agenda Item No. 6

REPORT TITLE

Financial Sustainability Programme Governance Group Meeting Update

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley, Executive Director of Finance & Corporate Resources Rachel Marsh, Deputy Chief Executive Alex Nestor, Chief People Officer
Author(s) of report	Richard Baxter, Senior Project Manager Matt Dugdale, Assistant Director of Commercial Development

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. This report provides the Finance and Performance Committee with an assurance update following the Financial Sustainability Programme Governance Group meeting held on 26 October 2026. The 2026/27 savings target remains £9.0m, set on a recurrent basis. At Month 6, overall year-to-date savings delivery was £4.645m against a programme plan of £4.399m, representing a over achievement of £0.246m. Of the original savings requirement, £1.2m remains unallocated and is no longer required to achieve in-year financial balance following changes to non-recurrent funding arrangements. The current forecast is approximately £8.314m, comprising £7.8m of identified schemes plus approximately £0.514m forecast overachievement. Although this represents a forecast shortfall of £0.686m against the original £9.0m target, the underlying £1.2m recurrent requirement remains outstanding and must therefore be addressed through the 2027/28 planning process.

2. Programme governance and delivery have continued to mature. The Productivity Workstream has established formal governance arrangements and an organisation-wide productivity tracker focused initially on priority initiatives. Baseline measures and reporting dashboards have been developed, with further work underway to refine benefit measurement and distinguish between cash-releasing savings, cost avoidance and wider efficiency benefits. The workstream supports key IMTP priorities and is expected to provide an increasingly robust contribution to service improvement and long-term financial sustainability as reporting arrangements mature. The Commercial Development Workstream continues to progress opportunities, although its detailed delivery plan requires further refinement to address capacity, dependencies and governance. Routine Targeted Cost Reduction Workstream meetings will pause temporarily while activity continues through other channels, and capacity is redirected towards medium- and long-term planning. Programme governance arrangements continue to evolve, with work underway to update programme terms of reference and leadership responsibilities following changes in senior leadership.

3. No individual Quality Impact Assessment (QIA) or Equality Impact Assessment (EQIA) identified a significant direct impact requiring escalation. To strengthen oversight of organisational impacts, Directorates completed QIAs and EQIAs for savings schemes, with risks and mitigating actions reviewed through established governance arrangements. The Governance Group has also considered the cumulative effects of vacancy management, post reductions and non-pay savings, recognising that individual scheme assessments may not fully reflect wider organisational impacts when considered collectively. Potential risks include reduced workforce capacity, service resilience challenges, staff wellbeing impacts and reduced organisational responsiveness. Overall, assurance can be taken that appropriate

monitoring arrangements are in place, although further work is required to strengthen programme-level cumulative impact assessment.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Finance and Performance Committee is requested to:

1. **Receive reasonable assurance** on the established governance and monitoring arrangements supporting the Financial Sustainability Programme and the delivery of identified 2026/27 savings schemes.
2. **Note** the forecast savings delivery of approximately £8.314m against the required savings plan of £7.8m target and recognise that the outstanding £1.2m recurrent requirement remains a key consideration for 2027/28 financial planning but not required to be delivered in 2026/27 to achieve an overall balanced position.
3. **Note** progress across the Commercial Development, Targeted Cost Reduction, Productivity and Future Financial Planning workstreams, recognising that further development is required in relation to commercial governance, productivity benefits measurement and sustainable financial benefits realisation.
4. **Recognise** the potential cumulative workforce, quality, equality, service resilience and transformation impacts of savings measures, notwithstanding the absence of significant direct impacts identified through individual Directorate assessments.
5. **Seek further assurance** through established governance arrangements that cumulative organisational impacts and recurrent financial sustainability risks are appropriately monitored and inform the development and prioritisation of 2027/28 financial opportunities.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

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

1. Financial Sustainability Programme Governance Group Structure Update

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
This paper supports mitigation of Risk 139 through Committee-level oversight of recurrent savings delivery, the outstanding £1.2m recurrent planning requirement, programme governance, benefits realisation and the cumulative workforce, quality, equality and organisational resilience impacts of savings measures.

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☒ 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
26 October 2026	Financial Sustainability Programme Governance Group

SITUATION

1. This paper provides the Finance and Performance Committee with an update following the Financial Sustainability Programme Governance Group meeting on 26 October 2026 and the delivery of the Trust's 2026/27 recurrent savings requirement.

2. The Trust's 2026/27 opening savings target was £9.0m., Changes in non-recurrent funding means the unallocated £1.2m is not currently required to achieve financial balance in 2026/27. Identified schemes are overdelivering at Month 6 by £0.246m, with yearend forecast projections against the specific schemes of £8.314m.

3. As noted above, changes in non-recurrent funding mean the unallocated £1.2m is not currently required to achieve financial balance in 2026/27 but remains, as an outstanding recurrent requirement that must be addressed through 2027/28 financial planning process.

4. The Committee can take reasonable assurance on current delivery and governance, but assurance remains partial in relation to sustainable recurrent delivery, benefits measurement and the cumulative organisational effects of savings.

BACKGROUND

5. The Financial Sustainability Programme provides coordinated oversight of savings delivery, productivity, commercial development, targeted cost reduction and future financial planning, alongside associated quality, equality, workforce and operational impacts.

6. The recurrent savings requirement has increased over recent years: £6.421m in 2024/25, of which 57% was recurrent; £8.5m in 2025/26, of which 73% was recurrent; and £9.0m in 2026/27, all reported as recurrent.

7. The Finance and Performance Committee last received a programme update in July 2026. This report updates the position from Month 2 to Month 6 and reflects the Governance Group's consideration of workstream delivery, future planning and the combined impact of directorate savings plans.

ASSESSMENT

8. **Savings delivery and recurrent position**

8.1 At Month 6, overall year-to-date savings delivery was £4.645m against a plan of £4.399m, representing an over achievement of £0.246m against the programme plan.

8.2 The current year-end forecast is approximately £8.314m against the identified themes and schemes of £7.8m and hence reporting a £0.514m forecast overachievement.

8.3 The overachievement is supported partly by corporate vacancies and vacancy management. This benefit is currently considered largely non-recurrent, as some posts have been deliberately held vacant and may subsequently be filled.

8.4 The underlying £1.2m recurrent requirement therefore remains a planning challenge for 2027/28, notwithstanding the forecast financial balance in 2026/27.

9. **Commercial Development Workstream**

9.1 The Commercial Steering Group has not yet endorsed the detailed Commercial Delivery Plan. Further work is required to assess organisational capacity, competing priorities, dependencies and the concentration of deliverables planned for January 2027. Existing commercial activity continues while the plan is refined. The Delivery Plan will be presented at the next Commercial Steering Group on 30 November for approval.

9.2 Governance frameworks are progressing for partnerships, conflicts of interest, delegated authority, Standing Financial Instructions and the treatment of commercial income.

10. Targeted Cost Reduction Workstream

10.1 Routine Targeted Cost Reduction Workstream meetings will be temporarily paused, reflecting the positive in-year financial position and the need to redirect capacity towards medium- and longer-term planning. Cost reduction activity will continue through established governance arrangements.

10.2 The workstream can be reconvened earlier if the emerging 2027/28 position requires it, with current planning indicating reactivation around February 2027.

10.3 The Subgroup work continues through alternative governance routes to FSP Governance and may be submitted for approval in November or December 2026.

11. Productivity Workstream

11.1 A Productivity Metrics Tracker has been developed and is initially focused on the Trust's top priority productivity initiatives. These have been selected to establish an achievable and measurable starting point while maintaining the flexibility to review and amend priorities as the programme matures.

11.2 Further work is underway to refine baseline analysis, metric definitions, benefit measurement, weighting methodologies, benchmarking arrangements, and data quality assurance processes.

11.3 The workstream supports delivery of key IMTP priorities, including urgent and emergency care improvement, Advanced Paramedic Practitioner (APP) optimisation, rostering improvement, patient flow initiatives and wider service productivity measures. Many initiatives require collaboration with health boards and national partners to maximise benefits and reduce system inefficiencies.

11.4 The Productivity Workstream emphasised the importance of distinguishing between cash-releasing savings, cost avoidance and broader efficiency benefits. Future reporting will therefore seek to quantify productivity gains consistently and identify where improvements have the potential to contribute to longer-term financial sustainability and service improvement objectives.

11.5 While governance arrangements and reporting processes are now established, assurance remains developmental as benefit realisation methodologies are refined and productivity measures become embedded within directorate governance arrangements.

12. Future Financial Planning

12.1 The 2027/28 outlook remains uncertain, pending greater clarity regarding funding and cost pressures. Planning is being developed on a prudent flat-cash assumption.

12.2 The planning baseline will need to reflect inflation, full-year effects of existing commitments, capital-related revenue consequences and the outstanding recurrent savings requirement.

12.3 A Future Financial Planning Workshop is scheduled for 23 November 2026. The new Finance and Sustainability Programme Director has commenced his role and will be leading on the Future Financial Planning workstream.

13. Cumulative Quality, Equality, Workforce and Organisational Impact

13.1 To strengthen oversight of organisational impacts, the Financial Sustainability Programme Governance Group has implemented a structured approach to quality, equality and workforce impact monitoring. Directorates have been required to complete Quality Impact Assessments (QIAs) and Equality Impact Assessments (EQIAs) for savings schemes, with risks and mitigating actions reviewed through established governance arrangements. In addition, the Governance Group has undertaken thematic discussions on the potential cumulative effects of vacancy management, post reductions and non-pay savings, recognising that individual scheme assessments may not fully reflect the wider organisational impact when considered collectively.

13.2 No individual directorate QIA or EQIA identified a significant direct impact requiring immediate escalation. Local risks and mitigations continue to be monitored through directorate governance arrangements.

13.3 The combined effect of vacancy management, post reductions and non-pay savings may reduce workforce capacity, create single points of failure, increase workload and reduce organisational responsiveness.

13.4 Sustained pressure may affect staff wellbeing and retention, including stress, fatigue, sickness absence and turnover, particularly during periods of increased operational demand.

13.5 Reduced support capacity may delay planned work, constrain front-line support and make it more difficult to respond quickly to urgent or unplanned requirements.

13.6 Short-term savings may also reduce the improvement and transformation capacity needed to secure longer-term efficiency and sustainable benefits.

13.7 Future monitoring should include sickness absence, turnover, vacancies, wellbeing indicators, single points of failure, delayed or deprioritised activity, service resilience, and whether mitigations remain effective. Monitoring should be sensitive to seasonal pressure and organisational change activity.

13.8 Future proposals should explicitly identify activity that will stop, reduce or be deprioritised where capacity is removed. The cumulative impact should be assessed at programme level rather than relying solely on scheme-by-scheme assessments.

14. **Programme Governance and Assurance**

14.1 Programme governance arrangements and the terms of reference will be updated to reflect changes in senior leadership and responsibilities, including the new Chief People Officer and Programme Director commencing their roles and will shortly take on the Senior Responsible Officer roles for this programme.

RECOMMENDATION

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

NEXT STEPS

16. Continue monthly monitoring of savings performance and clearly distinguish recurrent delivery from temporary or vacancy-related overachievement.
17. Refine the Commercial Delivery Plan and complete priority governance frameworks before commercial activity expands materially.

18. Continue travel and subsistence activity through the agreed governance route and bring proposals forward for approval when ready
19. Further refine productivity baselines, dashboards and benefit measurement arrangements, clearly distinguishing between cash-releasing savings, cost avoidance and wider efficiency benefits.
20. Develop the 2027/28 financial plan, including sustainable options to address the outstanding £1.2m recurrent requirement and emerging cost pressures.
21. Use the Future Financial Planning Workshop on 23 November 2026 to identify and prioritise cross-cutting opportunities, applying cumulative impact learning and clear benefit, risk and deliverability criteria.
22. Establish programme-level monitoring of cumulative workforce, wellbeing, quality, equality, resilience and transformation impacts, supported by defined indicators and escalation thresholds.
23. Provide a further update to the Finance and Performance Committee through the Trust's established governance arrangements.

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru /
Welsh Ambulance Services University NHS Trust

Financial Sustainability Programme Governance Group Structure – Update for Finance and Performance Committee.

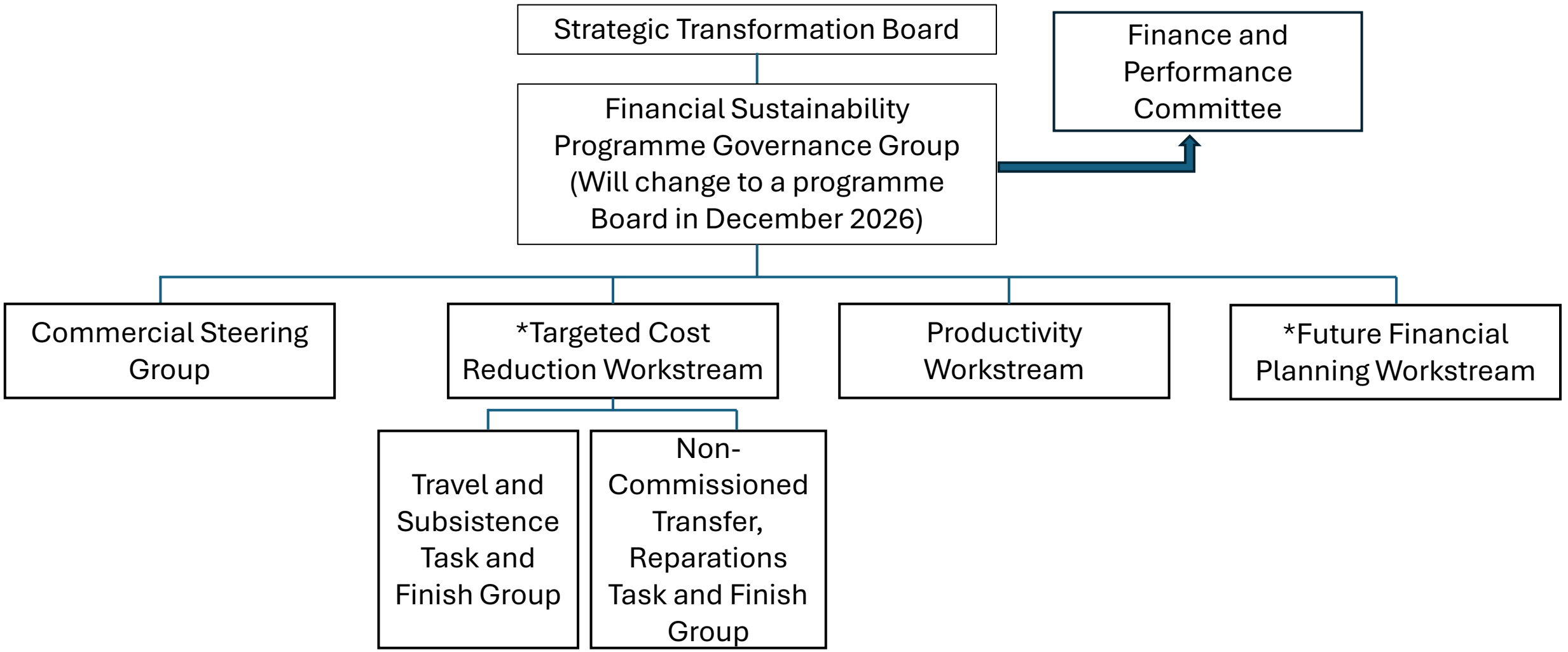
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Financial Sustainability Programme Governance Group Structure Update for Finance and Performance Committee
Fersiwn / Version 1.0
Rhyddhawyd / Released: 6th November

Financial Sustainability Programme Governance Group
Richard.baxter@wales.nhs.uk

Financial Sustainability Programme Governance Group Structure



*Targeted Cost Reduction Workstream paused until February 2027.
*Future Financial Planning Workshop being held on 23 November 2026.

Agenda Item No.	7

REPORT TITLE

IMTP 2026-29 assurance and progress report Q2 (July-September 2026)

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh – Deputy Chief Executive
Author(s) of report	James Houston – Assistant Director of Planning and Transformation

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY:

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

1. The internal IMTP assurance and progress reporting approach continues to be strengthened to ensure effective governance and oversight arrangements are in place to monitor delivery. A key change implemented for the quarter 2 reporting cycle includes the wider distribution of the quarterly IMTP assurance report to key organisational committees (including Quest and People & Culture Committee) in addition to the routine reporting into Finance & Performance Committee.

2. This change will see committees receiving a bespoke IMTP assurance report covering the IMTP deliverables captured within the respective Strategic Objective aligned to the committees scope and remit (see table below).

3. The bespoke Finance & Performance Committee IMTP Assurance Report provides oversight on the delivery of the following:

   - Strategic Objective 1 – 'Providing the right care or advice in the right place, every time' for information
   - Strategic Objective 3 – 'Being at the forefront of Innovation and Technology'
   - Strategic Objective 6 – 'Value & Sustainability'
   - IMTP Productivity Gains
   - IMTP Enabling Actions (Welsh Government Technical Appendices)

4. The report is to be read alongside the IMTP 'Plan on a Page' milestone document and MIQPR.

Strategic Objective	Receives
S01 - Providing the right care or advice in the right place, every time	**Finance and Performance Committee** (SO1 also shared with QUEST for information)
S02 - Enabling our people to be the best they can be	**People and Culture Committee**
SO3 – Being at the forefront of Innovation and Technology	**Finance and Performance Committee**
SO4 - Developing services in collaboration	**Trust Board**
SO5 - Quality driven and clinically led	**Quest**
S06 - Value and Sustainability	**Finance and Performance Committee**
All Strategic Objectives - (high level overview)	**Trust Board**

5. The full IMTP Q2 assurance report was presented and reviewed by the Executive Leadership Team (ELT) on the 28 October.

6. The purpose of the appended IMTP Q2 assurance report is:
   - to provide a comprehensive quarter 2 update on delivery of the IMTP 2026-29 against the linked strategic objectives; and
   - to support organisational oversight, assurance and informed decision-making through a combination of narrative progress updates, delivery confidence assessments and performance intelligence.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The committee is asked to receive assurance on the Q2 progress of the following:

- Strategic Objective 1 – 'Providing the right care or advice in the right place, every time' for information
- Strategic Objective 3 – 'Being at the forefront of Innovation and Technology'
- Strategic Objective 6 – 'Value & Sustainability'
- IMTP Productivity Gains
- IMTP Enabling Actions (Welsh Government Technical Appendices)

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:

Annex 1 IMTP 2026-29 quarterly assurance and progress report (Q2 July – September 2026); and

Annex 2 IMTP strategic objectives plans on a page 2026-29 (shared for information)

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]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement &Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ 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
28 October 2026	Executive Leadership Team (ELT)

Welsh Ambulance Services University NHS Trust

IMTP 2026-29
Quarterly Assurance & Progress Report

Quarter 2: July - Sept 2026

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

IMTP Deliverables Q2 Updates
Version 0.3
Released: October 2026

Planning & Performance
AMB_Planning_&_Performance@wales.nhs.uk

Introduction

Purpose of the report

- Provides a comprehensive Quarter 2 update on delivery of the IMTP 2026-29.
- Supports organisational oversight, assurance and informed decision-making through a combination of narrative updates, delivery confidence assessments and performance intelligence.
- To be read alongside the IMTP 'Plan on a Page' milestone document and MIQPR.

Reporting Approach

- Reporting incorporates all **47 IMTP deliverables**, aligned to the six strategic objectives
- Progress is assessed through a combination of milestone delivery, narrative assurance, performance measures and delivery confidence ratings
- The reporting cycle is fully embedded within routine governance and performance arrangements, providing a consistent Trust-wide view of progress

Enhancements delivered since Q1

- Full integration of detailed productivity reporting
- Embedding of change control requirements
- Enhanced delivery confidence and assurance reporting
- Continued alignment between IMTP and MIQPR performance measures
- Inclusion of Welsh Government Enabling Actions

Future enhancements

- Alignment of improvement expectations set out within the IMTP
- Integration of strategic risks
- Strengthened alignment between IMTP and MIQPR performance measures



IMTP Governance & Assurance Route

The IMTP assurance approach has been strengthened through enhanced committee level reporting for the 2026/27 reporting period.

Committee coverage

Principle

Route the right level of detail to each committee, while keeping STB and Trust Board sighted on the full delivery position.

Strategic Objective	Receives
S01 - Providing the right care or advice in the right place, every time	**Finance and Performance Committee** (SO1 also shared with QUEST for information)
S02 - Enabling our people to be the best they can be	**People and Culture Committee**
SO3 - Being at the forefront of Innovation and Technology	**Finance and Performance Committee**
SO4 - Developing services in collaboration	**Trust Board**
SO5 - Quality driven and clinically led	**Quest**
S06 - Value and Sustainability	**Finance and Performance Committee**
All Strategic Objectives - (high level overview)	**Trust Board**

Finance & Performance Committee IMTP Assurance Report provides oversight on the following:

- Strategic Objective 1 – 'Providing the right care or advice in the right place, every time' for information
- Strategic Objective 3 – 'Being at the forefront of Innovation and Technology'
- Strategic Objective 6 – 'Value & Sustainability'
- IMTP Productivity Gains
- IMTP Enabling Actions (Welsh Government Technical Appendices)

RAG and Delivery Confidence Level Descriptors

RAG shows the current delivery position. Confidence shows the level of assurance that delivery will be achieved as planned.

STATUS	DELIVERY POSITION	ACTION REQUIRED
GREY **Not Started**	**Not started** Delivery has not commenced or the agreed start date is in the future.	Confirm owner, scope, dependencies and start date.
GREEN **On Track**	**On track** Milestones, quality, resources and outcomes are progressing to plan.	No immediate action is necessary. Continue routine monitoring and manage emerging risks.
YELLOW **Caution**	**Caution - Early warning** A potential issue could affect progress, but delivery remains achievable.	Monitor closely and agree mitigating or contingency actions.
AMBER **Monitor**	**Off track but recoverable** Milestones or outcomes are at risk and corrective action is required.	Agree a time-bound recovery plan, owner and escalation route.
RED **Off Track**	**Significantly off track** A major issue materially threatens achievement of the agreed outcome.	Escalate immediately and re-plan scope, timing or resources.
BLUE **Complete**	**Complete** The deliverable or milestone is complete and supported by evidence.	Confirm acceptance, record evidence and close residual actions.
PURPLE **Paused**	**Paused** Delivery has been intentionally stopped following an agreed decision.	Record rationale, restart conditions, owner and review date.

DELIVERY CONFIDENCE LEVELS

Current assurance that the deliverable will be achieved as planned, considering risks, dependencies, capacity and progress.



Plans are in place, resources are secured and no major risks are foreseen.



Some risks or uncertainties exist, but they are understood and manageable.



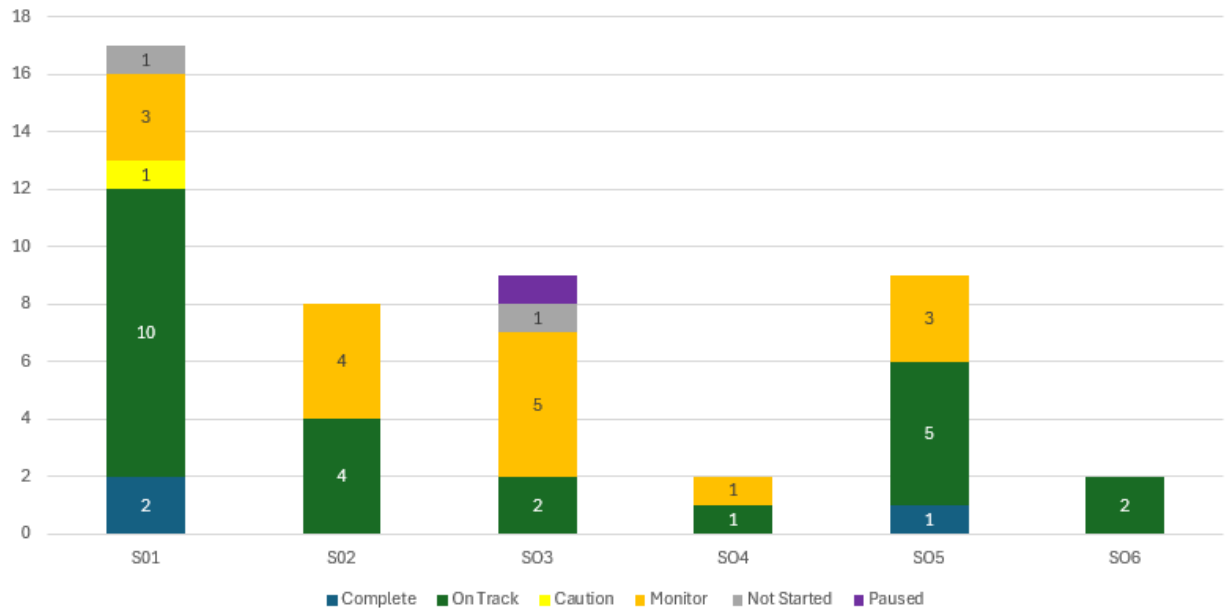
Significant challenges exist around planning, resources or dependencies.

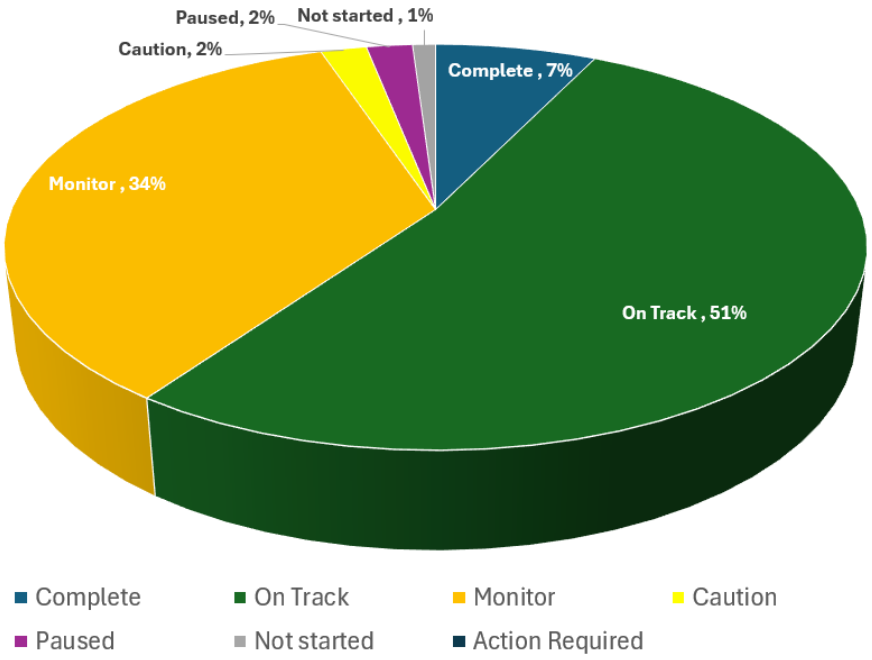
IMTP Assurance Overview (all IMTP Deliverables)

Quarterly Progress Comparison RAG status

	Deliverables Total	On Track	Caution	Monitor	Not Started	Off Track	Complete	Paused
Q1	47	31	3	10	2	0	1	0
Q2		24	1	16	2	0	3	1

Quarter 2 Progress Overview by Strategic Objective (number & %'s)





Overall Summary Position

MOSCOW: 87% MUST, 7% SHOULD, 6% COULD

47 IMTP 26-29 deliverables

17 Deliverables reporting Amber + Yellow (Q2)

IMTP Reference	Deliverable Title	Q1 RAG	Q2 RAG	Confidence Level
1	Academic Evaluation	Monitor	Monitor	Moderate
2	Clinical Flows	On Track	Caution	Moderate
7	EA Skills Mix	Monitor	Monitor	Low
11	Advanced Practice	On Track	Monitor	Moderate
19	Absence Management	Monitor	Monitor	High
21	Our WAST Way	On Track	Monitor	High
23	Development for All	Monitor	Monitor	High
24	Recruitment Strategy	Monitor	Monitor	High
26	GRS Solution	On Track	Monitor	Moderate
29	AI Framework	On track	Monitor	High
30	CAD Replacement	Monitor	Monitor	High
32	EPCR Refresh	On Track	Monitor	High
34	All Wales Data Sharing	Monitor	Monitor	Low
35	Stakeholder Engagement	On Track	Monitor	High
37	QI Framework	Monitor	Monitor	Moderate
41	Listening to People (Concerns)	Monitor	Monitor	Moderate
44	Medicines Management Hub	Monitor	Monitor	Low

Summary overview

Q2 demonstrates **continued progress across all six strategic objectives** with delivery moving beyond mobilisation and planning into implementation, optimisation, evaluation and embedding. Across the 47 IMTP deliverables, the overall position remains positive, with the majority progressing in line with planned milestones. Key achievements include advancement of clinical transformation, workforce development, digital governance, financial sustainability and quality improvement programmes.

Whilst a small number of deliverables remain under monitoring due to external dependencies, capacity constraints and governance requirements, these are being actively managed through established arrangements and confidence remains in the overall delivery of the IMTP.

Several cross-cutting themes define the Q2 position:

- Clinical and operational transformation programmes are progressing from design into implementation, evaluation and optimisation, with a growing focus on productivity, operational resilience and patient outcomes.
- Workforce, leadership and organisational development programmes continue to gain momentum, supported by strong engagement and increasing organisational capability.
- Digital transformation is accelerating through strengthened governance, deployment of new digital solutions and advancement of strategic technology programmes.
- Partnership working and strategic collaboration continue to mature, supporting service improvement, long-term planning and system-wide delivery.
- Quality improvement activity is becoming increasingly embedded, with stronger governance, improved patient involvement and continued progress across mental health and concerns management programmes.
- Financial sustainability and productivity initiatives are now firmly established, with increasing organisational focus on recurrent efficiencies, commercial opportunities and long-term value.

Overall, **Quarter 2 reflects a positive and maturing delivery position.** Whilst some programmes face implementation challenges associated with the scale and complexity of transformation, there remains strong evidence of organisational momentum, effective governance and sustained progress against the ambitions set out within the IMTP 2026-29.

Welsh Ambulance Services University NHS Trust

IMTP 2026-29
Strategic Objective 1

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



GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

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

17 IMTP 26-29 deliverables

High Level Achievements

- NHS 111 digital front-end business case approved and completed
- HCP call flow redesign implemented and transitioned into business as usual
- Significant progress in strengthening organisational resilience, major incident preparedness and national event planning

Key Themes emerging across S01 include

- Clinical transformation moving from design into implementation and evaluation
- Increased focus on productivity, optimisation and benefits realisation
- Strengthened operational resilience and emergency preparedness
- Continued digital innovation supporting patient access and clinical decision-making
- Workforce, funding and external dependencies impacting delivery timescales

Overall, SO1 remains in a positive delivery position, with strong evidence of implementation activity, increasing organisational maturity and tangible progress across clinical, operational and digital transformation priorities.

SO								Total
SO1		3	1	10		1	2	17

Assurance Narrative

- Delivery against **SO1** is progressing well, with delivery increasingly focused on implementation, optimisation, evaluation and operational readiness. The majority of deliverables remain on track, with two deliverables completed during the quarter and several programmes progressing from development into live testing, implementation and benefits evaluation.

- Notable progress has been made across digital access and clinical transformation programmes. The NHS 111 digital front-end business case has been completed, redesigned HCP call flows have been implemented and embedded into business-as-usual arrangements, and development of the Online Symptom Checker replacement remains on track ahead of a planned winter launch. In parallel, work to align MPDS and CPSS has moved into live operation, supporting future optimisation of patient triage and streaming arrangements.

- Operational improvement and productivity initiatives continue to progress, although some remain under monitoring as implementation activity continues. APP optimisation and roster development remain a priority focus, with implementation proposals progressing through consultation and approval processes. Similarly, the NEPTS improvement programme and roster review continue to advance, with implementation planning well developed and operational challenges actively managed.

- Whilst three deliverables remain under monitoring and one under caution, these are largely attributable to external dependencies, workforce planning considerations, evaluation timescales and programme sequencing rather than delivery failure. Mitigations are in place and confidence remains that these programmes can continue to progress through the remainder of the year.

SO1 Deliverables by RAG - Caution

Ref	Deliverable	RAG	Priority	Confidence	Update	Rationale
2	Undertake a **detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency** and outcomes across the model, with a specific focus on improving care for high-risk patient groups (Stroke, STEMI, NOF). This will be enabled through targeted improvement and a consistent approach to benefits realisation, using clear metrics, measures and baselines to improve clinical outcomes, care and experience.	**Caution**	**Must Do**	**Moderate**	Work progresses on areas of clinical optimisation, with targeted groups delivering the respiratory model, APP optimisation, and SPOA Improvement initiatives to support Winter resilience. Stroke and STEMI improvement is overseen by the Call Flow Optimisation Group, which had agreed set delivery trajectories for improvement pre-and post Winter. Realisation of programme benefits however relies in the availability of outcome data, among others, which currently inhibits the Programme's ability to evidence and realise all benefits.	The Amber RAG Rating reflects the non-delivery of the set milestones for Q2 (Developing full Benefit Profiles and Registry) as well as issues with Data Linking activity, with current focus of the Benefits Steering Group on optimising existing flows through activity undertaken across the Integrated and Urgent Care Workstream, Call Flow Optimisation Group, and other associated groups. The BRSG has reviewed the deliverable and agreed that elements of the existing deliverables are to be amended ahead of the 2027-30 plan.

SO 1 Deliverables – RAG Monitor

Ref	Deliverable	RAG	Priority	Confidence	Update	Rationale
1	Complete a formal **academic evaluation** of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement	Monitor	Must Do	Moderate	This deliverable, while having since completed the milestones outlined in Q2 with a completed transfer of data to external partners, remains behind schedule with anticipated delivery of the pathfinder report (remains January 2027 as per last update). Q3 milestones refer to commencing Phase Two of the data analysis, yet the data sources, method of transfer, and scope of data collection are yet to be agreed. A workshop has been arranged for early November 2026.	Amber reflects the overall delivery confidence against the pathfinder report, with receipt currently beyond the initially set timeline
7	Operationalise the key recommendations of the **Emergency Ambulance (EA) skill mix review**	Monitor	Must Do	Low	Internal discussions ongoing regarding fixed term paramedic and graduate paramedic position. Work continuing to finalise and release Retire & Return SOP. Scenario planning continuing to confirm current vacancy position.	Amber reflects ongoing work linked to delivery milestones.
11	Increase the number of patients treated at home or in the community by optimising and more **effectively utilising our advanced practice resources** across Wales (including APP roster review, scheduling advanced practice clinicians and increasing utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework	Monitor	Must Do	Moderate	Roster development still ongoing, with engagement continuing among workforce colleagues. Roster designs have now been shared with Resourcing and Finance. Implementation remains planned for January 2027. Work has commenced at pace to undertake a detailed assessment of process issues impacting APP deployment. Short term winter solutions identified and medium term CMT system changes being worked up.	The Amber RAG rating reflects the slippage in set milestones, with expected timelines for delivery in Q3. It was expected that Q3 would see the commencing of impact assessments, with opportunities to correct any identified shortfalls, however this will not take place until Q4.

SO 1 Deliverables - RAG Complete

Ref	Deliverable	RAG	Priority	Confidence	Update
3	Develop a business case to secure external or internal funding for a modern **digital front end for NHS 111** Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multi-disciplinary team	Complete	Must Do	High	This was recorded as complete at CMT Board in September 2026, with a justification of funding having been received and allocated prior to completion of the Business Case. The deliverable will be reviewed for further consideration ahead of development of the 2027-30 IMTP.
6	Redesign and implement revised **Health Care Professional (HCP) call flows** aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation	Complete	Must Do	High	Following transition of the activity to BAU, it was agreed that the deliverable has been deemed completed, with HCP flows redesigned, and interim solutions implemented until a substantive solution is agreed in conjunction with Scottish and Northern Irish Ambulance sectors. As such, not further development or testing is possible, and the work will continue to be visited under BAU arrangements.

SO 1 Deliverables - RAG Not Started

Ref	Deliverable	RAG	Priority	Confidence	Update
13	Undertake a **strategic service** review of NEPTS	Not Started	Could Do	N/A	October - No Update Funding will come from next years IMTP process.

SO 1 Deliverables – RAG On Track

Ref	Deliverable	RAG	Priority	Confidence	Update
4	Replace the outdated **Online Symptom Checker (OSC)** tool to align with the 111 Call Prioritisation and Streaming System (CPSS).	On Track	Must Do	High	Development of the OSC solution continues with continued work on functionality testing. Constructive dialogue undertaken with JCC regarding commissioner support for implementation and next steps. Opportunities to undertake a soft launch being confirmed ahead of winter following agreement with stakeholders.
5	Deliver a system-wide action plan to accelerate improvements **in out-of-hospital cardiac arrest (OHCA)** outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics	On Track	Must Do	High	OHCA plan continues to be delivered as per plan. A DPIA has been completed with WAST & NHS P&I colleagues for available WAST ROSC data to enable identification of patients who survive to discharge following OHCA interventions.
8	Implement a **Single RICS clinical queue** to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services	On Track	Must Do	High	Closure report is now complete and due for review at CMT board November 2026
9	Work with supplier to pilot and evaluate the alignment of **MPDS and CPSS**	On Track	Could Do	High	MPDS/CPSS training went live 23rd September, with live calls being completed from 2nd October. Early evaluation to be completed in November.
10	Optimise and evaluate current provision of the **falls desk** to inform delivery of the function post current funding arrangements	On Track	Must Do	High	Falls Desk evaluation to be completed by the end of November. Reporting structures for this deliverable amended to align with the creation of the new Urgent Care Improvement Group.

SO 1 Deliverables – RAG On Track

Ref	Deliverable	RAG	Priority	Confidence	Update
12	Establish a **NEPTS improvement programme** and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review	On Track	Must Do	High	October 26 - The proposed implementation dates have been communicated, and the team is working through the remaining operational challenges. One area requiring further attention is whether there is sufficient PAS capacity in the right places and at particular times. That work remains ongoing. Sept - NEPTS Roster Project Board meeting on 4th September to review progression timelines for each area. GRS lead time for implementation, financial costings and alternative provision support. Good progress being made. Aug - The Roster Programme remains on track. ACA1 roster proposals are currently progressing through consultation and voting, with ACA2 due to begin shortly. Parallel work is underway to review alternative provision arrangements and develop a standardised framework for ongoing demand and resource reviews, helping ensure workforce deployment remains aligned to service demand. Plan for phased approach within ACA1 and first two areas Powys and BCU are planned to be with the resource team within the next 7 days for comments.
14	Implement two key recommendations from the **Manchester Arena Inquiry** (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events	On Track	Must Do	High	HART South Wales expansion – Business case submitted to Welsh Government on the 25th August. Further amendments required regarding capital expenditure and re-submitted on the 30th Sept. Awaiting decision to proceed. HART North Wales –work continuing to explore potential options for a preferred location of the North Wales HART building. Meeting with NHS P&I planned in Nov.

SO 1 Deliverables – RAG On Track

Ref	Deliverable	RAG	Priority	Confidence	Update
15	Develop and implement operational plans for upcoming **major national events**, working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship).	On Track	Must Do	High	October : Workshop rescheduled to 20th October. In addition, first round of workstreams will be completed by 9th October with briefing paper to follow. Sept - TU/6 core function workshop planned for 28th Sept 26. To agree principles of delivery. Aug: Outline delivery plan completes, going to SOT/SLT and ELT by end of August. NHS P&I have received an updated finance brief following south Wales police attendance at SLT.
16	Deliver the **Covid Inquiry recommendations** to enhance organisational readiness for major incidents	On Track	Must Do	High	October - Workshop scheduled for 1st December for SLT to work through the published recommendations and agree ownership. Pandemic Gov Group to maintain oversight. Programme of work to feed into IMTP. September : Pandemic Governance Group continues to oversee implementation planning arising from the UK Covid-19 Inquiry. Recommendations from Modules 1-5 and PAPAC learning have been consolidated into a tracking framework and reviewed using the established MAI methodology. Work is ongoing to agree ownership, implementation actions and timescales for recommendations relevant to WAST and Welsh Government. Pandemic Risk 706 has been developed and approved through ELT. Monitoring arrangements remain in place through the Pandemic Governance Group. Aug: A meeting was held with Julie Boalch to review the COVID-19 recommendations and adopting the governance approach previously adopted for the M
17	Undertake a review of preparedness against the **Wales resilience framework** to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date	On Track	Must Do	High	GAP analysis paper taken to SLT and approval to continue governance route to ELT. Working ongoing in preparation for next steps. Review of the Wales risk register has been fully completed (111 risks)

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

MIQPR Metrics: Accessing our Services

See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG Aug	RAG Sept
Accessing our services	Number of patients using the NHS 111 Virtual Assistant 'Albot' option	Increasing trajectory			
	NHS 111 webchat as a % of website hits	Ambition of 1.35%			
	999 calls answered within 6 seconds, Median	Maintain current target			
	999 calls answered within 6 seconds, 95th percentile	Maintain current target			
	NHS 111 call handling abandonment rate	Maintain within 10–15% rate			

RAG Indicates =
TBD: Status cannot be calculated (To Be Determined)
MOA – Measure of Activity
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)

SO1 – Providing the Right care or advice in the right place, every time.

MIQPR Metrics: Our Emergency Response

See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG August	RAG Sept
Primary Clinical Outcome Measures	ROSC at hospital	Improve to 25–30%			
	Stroke call-to-door median	1.5 hours			
	STEMI call-to-door median	1.5 hours			
	NOF call-to-door median	Develop measure			
	Chain of survival metrics	Improve trajectory			
Secondary Response Measures	Arrest / Purple response	6–8 min median; 20 min P90			
	Emergency / Red response	6–8 min median; 20 min P90			
	Now / Orange response	60-minute median			

SO1 – Providing the Right care or advice in the right place, every time.

Linked MIQPR Metrics: Our Emergency Response

See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG Aug	RAG Sept
Other Measures	% (to plan) of EMS Hours produced	Maintain 95%			
	Average jobs per shift (Emergency Ambulance)	Improve to 2.3 jobs per shift			
	Hospital Handover Wait 15/Wait 45 and Total lost hours	0 waits >45m; <6,000 hrs p.a.			
	'Can't send' and cancelled by patients (volume)	Reduction > 5,770 per month			

Linked MIQPR Metrics: Remoted Integrated Care

See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG Aug	RAG Sept
Remote integrated care	Time to integrated care consultation (RICS 1), 90th percentile and associated median	Improvement trajectory			
Remote integrated care	% and activity Consult and Close (999)	Improvement trajectory to 22%			
Remote integrated care	111 outcomes (in particular to 999 and ED)	Maintain current levels			

SO1 – Providing the Right care or advice in the right place, every time.

Linked MIQPR Metrics: Urgent Community Response

See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG Aug	RAG Sept
UCR	APP jobs per shift	Improve trajectory to 4.75 patients per shift			
UCR	% and activity of see and treat/pathway (non-convey to ED from on scene)	Improvement trajectory >20%			
UCR	Reduction in the number of conveyances into ED as a % of verified incidents	Decreasing trajectory			

Linked MIQPR Metrics: Non-Emergency Patient Transport

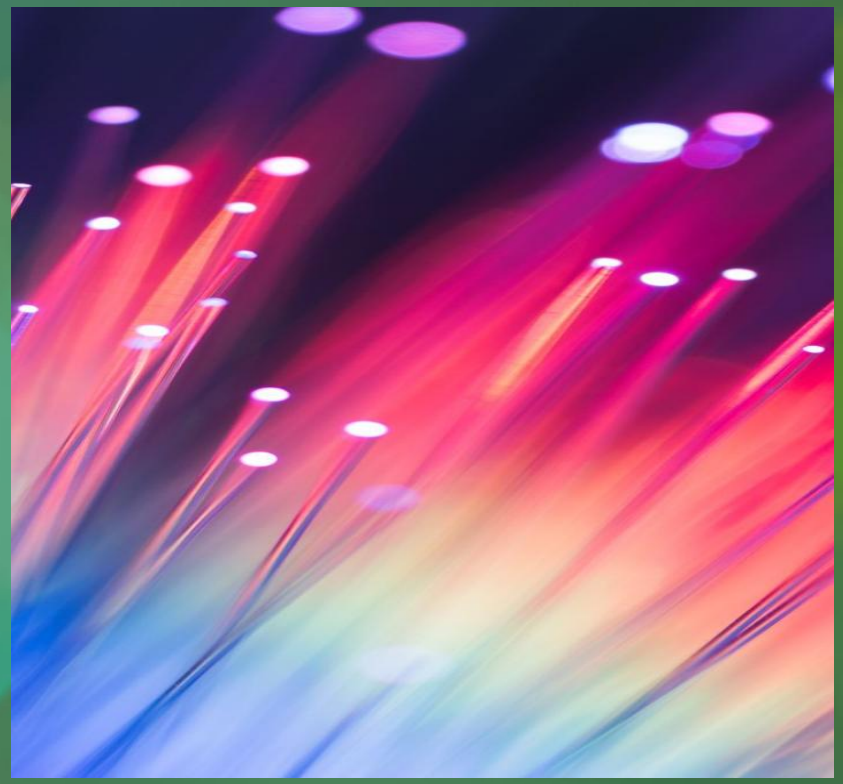
See MIQPR report for further detail

Theme	Metric	Ambition / threshold	RAG July	RAG Aug	RAG Sept
NEPTS	% of NEPTS activity cancelled (by capacity management plan, by patients and by Health Boards)	Improvement trajectory < 10%			
NEPTS	Renal repeat cancellation rates	Reduction – 0 cancellations			
NEPTS	Oncology journeys arriving within 45 minutes in advance of, and 15 minutes after appointment (NEPTS)	Maintain achievement against 70% target			
NEPTS	Advanced discharge and transfer journeys collected less than 60 minutes after booked time (NEPTS)	Improvement trajectory to <60 minutes			

Welsh Ambulance Services
University NHS Trust

IMTP 2026-29
Strategic Objective 3

Being at the forefront of innovation and technology



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SO3 – Being At The Forefront Of Innovation And Technology

9 **IMTP 26-29 deliverables**

High Level Achievements

- Digital governance arrangements established and embedded
- Progression of key digital products, dashboards and technology programmes
- Continued development of data, analytics and AI capabilities to support service improvement and decision-making

Key themes emerging across S03:

- Strengthening digital governance and oversight
- Increased use of data and analytics to support decision-making
- Advancement of digital products and technology infrastructure
- Growing focus on innovation and responsible adoption of AI
- Building foundations for future digital transformation and benefits realisation

SO								Total
SO3		5		2	1	1		9

Assurance narrative

- Quarter 2 has seen continued progress across SO3, with delivery focused on strengthening the Trust's digital, data and innovation capabilities. Key programmes have advanced from planning and development into implementation, supported by the establishment of enhanced governance arrangements and clearer strategic oversight.

- Notable progress has been made in the development of digital products, reporting tools and technology infrastructure, enabling improved access to information and supporting more informed decision-making across the organisation. Activity has also continued to strengthen data and analytics capabilities, alongside the exploration and adoption of emerging technologies, including artificial intelligence, to support operational and clinical improvement.

- Whilst some deliverables remain subject to capacity, technical and supplier dependencies, progress continues to be maintained through established governance and programme management arrangements. Several initiatives are now beginning to provide the foundations required to realise longer-term benefits and support future transformation.

- Overall, SO3 remains in a positive delivery position, with good progress being made across digital, data and innovation programmes. Whilst some dependencies remain, delivery continues to build the capabilities, infrastructure and governance required to enable sustainable transformation and support the Trust's long-term strategic ambitions.

SO 3 Deliverables – RAG Monitor

Ref	Deliverable	RAG	Priority	Confidence	Update	Rationale
26	Deliver a cloud-based **Global Rostering System (GRS) solution**, enabling an organisational decision on implementing the e-timesheet solution	Monitor	Must Do	Moderate	Training environment setup by vendor, integration with Azure ongoing. UAT delivery stalled requiring amended DPIA for use of live data in UAT environment. UPDATE 23/9/26: Training environment delivered to Resourcing. Still awaiting waiver decision on live data in UAT - Monitor risk around delayed delivery of UAT environment, risk relates to ability to test changes/version updates. Android mobile application still not functional.	Android application mitigation is the GRS Web access for all users across all platforms. TBC on resolution from vendor. Mitigation for no live data in UAT decision is for UAT to be created with anonymised data.
29	Establish safe, ethical and effective use of AI across WAST through a **Responsible AI Framework** and targeted staff capability-building	Monitor	Must Do	High	AISG continue to develop guidance and governance mechanisms to support their advisory and oversight duties. Digital Oversight Group will help ensure governance for data protection and cyber is considered for any new AI related requests which pass through the process. And a Responsible AI Policy is in development in partnership, and on track to be submitted to Policy Group in November as planned (aligned with an internal audit recommendation). A Board Development session on Digital Maturity is planned for November 2026 (deferred from Q2). As such, the Q2 plan is not yet fully achieved, but is on track for achievement in Q3 with agreement.	Board Development session on Digital Maturity deferred from Q2 to Q3

SO 3 Deliverables – RAG Monitor

Ref	Deliverable	RAG	Priority	Confidence	Update	Rationale
30	Develop key requirements and appraisal of options for E**MS, 111 and NEPTS CAD Replacements**, including strategic direction	Monitor	Must Do	High	Initial project kick-off call scheduled for 16 October. Initial requirement will be to define non-technical requirements and formalise governance and implementation arrangements.	Project and organisational capacity identified as an initial area of concern. Project management capacity secured to commence work with key organisational leads being engaged in early preparatory work.
32	Implementation of **ePCR application** refresh and renewal of contract	Monitor	Must Do	High	The supplier, Terrafix, have agreed an app refresh timeline to include clinical risk assurance, UAT and staff training. There is a high confidence that the project will be completed by the end of Q4.	A renewed timeline has been put in place with the supplier, with high confidence of completion by end of Q4. The additional timescale could enable additional benefits (such as AVT).
34	Strengthen information governance arrangements and technical development to enable WAST to continue to support the **all-Wales data sharing ambitions** via the National Data Resource.	Monitor	Must Do	Low	The Chair of IGMAG presented the papers and proposed recommendations, which were supported in principle. The paper and slides are being revised to strengthen the patient safety rationale for change and are being discussed with NHS Wales clinical peer group leads, Caldicott Guardians and SIROs. Subject to agreement with the Chair of Medical Directors, a final version will be submitted to Welsh Government on 9 October 2026. The proposal is scheduled for presentation to the NHS Wales Leadership Board on 20 October 2026, accompanied by the Chair of Medical Directors, with a further update to be provided to IGMAG on 22 October 2026.	Dependency is on progress nationally and agreement by WG. Requires legislative change which is not expected to be implemented for around 2 years. This means reduced benefits; however, some deliverables are still possible within that period.

SO 3 Deliverables – RAG On Track

Ref	Deliverable	RAG	Priority	Confidence	Update
27	Launch and embed updated **Digital, Data and Technology (DDAT) Governance Framework**	On Track	Must Do	High	Following a month of gathering requests, the first DRPF was successfully held on 1st September with 15 requests forwarded to DOG for prioritization. The first DOG meeting took place on 7 October.
31	Develop the full Business Case for **Emergency Services Network** (ESN) Phase 2, covering handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)	On Track	Must Do	High	The ESN Phase 2 FBC has completed its Governance journey through WAST gaining approval at Trust Board on 24th September. The FBC will now start the submissions process with WG.

SO 3 Deliverables – RAG Not Started

Ref	Deliverable	RAG	Priority	Confidence	Update
28	Expand **SMS functionality** across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function (FY27/28)	Not Started	Could Do	N/A	YEAR 2 DELIVERABLE

SO 3 Deliverables – RAG Paused

Ref	Deliverable	RAG	Priority	Confidence	Update
33	Combine **internal WAST datasets and link with external datasets** (e.g. ED data) to provide richer intelligence and to evidence impact of the CMT and other improvements	Paused	Must Do	N/A	IDS Priorities and options for focus for Q3-Q4 are being presented to ELT on 30th September for holistic consideration of the remaining IDS workload

Welsh Ambulance Services
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IMTP 2026-29
Strategic Objective 6

Value and Sustainability



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SO6 – Value And Sustainability

2 IMTP 26-29 deliverables

High Level Achievements

- Financial Sustainability Programme established and progressing
- Continued development of productivity, efficiency and value-based improvement initiatives
- Progression of commercial opportunities and financial planning arrangements

Key themes emerging across S06

- Embedding financial sustainability across the organisation
- Improving productivity, efficiency and value
- Strengthening financial planning and decision-making
- Advancing commercial opportunities and income generation
- Supporting long-term organisational resilience and sustainability

SO								Total
SO6				2				2

Assurance narrative

- Quarter 2 has seen **continued progress** across SO6, with a strong focus on embedding financial sustainability, improving productivity and strengthening organisational stewardship of resources. Key programmes have moved from planning into delivery, supported by enhanced governance arrangements and increased organisational focus on recurrent efficiency and value

Overall, SO6 remains in a **positive delivery position**, with good progress being made in establishing the foundations for long-term financial sustainability

SO 6 Deliverables - RAG On Track

Ref	Deliverable	RAG	Priority	Confidence	Update
46	Embed a Trust-wide **Financial Sustainability Programme (FSP)** to improve financial decision-making, organisational capability, and delivery of recurrent cost efficiencies aligned to the Trust's financial plan.	On Track	Must Do	High	Progress continued in Q2 with the FSP Programme Control Pack now agreed and in place, establishing the programme governance and delivery arrangements. The programme has been structured around four workstreams to support delivery of financial sustainability priorities. A Programme Director has also been recruited and is due to commence in November 2026, strengthening programme leadership and oversight.
47	Establish a fully functioning **Commercial Function**, underpinned by an approved Trust-wide Commercial Plan and delivering at least two sustainable income-generation streams.	On Track	Must do	High	Progress made in implementing the Commercial Plan. Commercial Income Reinvestment Framework approved at FSP, with ELT approval pending. First commercial bid submitted following ELT approval, with further opportunities progressing through the Commercial Steering Group. Work continues on commercial governance, opportunity pipeline, delivery and communications plans, and intellectual property arrangements.

SO6 – Value and Sustainability

Linked MIQPR Metrics

See MIQPR report for further detail

Metric	Ambition / threshold	RAG Jul	RAG Aug	RAG Sept
Financial balance – annual expenditure YTD as % of budget expenditure YTD	Maintain 100% balance			

RAG Indicates =
TBD: Status cannot be calculated (To Be Determined)
MOA – Measure of Activity
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)

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IMTP 2026-29
Productivity Gains



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IMTP Productivity Gains 2026/27

Purpose:
This section of the report provides a quarterly update against the four key 'productivity measures' outlined in the IMTP to support an overall 2% efficiency improvement. The report provides a progress update against the linked improvement activity, linked performance / activity metric and financial impact demonstrated as an 'avoided cost equivalent'.

Four Productivity Gain Initiatives:
1. NEPTS Roster Review
2. APP Utilisation
3. EMS Abstractions
4. Wait 45/15 (Hospital handover reduction)

Governance & Oversight:
Productivity is housed in the Financial Sustainability Programme, with a specific Productivity Sub-Group chaired by the Deputy COO. The Sub-group receives a Productivity Tracker and has also agreed a top 20 list of productivity metrics, which it is tracking. The top 20 includes the four productivity gains included in the IMTP (outlined above).

IMTP Productivity Gain 1: NEPTS Re-roster



IMTP Productivity Overview

Complete and implement the NEPTS roster review to better align frontline NEPTs capacity to demand and increase capacity to undertake more patient journeys within the current resource and capacity profile.

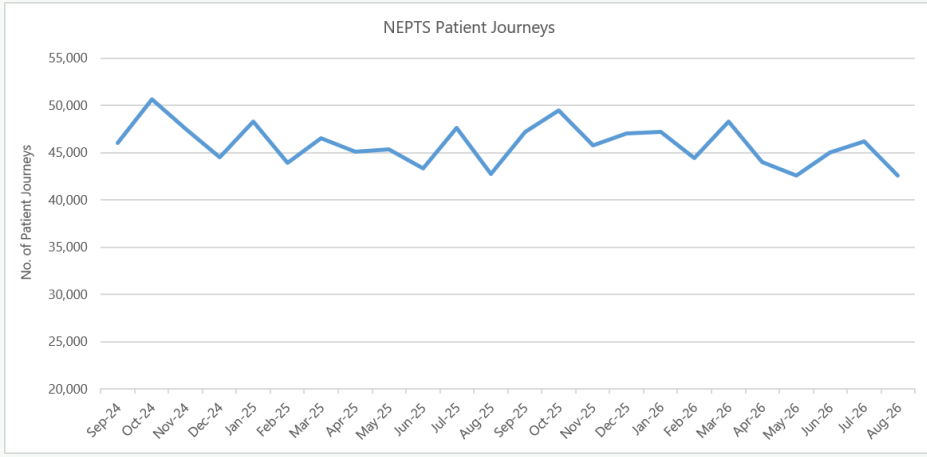
Efficiency Gain

ORH Modelling projected that new NEPTs rosters could deliver up to an additional 315 journeys per week, circa **+16,000 additional journeys** per year with an **avoided cost equivalent of £940k per year.**

Q2 Progress Update
IMTP Ref 12: NEPTS Roster Review
RAG Status: Green (On Track)

Q2 Progress Update: Progress continues across all areas with timelines, implementation requirements and financial considerations being actively managed. The main area requiring further attention is confirming sufficient PAS capacity in the right locations and at the right times, with this work ongoing.

Performance Metric – Total NEPTS Patient Journeys (monthly) MIQPR



The NEPTS roster review is not implemented, new rosters are expected to go live in Q3.

Financial Assessment (work in progress)

Financial Assessment to be completed for Q3 onwards.

IMTP Productivity Gain 2: APP Utilisation



IMTP Productivity Overview

Delivery of key APP improvements including scheduling will increase capacity of APP resources to increase productivity and utilisation resulting in more patients receiving an APP response.

Efficiency Gain

Increasing APP utilisation from the ytd average of 46.8% (2.7 jobs per shift) to 80% utilisation (4.75 jobs per shift) will support an **increase of over 15,000 patients receiving an APP community response** within current APP capacity with an **avoided cost equivalent of £2.6 million** per year.

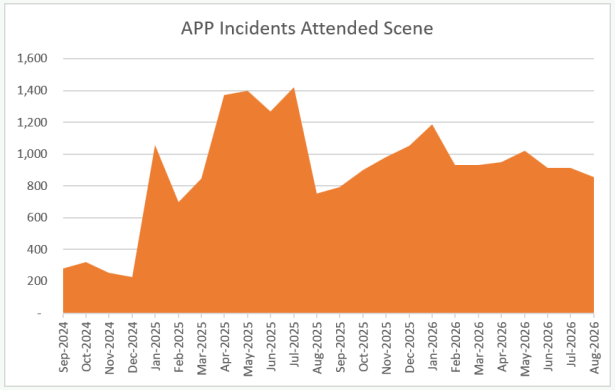
Q2 Progress Update

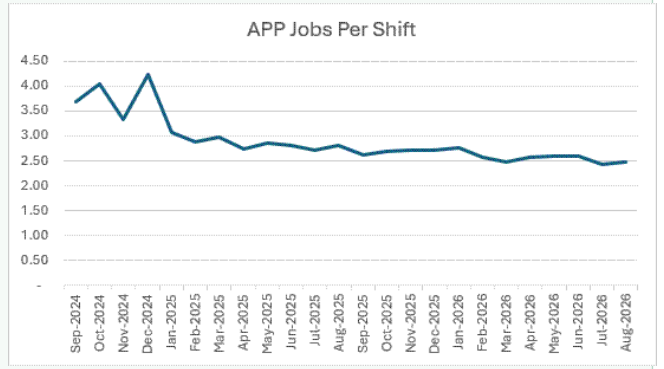
IMTP Ref 11: APP Utilisation

RAG Status: **Amber (Monitor)**

Q2 Progress Update: Roster development still ongoing in all areas, with engagement with Finance and Resourcing teams. Voting takes place in some areas with roster proposals due for approval before the end of October. Implementation dates to be confirmed but proposed for early January 2027.

Performance Metric – APP Activity & Utilisation Metrics MIQPR





2.47 APP jobs per shift in Aug-26, with modelling of scheduling and re-rostering indicating the Trust should see an increase to 4.75 jobs per shift and material increase in APP incidents attended.

Financial Assessment (work in progress)

Financial Assessment to be completed for Q3 onwards.

IMTP Productivity Gain 3: EA Abstractions



IMTP Productivity Overview

Focussed work to reduce EMS abstractions to increase frontline EMS capacity to respond to more 999 calls in the community.

Efficiency Gain

Increasing frontline EMS capacity by reducing EMS abstractions from the 12-month average of 31.64% to the 29.91% benchmark position will enable **up to an additional 4,500 patients receiving a response** within current capacity delivering an avoided cost equivalent **up to £3.1 million per year.**

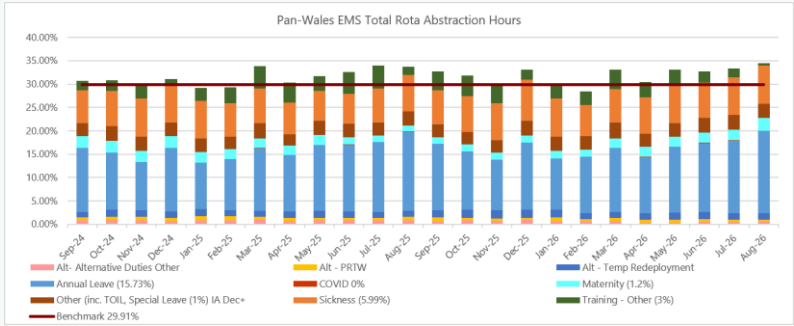
Q2 Progress Update

EA Abstractions

RAG Status: Amber (Monitor)

Q2 Progress Update: Abstraction levels remain above the ORH benchmark, driven primarily by higher sickness absence and maternity leave rather than discretionary abstraction activity. Monitoring and management arrangements remain in place to support delivery against workforce planning assumptions and productivity objectives.

Performance Metric – APP Activity & Utilisation Metrics MIQPR



The current modelled benchmark for EMS abstractions, including EAs, is 29.91%. The Trust did achieve this in January and February but is currently above benchmark. The benchmark will be reviewed as part of the forthcoming strategic demand & capacity review, with active management of abstractions continuing in the meantime.

Financial Assessment (work in progress)

Financial Assessment to be completed for Q3 onwards.

IMTP Productivity Gain 4: Handover Wait 45 & Wait 15



IMTP Productivity Overview

National W45 / W15 initiative delivering a sustained reduction in the number of ambulance lost hours from hospital handover delays across Wales

Efficiency Gain

Delivery against the W45/W15 hospital handover reductions would free up EMS frontline capacity to undertake up to an **additional 27,000 / 50,000 patient response per year** within current capacity delivering an **avoided cost equivalent up to£18.6 million / £34.5 million per year**.

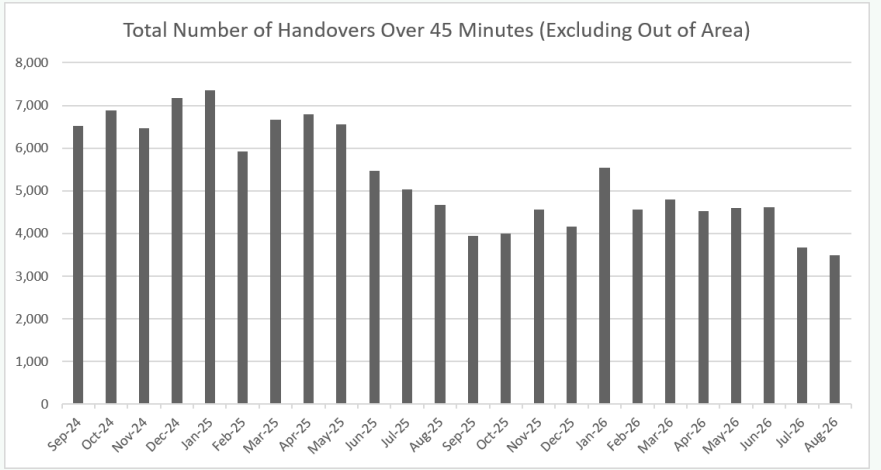
Q2 Progress Update

National Programme of Work

RAG Status: Green (On Track)

Q2 Progress Update: Work continuing via Health Boards led W45 improvement groups to improve patient flow and hospital processes to reduce handover delays, coupled with the work WAST is leading to reduce hospital conveyance.

Performance Metric – APP Activity & Utilisation Metrics MIQPR



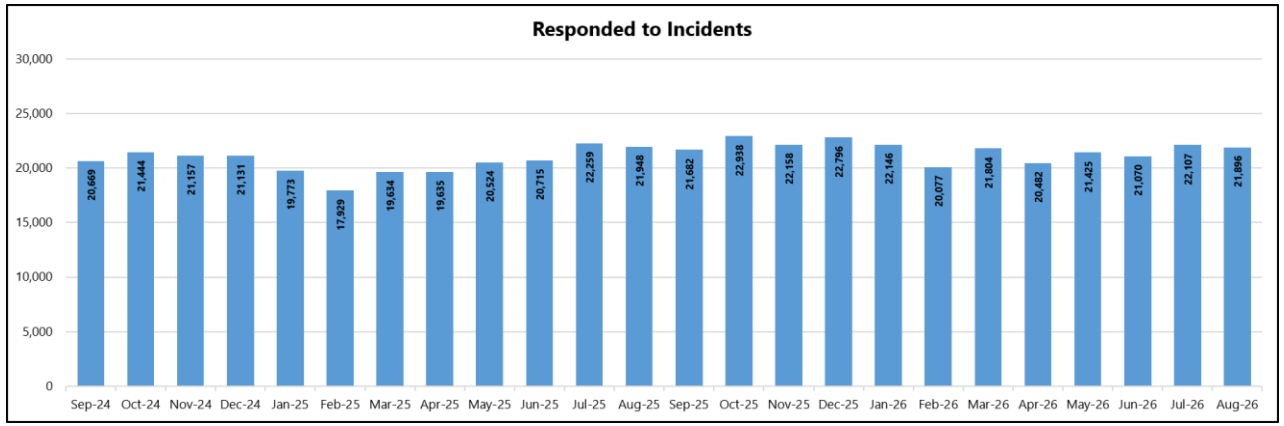
There has been a reduction in hospital handovers of more than 45 minutes, but as of Aug-26 there were still 3,498 ambulance delays over 45 mins resulting in 9,737 ambulance hours lost.

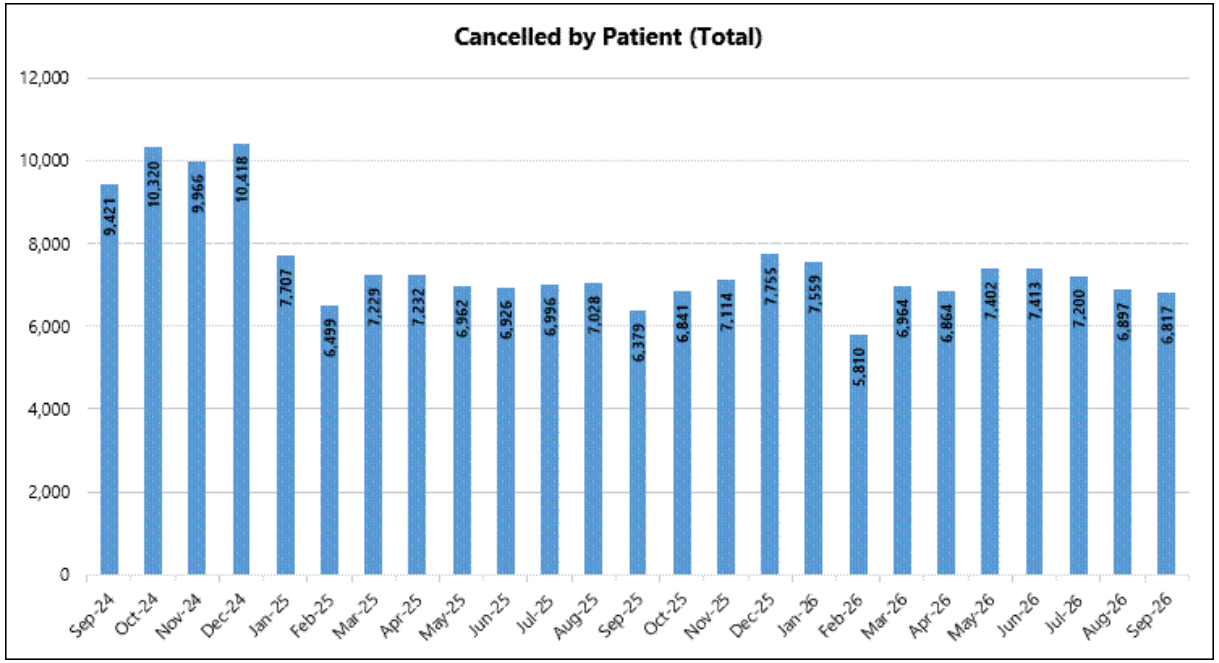
Financial Assessment (work in progress)

Financial Assessment to be completed for Q3 onwards.

Additional Patients Reached / Patient Cancellations

In addition to the activity and performance metrics included in the previous slides, there is a cumulative effect resulting from the productivity and efficiency improvements that deliver a positive benefit in terms of increasing capacity to respond to more 999 calls in the community within the current workforce and capacity profile (referenced as 'additional patients reached').The graph below outlines the total number of 999 patients receiving an ambulance response by month.





Welsh Ambulance Services
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IMTP 2026-29
Enabling Actions
(WG Technical Appendices)



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Welsh Government Technical Appendices: Enabling Actions

New Actions for 2026/2027

Strategic Priority	Enabling Action	WAST IMTP Commitment	Evidence
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.	Whilst this enabling action is specific to Health Boards, improving productivity and utilisation are core themes running through this IMTP and priorities for 2026/29	**On Track -** (linked IMTP Deliverable 47 Financial Sustainability Programme & IMTP Productivity Gains in previous section) The FSP programme is focused on delivering and realising quantifiable productivity *improvements across frontline and corporate services.*
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.	Whilst this enabling action is specific to Health Boards, we recognise our contribution to this, and we will be working with the Health Boards to understand our role and where we can support.	**On Track -** (linked IMTP Deliverable 42 & 43) Engagement has continued with Health Boards, Police Services, Local Authorities, Third Sector Organisations and Welsh Government to strengthen mental health crisis pathways and support the implementation of Right Care Right Person (RCRP) principles. This has included ongoing work to improve access to alternatives to Emergency Department attendance, crisis resolution services, places of safety, community mental health services and third sector support.

Welsh Government Technical Appendices: Enabling Actions

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

Strategic Priority	Enabling Action	WAST IMTP Commitment	Evidence
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.	WAST to support roll out of NHS Wales App aligned to the national implementation timescales and roll out plan.	**On Track** – WAST to support development of NHS Wales App supporting formal delivery channels where required.
Maximising Value for Money	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	**Deliverable 44:** Implementation of the Medicines Management Hub systems and processes, subject to funding.	**Caution** – IMTP Deliverable 44 Omnicell Business Case developed and routed through FPC.
Maximising Value for Money	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	Section 6.1 - FINCOR	**On Track** – estate utilisation and future estate profile reviewed and considered by Capital team and delivered via the Capital Development Plan.

Welsh Government Technical Appendices: Enabling Actions

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

Strategic Priority	Enabling Action	WAST IMTP Commitment	Evidence
Workforce Productivity	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.	Financial and directorate level savings plans have considered agency spend (noting that this is a relatively small sum of the workforce and is linked to corporate vacancies).	**On Track** – financial savings plans being implemented and monitored monthly. Agency spend reviewed as part of financial cost savings profile – very low spend.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	As above	As above
	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.	As above	As above
	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.	**Deliverable 19:** Achieve a sustained reduction in sickness absence through targeted action on work-related stress, supporting colleagues and managers to take timely action and promote long-term wellbeing	**Monitor-** IMTP Deliverable 19 'Absence Management'.

Welsh Government Technical Appendices: Enabling Actions

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

Strategic Priority	Enabling Action	WAST IMTP Commitment	Evidence
Timely Access to Care	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.	We will continue to support the system in the development of high value pathways and linked work through national programmes.	**On Track:** WAST linked into national programmes of work to collaborate with health boards and wider partners including - Community by design - National UEC Model (formally National Six Goals programme for UEC) - SPOA Improvement Group - Local initiatives and development with Health Boards to increase SDEC utilisation - W45 initiatives - Winter Planning Initiatives (joint actions with Health Boards)
	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.	We will continue to work in collaboration with the system and partners to support this work.	
	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 discharge.	We will continue to support the key work stream outlined within the Urgent and Emergency Care (UEC) programme	
	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 Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.	We will continue to work with Health Boards and support the key work stream outlined within the UEC programme, to increase utilisation rates and access from 999 patients into SDEC.	
	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.	We will continue to support the key work stream outlined within the Six Goals programme and UEC priorities.	

Welsh Government Technical Appendices: Enabling Actions

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

Strategic Priority	Enabling Action	WAST IMTP Commitment	Evidence
Timely Access to Care	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. 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.	We will continue to support the key workstream outlined within the Six Goals programme and UEC priorities. Our involvement will support the development and embedding of the SPOA models across Wales and seek to increase the flow of suitable 999/111 patients into the SPOA. We will also continue to collaborate on the joint work to roll out the Call Before Convey model across Wales. **See section 4.7 of our plan.**	**On Track** – WAST collaborates via the national SPOA improvement group – key actions include the development of a SPOA 'Push' list to increase activity flowed direct from WAST.
Improving Value, Optimising Outcomes, & minimising variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	**See section 6.2 in our plan.**	**On Track** – business as usual activity via Digital directorate to eradicate / replace unsupported systems.

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 1- Providing the right care or advice in the right place, every time

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
1.	**Complete a formal academic evaluation of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement**	• Complete phase 1 of data collection and begin initial documentary analysis	• Begin development of phase 2 data collection including designing and arranging stakeholder interviews and focus groups	• Complete phase 2 of data collection (qualitative) with the circulation and analysis of a staff survey	• Complete interim evaluation of the APF following 12 months of clean data	• Completion of observational exercises • Completion of validation of collated data • Completion of final analysis and including modelling	• Final synthesis and report (2028/29)
2.	**Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high-risk patient groups (Stroke, STEMI, NOF). This will be enabled through targeted improvement and a consistent approach to benefits realisation, using clear metrics, measures and baselines to improve clinical outcomes, care and experience**	• Establish the Benefits Realisation Framework, including governance (Benefits Realisation Group), digitised PowerBI scorecards with agreed metrics, and a Trust-wide communications approach	• Finalise the Benefits Realisation methodology, agree Benefit Profiles with named owners, and complete risk and productivity workshops to support transition of the new clinical model into BAU	• Validate baselines, targets and tolerances, and implement core Benefits Management tools, including a fully operational Benefits Register, defined data flows, and dependency mapping	• Produce and present the first formal Benefits Realisation Report	• Transition to BAU and agreed reporting and monitoring structures post-programme	
3.	**Develop a business case to secure external or internal funding for a modern digital front end for NHS 111 Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multi-disciplinary team**	• Scope out and develop Outline Business Case	• Socialise business case through governance routes	• Decide next steps dependant on business case decision			
4.	**Replace the outdated Online Symptom Checker (OSC) tool to align with the 111 Call Prioritisation and Streaming System (CPSS)**	• Complete Go-live delivery report				• Review ongoing opportunities including NHS Wales App integration and use within wider NHS Wales settings	• Review ongoing opportunities including NHS Wales App integration and use within wider NHS Wales settings
5.	**Deliver a system-wide action plan to accelerate improvements in out-of-hospital cardiac arrest (OHCA) outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics**	• Deliver updates to Welsh Government learning platform and develop bespoke bilingual CPR resources for schools to develop a generation of life savers to improve the likelihood of bystander CPR for future cardiac arrest patients	• Roll out new clinical practice guidelines on resuscitation and verification of death, reducing the incidence of inappropriate resuscitation attempts and increase Return of Spontaneous Circulation (ROSC) and survival to discharge rates in OHCA	• Deliver the Welsh OHCA reporting of survival to discharge for end to end measurement and benchmarking, leading to targeted improvements across the UK and internationally	• Implement "PADmap" systems to intelligently map the placement of community defibrillators to increase the number of PADs retrieved to the scene of an OHCA and address health inequalities associated with historic PAD placement		
6.	**Redesign and implement revised Health Care Professional (HCP) call flows aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation**	• Complete 'current state' mapping exercise and begin external stakeholder engagement	• Develop chosen recommendation into defined process development and undertake subsequent testing (solution proposal)	• Implement the agreed process (Go Live), including training plans, monitoring and assurance process, and approval of Standard Operating Procedures (SOPs)	• Complete evaluation, including lessons learned		
7.	**Operationalise the key recommendations of the Emergency Ambulance (EA) skill mix review**	• Agree and begin implementation of options and actions to enable progressive realignment of paramedic, EAP and EMT WTE numbers	• Establish defined rota lines for paramedic, EAP and EMT staff aligned to the required skill mix to guide recruitment and internal movements	• Facilitate voluntary staff discussions and opportunities to move across rota lines	• Complete end of year review and confirm next steps for ongoing workforce realignment	• Continue full workforce realignment	• Complete full workforce realignment

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 1- Providing the Right Care or Advice in the Right Place, Every Time

Ref	Deliverable	26/27 Q1	26/27 Q2	26/27 Q3	26/27 Q4	27/28	28/29
9.	**Work with supplier to pilot and evaluate the alignment of MPDS and CPSS**	• Complete technical integration activities, including supplier configuration of CPSS within the 999 system • Undertake clinical safety assessment, readiness testing, and pilot set-up • Recruit and train Call Handlers for pilot delivery, with targeted engagement and communications issued • Secure funding and issue Purchase Order (PO) to supplier for integration and pilot implementation	• Launch the live pilot of CPSS/MPDS alignment within the 999 environment • Monitor performance, safety and user experience throughout the pilot period	• Conduct a full evaluation of the pilot, including clinical, operational, and technical findings • Produce recommendations and decide whether to scale up the solution • Develop a Business Case to secure required funding and approval, if expansion is recommended	• Optimise workflows, SOPs, training, and technical components based on pilot learning • Prepare for wider rollout , including operational readiness planning (subject to approval and funding) • Complete year-end summary and develop the next-phase IMTP plan		
10.	**Optimise and evaluate current provision of the falls desk to inform delivery of the function post current funding arrangements**	• Agree the Benefits Framework and initiate structured data collection, including confirmation of data capture mechanisms	• Finalise and test the evaluation strategy, ensuring alignment with organisational quality, performance, and benefits realisation standards	• Complete full internal evaluation (qualitative and quantitative), with findings synthesised into a formal report including clear recommendations	• Develop an options appraisal and business case for the future of the Falls Desk, engaging Clinical, Finance and Operational stakeholders to inform 2027/28 decision-making (subject to evaluation outcomes)		
11.	**Increase the number of patients treated at home or in the community by optimising and more effectively utilising our advanced practice resources across Wales (including APP roster review, scheduling advanced practice clinicians and increasing utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework**	• Complete OMDA remodelling of APP rosters across all Health Board areas, commencing with Cardiff & Vale UHB, and incorporating rotations critically between operational response and APPNAV • Establish Point of Care (PoC) testing evaluation (6 months) as funded (externally funded by HEIW)	• Implement approved rosters in areas with sufficient staffing capacity, embedding the new model into operational practice	• Commence the impact assessment of the roster changes, highlighting and correcting any areas of shortfall or issues in the new roster lines	• Review Time, Purpose, Skill (TPS) intelligence and APPNAV/SPoA activity to model demand and capacity for APP provision, with resourcing prioritised to SPoA services, followed by operational APP scheduling, and then commissioned Primary Care and SPCT rotations, informed by APPNAV presence across each Health Board area for a minimum of 12 hours per day • Undertake preparatory work on funding cases for commissioned models in PC/SPC based on outcome of review	• Complete modelling of demand, resourcing and capacity to support SPOA coverage and APPNav growth to increase SPOA capacity, including assessment of UCR POC resourcing requirements versus distribution of SAPPs, and alignment of UCR POC rostering with modelling outcomes and review findings • Revisit the right resource for the right patient discussions and standing up more APP scheduling (e.g. blue lights) alongside CMT development and findings	
12.	**Establish a NEPTS improvement programme and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review, (2) Enhanced data and analytics to improve co-ordination and performance management, and (3) Explore digital solutions to improve productivity and patient experience (e.g. Patient Cancellations)**	• Complete roster engagement process, develop final options, confirm revised plurality provision, and complete required procurement processes • Develop dashboards and reporting tools with partners to support decision making • Implement HCP and Patient Zone functionality, excluding patient bookings, and identify additional digital products to support delivery	• Implement agreed roster proposals • Implement dashboards and reporting capability • Implement patient booking functionality	• Review utilisation and refine products • Implement additional products or develop a costed proposal where further funding or support is required	• Review implementation and refine to maximise benefits realisation		
13.	**Undertake a strategic service review of NEPTS**	• Establish project structures to oversee delivery of the objective (subject to appropriate funding)	• Develop scope and complete required processes to identify provision required to support delivery	• Complete the review process	• Identify and confirm required actions and next steps		

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 1- Providing the Right Care or Advice in the Right Place, Every Time

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
14.	**Implement two key recommendations from the Manchester Arena Inquiry (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events**	• Await outcome of submitted case to confirm scope	• Implement HART South growth from 6 to 8 per team (subject to WG approval), strengthening operational readiness for major incidents	• Develop full outline business case for HART (North) and submit to Welsh Government for consideration			
15.	**Develop and implement operational plans for upcoming major national events, working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship)**	• Assess readiness and implement initial preparation plan for Major Events	• Execute plan and address gaps in preparedness	• Develop and deliver training for internal and external stakeholders	• Review progress and define next steps for ongoing readiness		
16.	**Deliver the Covid Inquiry recommendations to enhance organisational readiness for major incidents**	• Receive the Module 3 report on publication, assess recommendations, and develop a subsequent action plan for following quarters					
17.	**Undertake a review of preparedness against the Wales resilience framework to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date**	• Complete risk scoring and gap analysis	• Update and approve critical plans	• Prepare for targeted training programmes		• Deliver targeted training programmes and multi-agency exercises	

Linked Performance Metrics

Our Improvement Expectations:
Patients will have a better experience accessing our services through multiple channels with an expanded suite of online symptom checkers supporting self-care and navigation
Connected patient records to inform safe and consistent clinical decision-making
Where required, patients are directly and seamlessly booked into the right service

How we will monitor impact and Organisational Ambitions

- Number of patients using our 111 Virtual Assistant 'ALbot' option (Increasing trajectory)
- NHS 111 webchats as a % of website hits (Ambition of 1.35%)
- NHS 111 Wales website hits (Increasing trajectory)
- Number of patients accessing the online symptom checkers (Increasing trajectory)
- 999 calls answered within 6 seconds, Median and 95th percentile (Maintain against current target)
- NHS 111 Call handling abandonment rate (Maintain within 10-15% rate)

Our Improvement Expectations:
Patients will receive a clinically led remote clinical assessment to best understand their needs
Patients will be provided with the care options to meet their needs, including advice, signposting, scheduled urgent care response or an emergency ambulance

How we will monitor impact and Organisational Ambitions:

- 111 outcomes (in particular, to 999 and ED) (Maintain current levels)
- % and activity Consult and Close (999) (Improvement trajectory to 22%)
- Time to Integrated Care Consultation (RICS 1) 90% percentile and associated median (Improvement trajectory)

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 1- Providing the Right Care or Advice in the Right Place, Every Time

Linked Performance Metrics

Our Improvement Expectations:
Emergency service provision is clinically led, with enhanced senior clinical decision-making at the point of access and response
Patients in life-threatening or emergency situations consistently receive an immediate and rapid response
Patients are taken to the most appropriate destination of care, or receive care closer to home, supported by improved system coordination
Patients taken to hospital are handed over quickly, improving safety and system flow
An agile and flexible clinical workforce supports emergency response, with opportunities for clinicians to work across emergency response, integrated care and system partner settings, strengthening clinical decision-making and patient flow

How we will monitor Impact and Organisational Ambitions:
Primary Clinical Outcome Measures:
- Return of Spontaneous Circulation (ROSC) at hospital (Improvement trajectory to 25-30%)
- Stroke Call to Door Time (for confirmed stroke) median (1.5 hours)
- Stemi Call to Door Time Median (1.5 hours)
- NOF Call to Door Time Median (In development)
- Chain of survival metrics (Improving trajectory)

Secondary Process Measure:
- Arrest (Purple) median and 90th percentile (Maintain current performance with 6-8 minutes and 20 minutes for 90% percentile)
- Emerg (Red) median and 90th percentile (Improvement trajectory to meet 6-8 minutes median and 20 minutes for 90% percentile)
- Now (Orange) median (Improvement trajectory 60-minute median)

Other measures:
- % (to plan) EMS hours produced (Maintain 95%)
- Hospital handover: Wait 45 W15 and Total Lost Hours (Improvement trajectory 0 waits over 45 minutes and less than 6,000 hours per year Pan Wales)
- ‘Can’t send’ and ‘cancelled by patients’ (volume) (Reduction < 5,770 per month)
- Average Jobs per Shift (Emergency Ambulance) (improvement trajectory 2.3 jobs per shift)

Our Improvement Expectations:
More patients will be managed safely at home or in the community to best meet their ongoing care needs and avoid conveyance to hospital where appropriate
Patients ongoing care needs will be better met with improved join up and co-ordination of care with wider services
Patients will have their care needs met through a scheduled appointment with the right clinician from our urgent community response team

How we will monitor impact and Organisational Ambitions:
- % and activity see and treat/pathways (non-convey to ED from on scene)
- Reduction in the number of conveyances into ED as a % of verified incidents
- APP Utilisation

Our Improvement Expectations:
Digitally enabled services improve ease and reliability of booking and journeys can be tracked by patients and carers
Connected WAST and Health Board systems improve efficiency and reduce duplication
Eligibility criteria are reviewed to ensure support is targeted to those with greatest clinical need
Demand and capacity modelling ensures the right resources are in the right place at the right time
Patient experience feedback is routinely captured through digital surveys

How we will monitor impact and Organisational Ambitions:
- % NEPTS activity cancelled (by Capacity Management Plan, by patients and by health boards) (Improvement trajectory >10%)
- Renal repeated cancellation rates (Reduction - 0)
- Oncology journeys arriving within 45 minutes in advance of, and 15 minutes after appointment (NEPTS) (Maintain achievement against 70% target)
- Advanced discharge and transfer journeys collected less than 60 minutes after booked time (NEPTS) (Improvement trajectory >60 minutes)

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 2 - Enabling our People to be the Best they can be

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
18.	**Embed the Anti-Sexual Harassment Policy and deliver the supporting implementation plan to create a culture of sexual safety across the Trust**	• Guide the All Wales People Network to develop and implement an Anti-Sexual Harassment Policy plan, including creation of standardised All Wales resources and training materials	• Conduct a mid-point review of sexual harassment prevention measures and workplace safety to assess progress and identify areas for improvement	• Deliver targeted training sessions for Senior Management Operational Teams, including Line Managers and Duty Operations Managers (DOMs)	• Undertake a structured review of colleague experience and data relating to sexual harassment to inform future promotion and next milestones	• Complete All Wales People Network review of the Anti-Sexual Harassment Policy • Monitor local policy implementation and sexual harassment incidents in the workplace	
19.	**Achieve a sustained reduction in sickness absence through targeted action on work-related stress, supporting colleagues and managers to take timely action and promote long-term wellbeing**	• Produce data on costs of sickness absence to share with managers, TUs and colleagues across the organisation • Design and test an intuitive digital risk assessment tool that helps managers and employees identify stress factors early and take preventative action • Secure formal approval for the Stress Management Policy, finalise documentation, and prepare clear guidance materials for Trust-wide distribution	• Launch the Stress Management Policy and digital risk assessment through a structured engagement plan, including interactive workshops, manager briefings, and communication campaigns to drive awareness and adoption			• Strengthen the Trust's approach to managing long-term sickness by enhancing collaboration between teams, improving the quality and consistency of sickness-absence reporting and manager discretion, and establishing monthly engagement between People Services and Directorates to review and progress priority absence cases • Transition to BAU, with ongoing focus on embedding of the Stress Management Practical Tools and further workshops if required	• Review sickness absence management, wellbeing provision, and opportunities for further digitisation across People and Culture processes
20.	**Increase engagement and participation through targeted interventions, ensuring all colleagues voices are heard, and effectively use data to drive informed decisions and actionable insights**	• Procure digital platform to replace Hive • Develop and implement a plan for supplementary pulse surveys aligned to key themes identified in the 2025 survey • Publish organisational results for the 2025 survey	• Procure digital platform to replace Hive • Prepare and deliver the 2026 staff survey	• Prepare and deliver the 2026 staff survey	• Analyse 2026 staff survey results		
21.	**Commence Phase 2 of Our WAST Way by embedding Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progressing the next phase to strengthen leadership and effective management**	• Gather feedback from leaders, managers and teams to identify priorities • Finalise Phase 2 design and select initial pilot elements • Confirm accreditation partners, and secure executive sponsorship and resources	• Launch targeted communications, develop and pilot key elements with selected groups, and capture real-time feedback to refine content and tools	• Broaden pilots to additional teams, introduce further elements where feasible, refine content using feedback and engagement data, and share interim results through a Leadership Community event • Audit recruitment materials for cultural alignment, integrate behaviours into selection criteria and interview questions, develop guidance for managers, and reflect Our WAST Way within onboarding and candidate communications	• Evaluate piloted elements and overall engagement and impact, share learning across WAST, and identify priorities for wider rollout in the following year	• Deliver and scale the Our WAST Way Phase 2 Leadership Path, strengthening peer learning, coaching and mentoring, and reinforcing consistent leadership behaviours	• Embed Our WAST Way as the Trust's core leadership and management approach, with leadership development, coaching, mentoring, and self-assessment and 360 feedback operating as business as usual
22.	**Enhance managers' ability to lead, navigate and manage change confidently, reinforcing cultural transformation and organisational resilience**	• Further develop the change management toolkit • Implement an organisational change heat map • Enhance alignment between change management and Our WAST Way, including connection to Senior Responsible Officer (SRO) and Executive Sponsor development offers • Develop and implement a development plan for the Change Community, supported by a communications and engagement plan					

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 2 - Enabling our People to be the Best they can be

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
23.	**Ensure development for all by delivering a comprehensive approach to career pathways, succession planning, and professional development across the Trust. This includes establishing talent pipelines for Executive and Senior Leadership roles, launching the People Development Plan, and expanding Apprenticeship and Essential Skills provision to support career progression. In addition, strengthen Trust-wide Education Quality Assurance by implementing consistent, accredited, high-quality curriculum and professional practice standards**	• Launch and promote the People Development Plan • Provide education quality assurance across WAST to support local delivery teams • Deliver the WAST Education Programme to all Practice Educators, Trainers and Tutors	• Launch and promote the People Development Plan • Provide education quality assurance across WAST to support local delivery teams • Deliver the WAST Education Programme to all Practice Educators, Trainers and Tutors • Develop Leadership Framework which provides a structured approach to attracting, developing and retaining people in leadership roles	• Review job descriptions and map qualifications • Provide education quality assurance across WAST to support local delivery teams • Deliver the WAST Education Programme to all Practice Educators, Trainers and Tutors • Complete a talent assessment framework to review to understand current and future capability and skills • Create succession plans and maps for leadership roles • Develop Leadership Framework which provides a structured approach to attracting, developing and retaining people in leadership roles	• Review job descriptions and map qualifications • Provide education quality assurance across WAST to support local delivery teams • Deliver the WAST Education Programme to all Practice Educators, Trainers and Tutors • Create IDPs aligned with the framework and succession map • Create succession plans and maps for leadership roles	• Review the impact of the People Development Plan and refine based on feedback, continuous improvement, and alignment with the NHS Future Solution, ESR replacement • Continue delivery of education quality assurance • Continue delivery of professional practice training • Commence phase 2: development & acceleration of the succession planning programme,with a focus on stretch roles, coaching & acting up, readiness review and stress testing	• Commence phase 3: transition & sustainability of the succession planning programe, with a focus on planned transitions, internal appointments, pipeline refresh,and providing Board assurance
24.	**Design and implement an inclusive Recruitment Strategy that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs**	• Gather stakeholder feedback on initial proposals and approach • Deliver Contact Centre open days in Newport and Swansea to engage ethnic minority communities and promote recruitment activity • Implement structured support mechanisms for new employees in collaboration with People Networks and the Retention Lead • Work with the Prince's Trust to provide work experience opportunities for young people from ethnic minority backgrounds	• Develop the first draft recruitment strategy, integrating stakeholder feedback and further review • Deliver Contact Centre open days in Newport and Swansea to engage ethnic minority communities and promote recruitment activity • Implement structured support mechanisms for new employees in collaboration with People Networks and the Retention Lead • Work with the Prince's Trust to provide work experience opportunities for young people from ethnic minority backgrounds	• Develop the first draft recruitment strategy, integrating stakeholder feedback and further review • Implement structured support mechanisms for new employees in collaboration with People Networks and the Retention Lead • Work with the Prince's Trust to provide work experience opportunities for young people from ethnic minority backgrounds	• Secure formal endorsement through the People and Culture Committee and prepare for publication • Work with the Prince's Trust to provide work experience opportunities for young people from ethnic minority backgrounds	• Implement short-term actions within the approved Recruitment Strategy	• Begin implementation of long-term actions within the approved Recruitment Strategy
25.	**Undertake preparatory work to support the implementation of the Future NHS Workforce Solution (Electronic Staffing Record)**	• Contribute to the design and development of the new system • Undertake required organisational readiness and engagement activities provided by NHS Business Service Authority (NHSBSA) prior to implementation	• Contribute to the design and development of the new system • Undertake required organisational readiness and engagement activities provided by NHSBSA prior to implementation	• Contribute to the design and development of the new system • Undertake required organisational readiness and engagement activities provided by NHSBSA prior to implementation • Implement programme management and governance foundations in readiness for implementation	• Contribute to the design and development of the new system • Implement programme management and governance foundations in readiness for implementation • Undertake required organisational readiness and engagement activities provided by NHSBSA prior to implementation	• Implement the Future NHS Workforce Solution	• Go live of the Future NHS Workforce Solution, replacing ESR

Linked Performance Metrics

Our Improvement Expectations:
Our people deserve to feel valued, supported, and equipped to thrive
Our people will work in a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work

How we will monitor impact and Organisational Ambitions :

- % of successful applicants (recruited) from under-represented groups (Improvement trajectory 7%)
- % of 111 calls presented in Welsh, answered in Welsh (Improvement trajectory 70%)
- Staff sickness (Improvement trajectory <6%)
- Staff turnover (Maintain <10%)
- PADR Rate (Improvement trajectory >85%)
- Statutory and Mandatory Training Completion (Maintain >85%)

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 3 - Being at the Forefront of Innovation and Technology

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
26.	**Deliver a cloud-based Global Rostering System (GRS) solution, enabling an organisational decision on implementing the e-timesheet solution**	• Migrate the on-premise GRS platform into a vendor-supported cloud environment					
27.	**Launch and embed updated Digital, Data and Technology (DDAT) Governance Framework**	• Finalise and sign off scope of the Digital, Data and Technology (DDAT) Governance Framework alongside TOR for the Digital Oversight Group • Implement new work process to approve and prioritise in-year requests	• Launch the Digital Oversight Group and associated forums, including the Digital Solutions Lab and Digital Champions network • Report new KPIs including a focus on human centred design, adoption and benefits		• Undertake an internal review of new processes and standard operating procedures, using findings to iteratively improve the service • Launch phase one of the digital learning offer to support WAST staff with skill development and resources for digital innovation, adoption, and user-centred design		
28.	**Expand SMS functionality across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function**					• Review opportunities, prioritise and develop a road map drawing on lessons learned from earlier NEPTS implementation • Deploy agreed SMS functionality across key services • Evaluate patient experience, engagement, and service impact	
29.	**Establish safe, ethical and effective use of AI across WAST through a Responsible AI Framework and targeted staff capability-building**	• Deliver Executive Leadership Team and Board development sessions to determine organisational risk appetite and strategic AI opportunities,with the expected outcome of an AI ambition statement for WAST	• Develop and publish an AI ethics and safety framework, including governance arrangements to support with safe use, procurement, and development of AI technologies	• Develop and deliver a targeted awareness campaign and training to specific staff groups (e.g. administrative, compliance, management) to support informed and responsible use of AI tools			
30.	**Develop key requirements and appraisal of options for EMS, 111 and NEPTS CAD Replacements, including strategic direction**	• Establish a dedicated project team with specialist digital expertise and cross-directorate involvement • Develop a detailed project plan covering requirements gathering through to procurement	• Develop and document requirements for each CAD system	• Undertake market evaluation and benchmarking to inform development of the business case • Develop the business case for CAD replacements, incorporating requirements, market insights and strategic options	• Develop the business case for CAD replacements, incorporating requirements, market insights and strategic options		
31.	**Develop the full Business Case for Emergency Services Network (ESN) Phase 2, covering handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)**	• Complete ESN Phase 2 Full Business Case (FBC)	• Secure sign-off and submit the FBC to Welsh Government				
32.	**Implement ePCR application refresh and renewal of contract**	• Renew the contract and develop WAST wireframes of the new app to support iterative design of the application • Develop software and database schema for the new application and complete the Functional Design Specification (FDS) for the app and web portal • Develop user acceptance testing (UAT) criteria, and conduct beta and user testing, confirming acceptance before progressing	• Conduct digital clinical safety risk assessments and provide assurance against DCB0129 and DCB0160 standards • Confirm UAT complete, and deployment readiness, and deliver user training				
33.	**Combine internal WAST datasets and link with external datasets to provide richer intelligence and the evidence impact of the CMT and other improvements**	• Deliver an internal workshop to agree opportunity and focus for connected datasets (e.g. CMT benefits, health inequalities),and establish a working group to support delivery	• Connect datasets, conduct analysis and deliver insights for agreed top priority focus or hypothesis (initial focus likely to be OHCA survival), with further areas explored throughout Q2-Q4				
34.	**Strengthen information governance and technical capability to enable WAST to support the All-Wales data sharing ambitions though the National Data Resource**	• Support national work to develop All-Wales data sharing agreement(s), engage the public for transparency, and agree the confidentiality approach	• Establish information governance arrangements with system partner(s) to enable data sharing for secondary analysis (e.g. assessing CMT impact on wider systems, OHCA survival post 30 days)	• Build data pipelines from WAST to cloud-based National Data Analytics Platform (NDAP) and connect appropriate datasets in line with IG arrangements established in Q2	• Explore NDAP tooling and apply it to WAST-specific analytical project (e.g. natural language processing of unstructured medical examiner feedback, automated clinical coding of ePCRs)		

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 4 - Developing Services in Collaboration

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
35.	**Create strategic opportunities for increased Health Board engagement and collaborative working**	• Develop an 'account management' stakeholder approach	• Embed an 'account management' stakeholder engagement approach by the end of Q2			• Undertake a 12-month review of the approach	
36.	**Develop and deliver a robust approach to refresh the organisation's Long-Term Strategy, using an internally produced strategic development and engagement framework**	• Develop and agree strategic development and engagement framework • Confirm the approach, commence initial intelligence gathering, data analysis • Establish strategy governance mechanisms	• Produce a report outlining findings from intelligence gathering and data analysis	• Commence the strategy refresh and engagement activity. subject to the agreed strategy framework, engagement approach, and the timing of the Senedd election		• Complete the strategy refresh and produce the approved strategy document.	

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 5 - Quality Driven and Clinically Led

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
37.	**Develop a consistent organisational framework that brings together quality improvement, change management and project management methodologies**	• Agree and document a single organisational Quality Improvement framework • Define and agree roles, responsibilities and governance arrangements for quality improvement delivery and oversight	• Align the Quality Improvement framework with existing planning, delivery and assurance processes to support consistent application	• Pilot the framework through a small number of priority programmes and use learning to refine the approach prior to wider adoption			
38.	**Develop and implement a Trust-wide Quality Assurance Forward Improvement Plan, informed by self-assessment, aligned to strategic objectives and supported by clear ownership and monitoring arrangements**	• Support completion of Quality Assurance Self Assessments across all areas of the organisation and present assurance and gap analysis to Quality Management Group (QMG)	• Align the forward improvement plan, developed from the gap analysis with Institute for Healthcare Improvement (IHI) principles, and map clear links to strategic objectives	• Monitor delivery of this forward improvement plan through a lens of Health and Care Quality standards utilising a range of qualitative and quantitative measures	• Link assurance activity, evaluation of improvement activity and learning from control processes, to inform Quality Planning for IMTP deliverables		
39.	**Review and refresh the Strategic Quality Plan to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities, and deliver the updated plan through a phased implementation**		• Commence a structured, collaborative review of the Strategic Quality Plan, engaging key stakeholders to confirm the strategic vision and identify priority areas for strengthening, including Duty of Quality priorities	• Update the strategic quality narrative and implementation plan to ensure that key quality priorities have increased focus and visibility with clear actions and associated outcomes	• Seek approval for, and publish, the revised Strategic Quality Plan, including the updated implementation plan	• Deliver the revised Strategic Quality Plan, implementing agreed actions and monitoring progress against defined outcomes	• Develop the subsequent Strategic Quality plan, informed by learning, performance and emerging national and organisational priorities
40.	**Strengthen the Patient Voice Network to support meaningful and effective community involvement in the development of planned service changes**	• Review the current Patient Voice Network arrangements, including reach, representation and effectiveness	• Strengthen mechanisms for involving patients, families and communities in planned service change and improvement activity	• Strengthen mechanisms for involving patients, families and communities in planned service change and improvement activity • Embed strengthened engagement mechanisms and expand involvement • Improve feedback loops to demonstrate how patient and community input influences decisions and service design	• Embed strengthened engagement mechanisms and expand involvement • Improve feedback loops to demonstrate how patient and community input influences decisions and service design		
41.	**Implement and embed a person-centred, compassionate and learning-focused concerns management system that enables early listening and resolution, delivers proportionate and timely investigation, provides clear and empathetic responses, and systematically uses learning to prevent future harm and improve patient safety and experience**	• Implement early listening discussions delivered by appropriately trained and experienced staff • Implement an integrated and safe concerns triage process • Agree proportionate investigation pathways, including scope, depth and timescales, with affected patients or their loved ones	• Establish and implement alternative and early resolution pathways • Embed compassionate, clear and non-legalistic response standards • Commit to resolving a high proportion of concerns at Stage 1 (within 10 working days where appropriate)	• Embed revised concerns regulations and Listening to People guidance • Implement consistent response content, including clear information on actions, changes and improvements • Begin using National Concerns Management Experience Survey feedback to inform improvement • Evidence reduction in Learning From Events reports submitted to the Welsh Risk Pool		• Advance and further develop investigation pathways and early resolution approaches • Strengthen consistency and quality of person-centred responses • Embed learning from complaints and concerns across services • Refine and mature the concerns management system • Demonstrate sustained reductions in Learning From Events reports linked to previous concerns • Evidence systematic use of learning to improve quality, safety and patient experience	• Sustain improvements in early resolution, investigation quality and response timeliness • Demonstrate embedded organisational learning from concerns • Evidence ongoing reductions in harm and continued improvement in patient experience

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 5 - Quality Driven and Clinically Led

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
42.	**Deliver clinically led, evidence based mental health care that provides the right care, in the right place at the right time**	• Publish and implement Mental Health Delivery Plan aligned with Welsh Government Mental Health and Well-being 10-year Strategy • Engage with third sector partners to improve open access to mental health pathways across community and acute services to offer stepped care models	• Engage with third sector partners to improve open access to mental health pathways across community and acute services to offer stepped care models • Develop Mental Health Clinical and Patient reported outcomes and experiences measurement framework and dashboards	• Expand our Community Partnership by co-producing local mental health and well-being hubs with third-sector organisations to improve access and equity	• Review and evaluate progress		
43.	**Establish a skilled,empowered mental health workforce through CDP, innovation, partnership working and lived experience**	• Identify and design tools to create a training package which will support the implementation of trauma-informed ways of working • Formulise involvement of service users and carers in strategy reviews and policy development	• Commence production of training tools and packages	• Deliver trauma-informed ways of working and crisis intervention training for practitioners	• Deliver trauma-informed ways of working and crisis intervention training for practitioners • Formulise involvement of service users and carers in strategy reviews and policy development • Evaluate progress		
44.	**Implement the Medicines Management Hub systems and processes, subject to funding**	• Complete design, regulatory preparation (to include pharmaceutical waste disposal), and project documentation for the Medicines Management Hub	• Commence procurement, facility fit-out, and workforce training for the new Hub	• Deliver systems integration and pilot operation	• Achieve full operational launch, including controlled drugs integration	• Complete post-implementation review and optimisation of the Medicines Management Hub	
45.	**Restructure and deliver the Flu Vaccination Programme for 2026 /27 aligning with 2025/26 report recommendations**	• Review 2025/26 recommendations and begin planning for the 2026/27 programme	• Implement the plan, prepare communications, and engage stakeholders to support 2026/27 programme delivery	• Deliver rollout of flu vaccination across WAST	• Continue programme delivery, collate data, and complete evaluation and end of year report with recommendations for future years		

Linked Performance Metrics

Our Improvement Expectations:
Organisational decision making and delivery is underpinned by our unwavering commitment for quality delivered through our quality management approach

How we will monitor impact and Organisational Ambitions:

- National Patient Reported Experience Measure (An average overall experience score of 85%)
- Concerns (stage 1) Early Resolution (Improvement trajectory 40%)
- Enactment of the Duty of Candour within five days of receipt of request (Improvement trajectory 100%)
- National Reportable Incidents (including never events) (Reduction)
- Joint Investigation Framework (referral to health boards) (Reduction to 7)

Strategic Objective Plan on a Page

Delivery Period FY26/29

Strategic Objective 6 - Value and Sustainability

Ref	Deliverable	26/27				27/28	28/29
		Q1	Q2	Q3	Q4		
46.	**Embed a Trust-wide Financial Sustainability Programme (FSP) to improve financial decision-making, organisational capability, and delivery of recurrent cost efficiencies aligned to the Trust's financial plan**	• Develop the cycle of business and forward plan for the FSP, establish baseline data, identify and prioritise initial workstreams, and launch the communications and engagement plan • Commence directorate-level delivery against the financial savings plan, monitor progress regularly, and finalise all savings targets for 2026/27	• Mobilise priority efficiency schemes, implement benefits tracking for the Service Review, and develop a capability plan to strengthen financial literacy and skills	• Undertake the mid-year review, embed FSP processes and decision-support tools into business planning, and begin planning for the 2027/28 savings plan • Commence work to generate initial savings proposals for 2027/28	• Validate recurrent efficiencies and confirm the recurrent/non-recurrent split, complete a programme effectiveness review with lessons learned, and commence forward planning for FY27/28 • Finalise savings targets for 2027/28		
47.	**Establish a fully functioning Commercial Function, underpinned by an approved Trust wide Commercial Plan and deliver at least two sustainable income generation streams**	• Engage stakeholders across the organisation on the draft Commercial Plan and establish the Commercial Steering Group	• Finalise and formally launch the Commercial Plan, whilst recruiting the core commercial resource required to support delivery	• Develop detailed business cases for prioritised income generation and cost recovery opportunities	• Commence implementation of approved opportunities, as endorsed by the Commercial Steering Group and approved by the Financial Sustainability Group	• Mobilise approved income generation streams, including finalising delivery models, agreements and performance measures • Initiate delivery of income generation streams with formal performance monitoring in place • Assure performance and sustainability of income generation streams through review and optimisation • Demonstrate recurring benefits and embed delivery as business as usual	

Linked Performance Metrics

Our Improvement Expectations:
Through robust financial planning, deliver of our comprehensive savings improvement programme and generation of income through commercial activities we want to ensure that the organisation meets its statutory obligation to deliver financial balance

How we will monitor Impact and Organisation Ambitions:

- Financial balance (Maintain 100% financial balance)

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

Agenda Item No.	8

REPORT TITLE

Manchester Arena Inquiry update - correspondence from JCC

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Lee Brooks, Chief Operating Officer
Author(s) of report	Lee Brooks, Chief Operating Officer

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. This paper updates the Finance & Performance Committee on correspondence received from the Joint Commissioning Committee (JCC) on 16 October 2026 concerning Manchester Arena Inquiry Recommendation 106, preparedness enhancements and future assurance arrangements.

2. The correspondence is one of the clearest acknowledgements received to date that further enhancement of preparedness and response capability is desirable and that the JCC decision should not be interpreted as concluding that no further investment is required. The JCC supports progression of the majority of identified recommendations and capability enhancements through Trust planning and implementation arrangements.

3. The main exception remains the proposed frontline assets uplift of fifteen additional 24/7 emergency ambulance crews, associated workforce and recall-to-duty vehicles. The JCC position is that future consideration of emergency ambulance capacity should sit within wider demand and capacity planning and commissioning discussions, informed by service demand, performance expectations, clinical outcomes and population need.

4. This is timely. The Trust intends to undertake an in-year demand and capacity review, using a one-off revenue opportunity arising from Welsh Government support for the Welsh Risk Pool and the Trust's financially balanced position. The JCC correspondence should add weight to the case for commissioner support of that review. Learning from the Trust's Manchester Arena Inquiry modelling will be included within its scope so that routine capacity, resilience and major incident requirements can be considered together.

5. A face-to-face meeting is being arranged with JCC representatives to discuss prioritisation, the practical meaning of progression through the IMTP, the route for supported proposals and how residual risks and future funding requirements will be managed.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Finance and Performance Committee is requested to:

1. **DISCUSS** this update and confirm its assurance regarding ongoing progress regarding Manchester Arena Inquiry learning.
2. **NOTE** the clearer JCC acknowledgement that further capability enhancement remains desirable and that the majority of the Trust's proposals are reasonable and proportionate.
3. **NOTE** that the proposed frontline assets uplift remains unresolved and is now linked by the JCC to wider demand and capacity planning.
4. **NOTE** the intention to undertake an in-year demand and capacity review, including relevant Manchester Arena Inquiry modelling learning, and to seek commissioner support for that work.
5. **NOTE** the planned face-to-face discussion with JCC representatives on prioritisation, IMTP planning, funding and residual risk.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

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

Annex 1 Joint Commissioning Committee letter dated 16 October 2026
Manchester Arena Inquiry: JCC Position on Recommendation 106, Preparedness Enhancements and Future Assurance Arrangements

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
Corporate Risk 641 The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry recommendations impacting its response to a major incident/mass casualty incident.

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 & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☐ 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	n/a

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 October 2026	Executive Leadership Team

SITUATION

1. The JCC wrote to the Trust on 16 October 2026 following the Trust's letter of 27 August 2026. The letter provides further clarification of the JCC position on Recommendation 106, preparedness enhancements and future assurance arrangements.

2. The JCC confirms support for progression of the majority of recommendations and capability enhancements through Trust planning and implementation arrangements. It does not support the proposed frontline assets uplift as a standalone Recommendation 106 investment at this stage.

3. The Trust is arranging a face-to-face meeting with JCC representatives to discuss prioritisation, what progression through the IMTP means in practice, and the routes for decisions, funding and assurance.

BACKGROUND

4. The Committee received its last update in September 2026 on the commissioner response, the Trust's reply, areas of agreement and difference, and the residual operational, strategic and financial risks. The majority of proposals had been recognised as proportionate and targeted, while emergency ambulance capacity, recurrent funding and ownership of residual risk remained unresolved.

5. The Trust has continued to progress measures where reasonably possible through reprioritisation, reinvestment of efficiencies and targeted investment. Internal absorption has opportunity costs and cannot provide a sustainable route for all remaining recurrent capability requirements.

6. The new JCC letter states that its consideration focused on proportionality, prioritisation, affordability and wider strategic context rather than whether further enhancement was desirable in principle. It also recognises the absence of a dedicated funding mechanism for Manchester Arena Inquiry recommendations.

ASSESSMENT

7. The correspondence is one of the most acknowledging received to date. It explicitly recognises the value of further preparedness and response

enhancements, supports the majority of the measures identified, and confirms that the JCC decision should not be read as a conclusion that no further investment is required.

8. The reference to frontline expansion alongside wider demand and capacity planning is important and timely. It creates a clearer commissioning route through which the capacity requirement can be tested against demand, performance expectations, clinical outcomes, population need, resilience and the future operating model.

9. The Trust intends to undertake an in-year demand and capacity review. A one-off revenue opportunity is materialising because Welsh Government is supporting the Welsh Risk Pool this year as the Trust is financially balanced. Subject to appropriate internal approval, this provides an opportunity to fund the analytical work without creating an immediate recurrent commitment.

10. The JCC letter should strengthen the case for commissioner sponsorship and active participation. The review will be more credible if developed as a shared evidence base rather than solely as a Trust proposition. The scope of this demand and capacity review will include relevant learning, assumptions and modelling from the Manchester Arena Inquiry work, while avoiding treating major incident capacity as separate from routine service resilience.

11. This development does not remove the current residual risk. The proposed frontline uplift remains unsupported, a dedicated funding route has not been identified, and further investment must be considered alongside wider NHS Wales priorities. Assurance therefore remains partial.

12. The face-to-face meeting should secure clarity on which measures the JCC considers prioritised, how those measures are expected to enter and progress through the IMTP, what evidence commissioners require, who owns unfunded residual risks, and how the demand and capacity review will be supported.

RECOMMENDATION(s)

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

NEXT STEPS

14. Arrange and hold a face-to-face meeting with JCC representatives to confirm prioritisation, IMTP expectations, evidence requirements, funding routes and residual risk ownership.

15. Develop the scope and governance for an in-year demand and capacity review, including routine demand, workforce and fleet capacity, performance expectations, clinical outcomes, population need, resilience and relevant Manchester Arena Inquiry modelling learning.

16. Use the JCC correspondence to seek commissioner sponsorship and participation in the review, creating a shared evidence base for future capacity and investment decisions.

17. Continue management and reporting of residual exposure through Corporate Risk 641 and report material developments to the Finance & Performance Committee.

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Cyd-bwyllgor Comisiynu
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Emma Wood, Chief Executive
Welsh Ambulance Services University NHS Trust

(by email)

16 October 2026

Dear Emma,

Manchester Arena Inquiry: Joint Commissioning Committee Position on Recommendation 106, Preparedness Enhancements and Future Assurance Arrangements.

Thank you for your letter of 27 August 2026 and for the update on the progress being made by the Trust in response to the recommendations arising from the Manchester Arena Inquiry. Please accept my apologies for the delay in responding.

I welcome the actions that WAST has taken to date and the commitment demonstrated by the Trust in strengthening its preparedness and response arrangements. It is encouraging to see progress being made against a number of the areas identified through the Trust's review, particularly where implementation has been facilitated through the reprioritisation of resources and the reinvestment of efficiencies secured within existing allocations.

The Joint Commissioning Committee (JCC) recognises the significant work undertaken by the Trust in assessing its current capabilities and identifying opportunities to strengthen preparedness for major and mass casualty incidents. The JCC's deliberations were informed by the detailed work undertaken by the Trust, advice from the commissioning team, independent legal advice and the findings of the external review commissioned to support consideration of the Recommendation 106 submission.

As you note, there remain some areas where the Trust's position and the conclusions reached by the JCC differ. However, I believe it is important to emphasise that the JCC's decisions should not be interpreted as a conclusion that no further investment is required. Both the Trust's assessment and the independent external review identified opportunities

to strengthen preparedness and response capability, and the JCC acknowledged the benefits associated with a number of the measures proposed.

The JCC's consideration was therefore focused on the proportionality, prioritisation, affordability and wider strategic context of the proposals presented, rather than whether further enhancement of capability was desirable in principle.

In response to your request for clarification regarding the recommendations supported by the JCC, the Committee accepted that the majority of the recommendations and capability enhancements identified through the Trust's assessment represented reasonable and proportionate measures to strengthen preparedness and resilience and supported their progression through Trust planning and implementation arrangements.

The principal exception was the proposed **Frontline Assets Uplift**, comprising an additional fifteen 24/7 emergency ambulance crews, associated workforce requirements and supporting recall-to-duty vehicles.

In reaching its position, the JCC gave careful consideration to the modelling and analysis undertaken by the Trust and recognised that additional ambulance resources would improve operational resilience and contribute positively to the response to a major incident. The JCC did not reject the proposition that additional resources would deliver benefit.

However, the JCC's view was that decisions regarding the overall scale of the emergency ambulance fleet and workforce should be considered within the context of the Trust's broader demand and capacity requirements, informed by service demand, performance expectations, clinical outcomes and population need across Wales.

Whilst the Trust presented a rationale for additional emergency ambulance capacity through its Manchester Arena Inquiry assessment, the JCC considered that a proposal of this scale raises broader strategic questions regarding ambulance service capacity, workforce establishment and the future operating model for ambulance services in Wales, rather than matters which can be considered solely through the lens of major incident preparedness. The JCC therefore concluded that any future consideration of additional emergency ambulance capacity should form part of wider demand and capacity planning and commissioning discussions, rather than being assessed exclusively as a response to the Manchester Arena Inquiry recommendations.

More broadly, the JCC also recognised that there was no dedicated funding route available to commissioners to support implementation of the recommendations arising from the Inquiry. Consequently, the JCC sought to take a pragmatic approach, enabling the Trust to retain and reinvest efficiencies and savings generated within its allocation to progress a number of preparedness and resilience improvements. Whilst this has supported implementation in several areas, it does not resolve the wider question of how any future capability enhancements should be funded. Significant additional investment would need to be considered alongside wider JCC and NHS Wales priorities and funding decisions.

I am pleased to note the progress that this approach has already enabled, and I recognise the commitment shown by the Trust in progressing those improvements that have been agreed.

I also note the information provided regarding discussions taking place within England and the evolving national picture. This is helpful context and reinforces the importance of keeping learning, capability requirements and future investment needs under review as further evidence and experience emerge.

With regard to Welsh Government, I would be happy to share my correspondence once issued. The purpose of that correspondence is not to seek approval of individual proposals or funding for any specific initiative. Rather, it is intended to seek clarity regarding Welsh Government's position on Recommendation 107 and any wider national expectations arising from the Inquiry.

Specifically, I intend to seek Welsh Government's view on:

- The application of Recommendation 107 within NHS Wales.
- The respective responsibilities of Welsh Government, commissioners and providers in responding to the recommendation.
- Whether Welsh Government considers that the actions taken to date represent a proportionate response to the findings of the Inquiry.
- The management and ownership of residual risks that remain following implementation of agreed actions.
- Whether Welsh Government anticipates any wider national policy, resilience or funding considerations arising from the Manchester Arena Inquiry and subsequent major incident inquiries.

Given the absence of any dedicated funding mechanism for the implementation of Manchester Arena Inquiry recommendations, and the wider strategic implications for NHS Wales, I believe it is appropriate to seek Welsh Government's view before drawing conclusions regarding any further action that may be required.

I welcome your proposal for further discussion through the next planning cycle and agree that continued collaboration between WAST, commissioners and Welsh Government will be important in ensuring that the lessons arising from the Inquiry continue to be addressed in a manner that is evidence-based, proportionate and sustainable.

Thank you again for the constructive and professional manner in which you and your colleagues have engaged throughout this process.

Yours sincerely,



Juliet Brown
Prif Gomisiynydd
Chief Commissioner

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

Agenda Item No.	9

REPORT TITLE

Monthly Integrated Quality Performance Report – August/September 2026

MEETING

Name of meeting	Financial and Performance Committee (FPC)
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Deputy Chief Executive
Author(s) of report	Hugh Bennett, Assistant Director Commissioning & Performance Mark Thomas, Commissioning & Performance Manager Melanie O'Connor, Principal Performance Analyst Aimee Rosier, Senior Performance Analyst

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY:

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

1. The purpose of this report is to provide the committee with the Monthly Integrated Quality and Performance Report for **August and September 2026**, bringing together the Trust's key indicators across Our Patients, Our People, Finance and Value, and Partnerships and System Contribution, in the top scorecard that goes to every committee and Trust Board, and then more committee specific indicators.

2. The report has been further refined this month to strengthen specific committee oversight, including a clearer focus on specific measures, greater use of trajectories, and more explicit interpretation of SPC charts. This remains an evolving product and further refinement will continue as the new format beds in. Two indicators: for the Remote Integrated Care Service (RICS) and for Fleet remain outstanding for the committee specific set. For RICS, November's CMT Board has agreed the indicator definitions, which are now with the Joint Commissioning Committee for final approval. For Fleet, two indicators have been identified. Both are expected to come on stream in Q4.

3. For ambulance response, the new Purple (Arrest), Red (Emergency), Orange (Now), Yellow (Soon) and Green (Planned) categories are now established. Arrest performance remains within the expected target range, while Emergency and Orange (Now) performance continue to indicate that the current system is not yet capable of consistently achieving the required standards. Stroke and STEMI call-to-door times also remain significantly above the Trust's ambition, reflecting the wider pressures across ambulance response and hospital handover.

4. Hospital handover performance deteriorated significantly in September 2026, with a total of 13,071 hours lost, a substantial increase compared with 9,737 hours lost in August 2026. Concerningly, hours lost is greater than September 2025 (12,284), marking the first instance this year in which total hours lost have exceeded those recorded during the previous year.

5. 111 call handling performance has deteriorated in recent months. September's 2026 abandonment rate was 21.5%, and SPC indicates the service is not currently capable of reliably achieving the 10–15% ambition consistently within the existing resource envelope.

6. Ambulance Care performance remains mixed, while cancellation performance overall remains a concern and is now a key area of focus within the wider NEPTS Improvement Programme.

7. Finance and Value indicators show a mixed position: the Trust remains on plan financially, EA productivity (jobs per shift) is above the independently modelled ambition. At one level this is good – an EA is undertaking more jobs – but at another level it means that EAs are not free to respond and deliver lower response times, particularly for Orange. APP productivity is different, the Trust want APPs to be busier, as they are aimed at lower acuity incidents,

where being free to respond is less of an issue. NEPTS cancellations continue to indicate areas where the current system is not yet delivering the required level of value and efficiency consistently. Work is currently being undertaken, in conjunction with the JCC, to assess, and better understand. productivity metrics across the Trust.

8. Partnerships and System Contribution indicators show encouraging progress in some areas, particularly the consult and close rate (although this has dipped in recent months), reduced patient cancellations and 111 outcomes, but system indicators such as conveyance to ED and hospital handover require further transformation.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The committee is requested to:

1. **Consider the August/September** 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.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

1. Annex 1 - Monthly Integrated Quality and Performance Dashboard

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
223 - The Trust's inability to reach patients in the community causing patient harm and death 224 - Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients 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]		
☒ 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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ 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
n/a	

SITUATION

1. The purpose of this report is to provide the F&P Committee with the Trust's performance scorecard (Our Patients, Our People, Value and Partnerships/System Contribution) to give an overall view on the Trust's performance, and then committee specific metrics. This report is for **August/September 2026.**

BACKGROUND

2. The F&P Committee specific MIQPR continues to evolve. This is the third committee specific iteration of the F&P MIQPR. The scorecard is the Trust Board approved one, but the graph pack includes additional specific F&P metrics, based on discussions with the lead executives for this committee and the Director of Corporate Governance/Board Secretary. These metrics focus on time, capacity, resource and value.

3. Trajectories are not yet included for the operational time-based response metrics e.g. Red and Orange. These measures are more complex to model and require a longer period of stable data from the new clinical model before reliable modelling can be presented to the committees and Trust Board. The Trust is taking active steps to update its simulation models and is aiming to model the planned changes it is making to patient flow optimisation through the new model in association with the winter plan (interim modelling has been completed with a retune of Optima Predict underway and one expected for AmbuSim).

4. Previous iterations of the MIQPR have included Statistical Process Control (SPC) charts.

Statistical Process Control (SPC) charts help distinguish between the normal variation expected within a stable process and signals that performance has changed. The centre line shows average performance, while the upper and lower process limits show the range within which results would usually be expected to fall. Patterns within the limits indicate common cause variation. Patterns such as a sustained shift above or below the average, a trend, or a single point outside the limits indicate special cause variation and should prompt further consideration.

SPC helps decision makers assess not only whether performance is above or below target, but whether the current system is capable of achieving that target consistently.

5. This Monthly 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.

ASSESSMENT

Our Patients

6. **Ambulance Response** (safety / patient experience): on 1 July 2025, phase one of the Trust's New Ambulance Performance Framework 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 September 2026, there were 782 purple calls to the ambulance service, around 2.22% of all calls, and 4,750 (Emerg) red calls, around 13.47% of all calls. The main measure for Purple Arrest calls is the Return to Spontaneous Circulation (ROSC) rate which was 25.7% in September 2026 compared to 19.7% in August 2026.

7. The September 2026 median response times for Purple and Red calls were 7 minutes 31 seconds and 9 minutes 31 seconds respectively, against the required range of 6–8 minutes. Purple performance remains within range; however, Red performance remains above the required range caused by the RCS0 deflection rate to RICS not being high enough (RCS0 incidents timing out after 60 seconds), ambulance unit hours produced and handover lost hours. Improvement work is being progressed through the Clinical Model Transformation Programme, with a specific Task and Finish Group focused on call categorisation and flow optimisation. This includes work on breathing difficulties and RCS/Clinical Navigator capacity, with the aim of increasing the proportion of RCS0 incidents clinically screened and appropriately directed into RICS before timing out into the Emergency dispatch queue. The Trust is

currently reviewing how it might boost ambulance production in advance of winter. The pan-Wales application of H45 is also key.

8. This work is being supported by continued operational grip through the weekly Operations Performance Meeting, winter planning, the Productivity Improvements Tracker, and ongoing focus on workforce planning, recruitment and unit-hours production. Delivery of the H45 ambition remains a key dependency for sustained improvement in response performance.

9. On 2nd December 2025, the second phase of the New 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. The September 2026 median response times for Now (Orange) was 1 hour 23 minutes, higher than the ambition of one hour.

10. **RICS 90th Percentile** reporting metric has been approved by CMT Board and is now with the JCC for final approval.

11. **Can't Send and Cancelled by Patient Volume:** in September 2026, total can't send and cancelled by patients volume was 5,641, achieving the ambition.

12. **111 call answering** performance has declined in recent weeks after marginally hitting 15%, the upper limit of the modelled operating range in July 2026. The abandoment rate reached 21.5% in September 2026, which is the highest recorded abandoment rate since December 2025. The SPC chart in the slide deck suggests that the current system, capacity and processes will not deliver the required level of performance consistently, especially as 111 demand during September 2026 was 25.3% higher than the same month in 2025. The ELT have recently received a detailed paper setting out a performance improvement plan focusing on areas of efficiency.

13. **111 Welsh Call Answering,** in September 2026 49.6% of Welsh calls offered were answered. This remains below the 70% ambition and has remained below target since November 2024. The improvements set out in paragraph 12 above apply here also. Further work is being undertaken on how realistic the attainment of the 70% ambition is: this further work has involved the company that undertook the demand & capacity work on the 111 re-rosters giving an informed view of what performance may be attainable with the new rosters. A key point is that they have recommended not ring fencing Welsh speakers to answer Welsh calls, the level of utilisation is considered too low. The view of the

contractors is that an informed view on this target cannot be attained until go live on the new rosters.

14. **999** call answering times during September 2026 saw the 95th percentile increase to 47 seconds, the highest recorded time since December 2024. However, the 65th percentile and median performance times remained consistently good. Work has been undertaken on demand and capacity analysis of 999 call demand, but further work is required, due to a disparity between internal modelling and external modelling. This further work is anticipated in Q4, subject to final agreement with Executives.

15. **Advanced discharge and transfer journey** performance increased to 75.1% but remains below 95% target, with this primarily being an issue with capacity. Same day discharge and transfer journey performance achieved 96%, achieving just above the 95% target. The same day discharge and transfer performance is a positive metric, but discussions through the IMTP development process have identified that cancellations (whether by the Trust, by patients or by health boards) are too high, accounting for 18% of demand (serviced demand + cancellations). The Trust is already undertaking a complex and difficult re-roster of NEPTS transport and has a range of improvement actions underway, with a particular focus around digital solutions e.g. two way texting, apps for patients.

Finance & Value

16. **NEPTS Activity Total Cancellations** although above target, have been within normal process limits over the past 12 months. However, in recent months, cancellation rates have been considerably above the target of less than 10%, ranging from 17-19%, with a rate of 18.6% recorded in September 2026. The NEPTS Improvement Programme is the main transformational response to this metric.

17. **Financial Balance**: at Month 6 the Trust achieved both its External Financing Limit and its Capital Resource Limit.

18. **Average Jobs per Shift:** overall, EAs averaged 3.03 jobs per shift during September 2026. The ambition for this metric has been independently modelled at 2.3 or above. This may seem low but is based on EAs being free to respond to achieve an Amber 1 median (the modelling was undertaken prior to the new APF) of 30 minutes. APPs attended an average of 2.72 jobs per shift during September 2026, a slight improvement on recent months, but still well below the ambition (4.75). There are two actions to improve APP utilisation (jobs per shift)

a) scheduling (now live) and b) new rosters (expected to be in place by mid-January).

19. **Fleet:** reporting metric under development, with two metrics identified, expected to go live in Q4.

Our People

20. **EMS Production**: the Trust produced 115,780 Ambulance Response unit hours during September 2026 and delivered an emergency ambulance unit hours production (UHP) of 90%, not achieving the 95% target. Reduced overtime (linked to the financial plan), abstractions (IMTP productivity measure) and UCS recruitment (under review) are the underlying causes. Additional overtime funding has been agreed to support the winter plan and further boost production.

Partnerships & System Contribution

21. **Albot and Webchats.** In September 2026, the website had 303,496 visits and Albot hosted 5,399 conversations in September 2026, reaching 1.78% achieving the 1.35% ambition (this has been consistently the case for the past five months). The Trust is planning further improvements to its 111 digital front end in advance of winter.

22. **111 Outcomes** from February 2025 to June 2025, a concern was noted as outcomes were increasing; however, recently there has been an improvement (reduction) in 111, 999 & ED outcomes over the past few months. In September 2026 outcomes to 999 and EDs continued to decline, falling to 15%.

23. The **consult & close** rate was 16.7% in September 2026, a slight increase from the previous months (16.3%, 15.8%) but still not achieving the IMTP ambition of 22%; however, there had been a material uplift in the consult & close rate as a result of the CMT Programme, with a possible cause for its recent reduction being a definitional issue caused by the move to the RICS single queue. There has been a series of meetings to get underneath what is happening and resolve this. Reduced taxi budget may also be a contributory factor. A new definition has been agreed and is now with the JCC for final approval. It is estimated that this new definition will have an impact of one percentage point on the consult & close rate, so further work is still required on why the rate has reduced this year.

24. **See and Treat:** the number of incidents treated at scene and referred to alternative pathways have both remained relatively stable over the past year. There are different definitions available for see & treat in different parts of the

UK and this needs to be reviewed further to provide clarity and consistency. The ambition was set using the English definition, but we are now reporting on the Welsh definition.

25. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS demand has increased over the past few months within past seasonal trends. EMS production has slightly increased to 88% in September 2026. There was an increase in notification to handover lost hours in September 2026, with the Trust losing a total of 13,071 hours, a marked increase from the 9,737 lost hours in August 2026. W45 equates to less than 7,000 hours lost per month, with September's figure almost double this, it highlights lost hours remain a significant drain on the Trust's ability to respond in a timely manner. 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: -

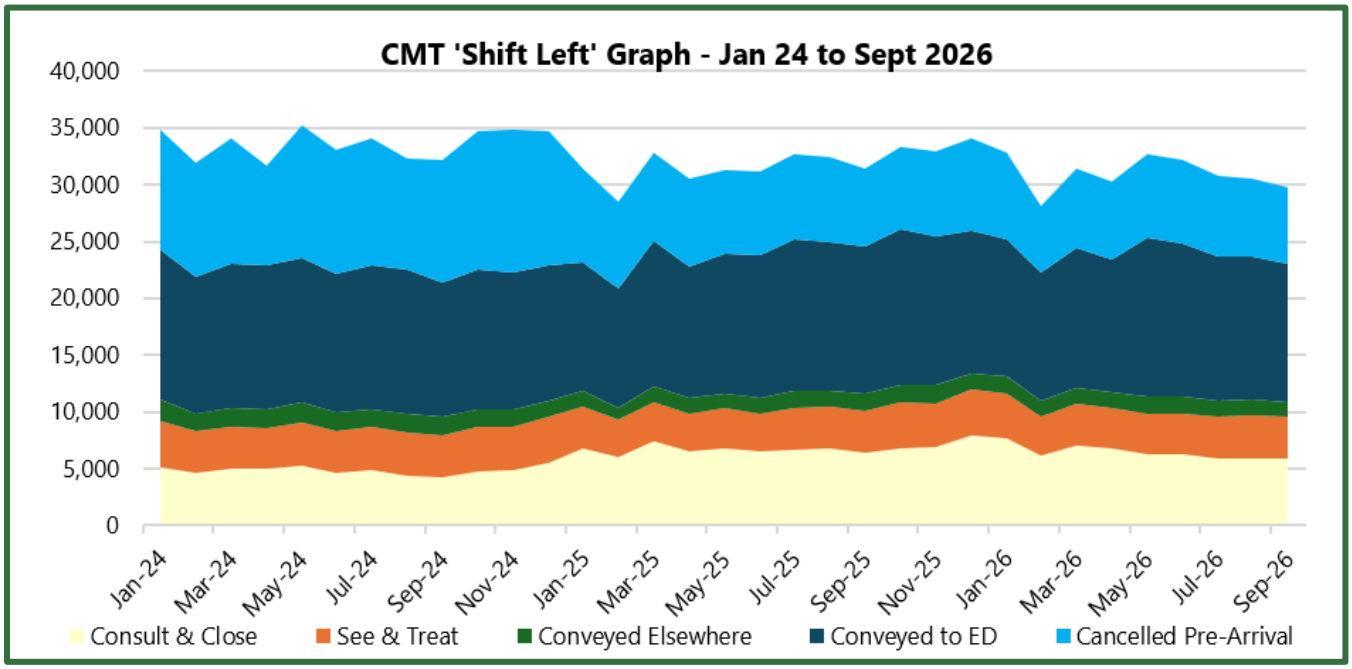
- Further investment and improvement into remote clinical capacity and process (additional 10 WTEs in place from Oct / Nov);
- Further improvement to productivity of APPs, in particular, scheduling and re-rostering;
- Further development of the remote integrated care service (111 clinicians and CSD clinicians);
- Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: use of volunteers, Falls Desk, Falls response, Respiratory Desk etc.; and
- The transformation of the various clinical model categories as per the previous paragraph.

26. For the **W45 target,** the chart shows there was a sustained improvement in performance between April 2025 and December 2025, with variation remaining below the mean for seven consecutive months. Recently, the Trust has supported three workshops with ABUHB, BCUHB and SBUHB, as requested by NHS Wales Performance & Improvement. The main outputs from these meetings are performance plans and trajectories to achieve the H45 target. The Trust will start monitoring these internally.

27. **Number of Conveyances to ED** these conveyance rates remain above the 30% target, meaning the system is not currently capable of delivering the ambition.

28. Finally, the following graph aims to provide a composite picture of the impact of the Trust's CMT Programme through a longer period of time. The time series

analysis clearly shows the uplift in the consult & close rate, a reduction in patient cancellations, with conveyance to ED remaining stable (the Trust has actually seen increased conveyance of high acuity patients resulting from reduced cancellations and increased ambulance availability), but with see & treat not really demonstrating any movement (the changes now happening with APPs should change this). This is an area of focus into 2026/27.



RECOMMENDATION

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

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru /
Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report - FPC

August/September 2026
Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Version 1.0
November 2026

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Ambition 2026/27	Jul-26	Aug-26	Sep-26	2 Year Average	RAG
Our Patients (SO1&5)						
Return of Spontaneous Circulation (ROSC)	25-30%*	23.4%	19.7%	25.7%	21.7%	G
Stroke Call to Hospital Door Times	01:30	02:14	02:08	02:21	02:28	R
STEMI Call to Hospital Door Times	01:30	02:27	02:24	02:39	02:34	R
Arrest (Purple) Median	6-8 Minutes*	07:39	07:24	07:31	N/A	G
Arrest (Purple) 90th	<20 Minutes	18:27	18:27	17:56	N/A	G
Emerg. (Red) Median	6-8 Minutes*	09:13	09:01	09:32	N/A	R
Emerg. (Red) 90th	<20 Minutes	22:07	22:08	22:46	N/A	R
Now (Orange) Median	<60 Minutes	01:05	01:00	01:23	N/A	R
Time to Integrated Care RICS 1 90th Percentile	<60 Minutes					
Can't Send & Cancelled by Patient Volumes	<5,770	5,882	5,610	5,641	6,559	G
NHS111 Call Handling Abandonment Rates	<10-15%	15.0%	18.0%	21.5%	13.3%	R
Renal Repeat Cancellation +	Zero	N/A	N/A	1	N/A	A
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	75.3%	78.0%	77.0%	76.6%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>95%	72.7%	74.2%	75.1%	77.6%	R
% of 111 call presented in Welsh, Answered in Welsh	>70%	43.2%	52.8%	49.6%	59.5%	R
National Patient Reported Experience Measure (average overall experience score)	85%	N/A	N/A	88%	N/A	G
Complaints Compliance with Required Response Timeframes	>75%	69.2%	57.5%	38.0%	N/A	R
Enactment of the Duty of Candour Total	100%	0%	0%	71%	N/A	R
National Reportable Incidents reports (NRI)	MOA	4	1	7	4	MOA
Joint Investigation Framework Referrals to HBs	<7	10	5	3	12	G

Monthly Indicators	Ambition 2026/27	Jul-26	Aug-26	Sep-26	2 Year Average	RAG
Our People (SO2)						
% of Under-represented Groups Offered	>7%	12.5%	30.3%	28.0%	N/A	G
EMS Hours Produced (Against Planned)	95%	86%	85%	88%	86%	A
Sickness Absence *(all staff)*	<6%*	8.17%	8.34%	8.19%	7.96%	R
Staff Turnover Rate	<10%*	8.42%	8.28%	8.18%	8.12%	G
PADR/Medical Appraisal	>85%	73.47%	73.40%	77.48%	73.79%	A
Statutory & Mandatory Training	>85%	89.08%	88.23%	90.39%	87.40%	G
Finance & Value (SO6)						
Average Jobs per Shift (EA)	>2.3	3.16	3.15	3.03	2.85	G
Average Jobs per Shift (APP)	4.75	2.43	2.47	2.72	2.85	R
NEPTS Activity Cancelled (by CMP, Patients & HBs)	<10%	18.4%	17.8%	18.6%	17.8%	R
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
Partnerships / System Contribution (SO3&4)						
Number of Patients using Albot	MOA	5,328	5,247	5,399	N/A	MOA
Webchats as a % of Web Site Hits	>1.35%	1.65%	1.73%	1.78%	N/A	G
111 Outcomes (999 & ED)	MOA	16.4%	15.4%	15.0%	18.4%	MOA
Successful Consult & Close Outcome	>22%	15.8%	16.3%	16.8%	18.4%	R
% See & Treat & Alternative pathways (of verified activity)	>20%	10.1%	10.6%	10.4%	10.52%	R
Number of Handover Lost Hours	<6000	9,929	9,737	13,071	16,466	R
Number of Handovers over 45 mins	Zero*	3,681	3,498	4,535	5,252	R
Reduction in Number of Conveyances to ED as % of Verified	30%	34.35%	34.58%	34.37%	35.37%	R

RAG Indicates -

TBD: Status cannot be calculated (To Be Determined)

MOA – Measure of Activity

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)

*NHS Wales Performance Framework Measures 26/27 (Feb-26)

+ 4 weekly data

Delivering on our Strategic objectives

Overall strategic objective profile

STRATEGIC OBJECTIVE	DESCRIPTOR	RED	AMBER	GREEN	TBD	MOA
SO1 – Our Patients	Significant performance challenges	8	1	5	1	0
SO2 – Our People	Mixed performance	1	2	3	0	0
SO3 – Innovation & Digital Transformation	Strong performance	0	0	1	0	1
SO4 – Partnerships & System Contribution	Significant performance challenges	5	0	0	0	1
SO5 – Quality, Safety & Patient Experience	Mixed performance	2	0	2	0	1
SO6 – Finance, Resources & Value	Mixed performance	2	0	2	0	0

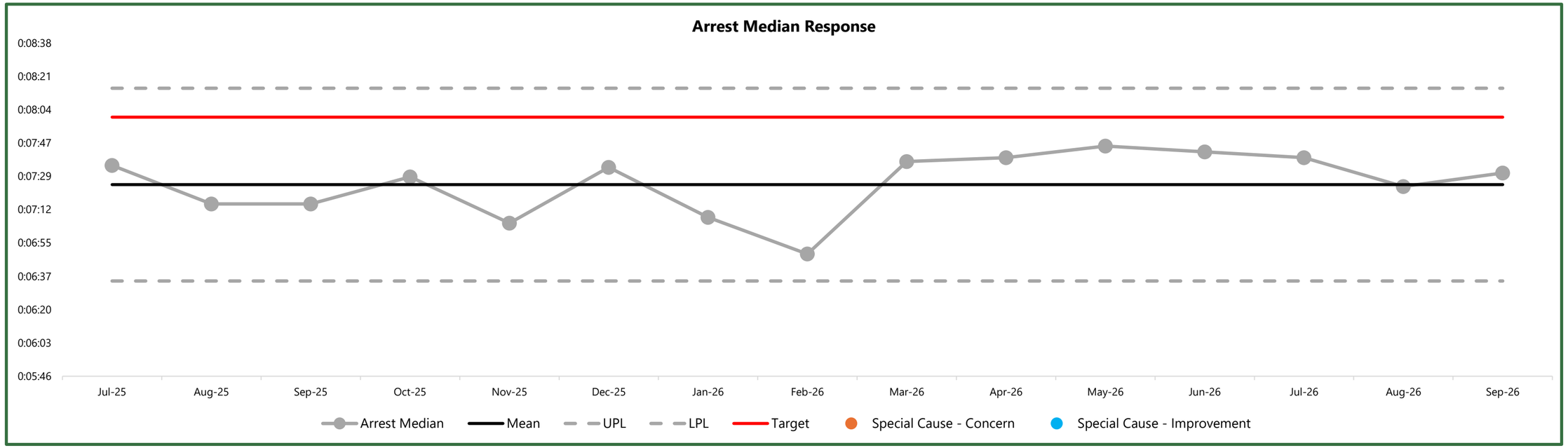
The dashboard shows significant performance challenges across Strategic Objectives 1 and 4, with mixed performance across Strategic Objectives 2, 5 and 6, and strong performance in Strategic Objective 3. The most significant challenges currently facing the organisation relate to patient access, operational responsiveness, workforce capacity and wider system flow.

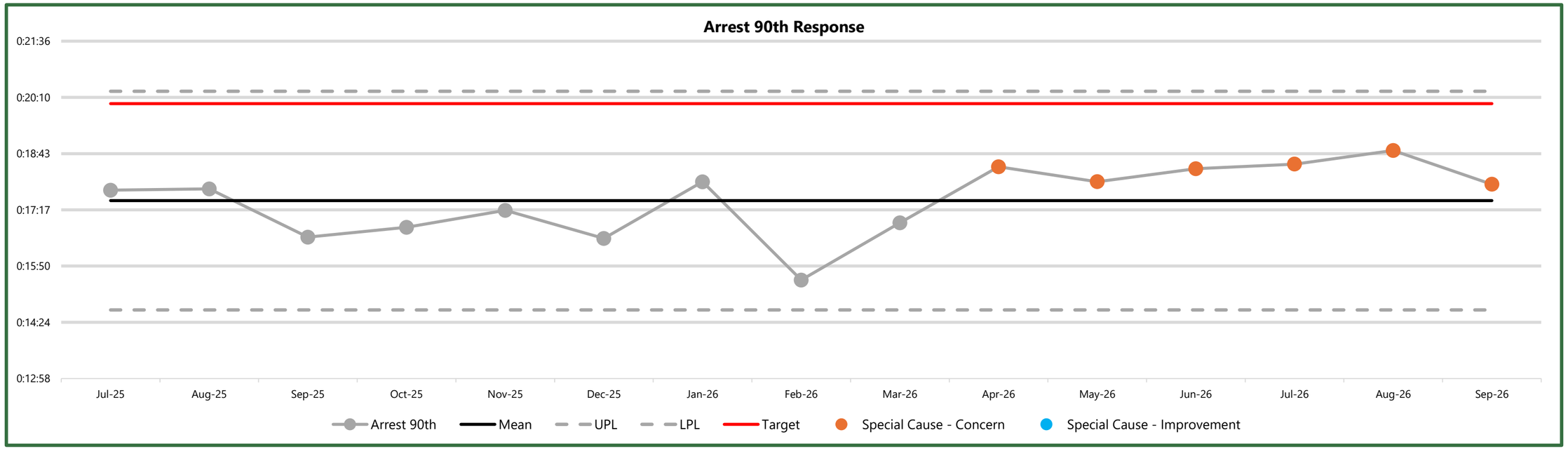
Our Patients

Arrest (Purple) Indicators

Strategic Objective 1

Arrest Median	Arrest 90th
G	G



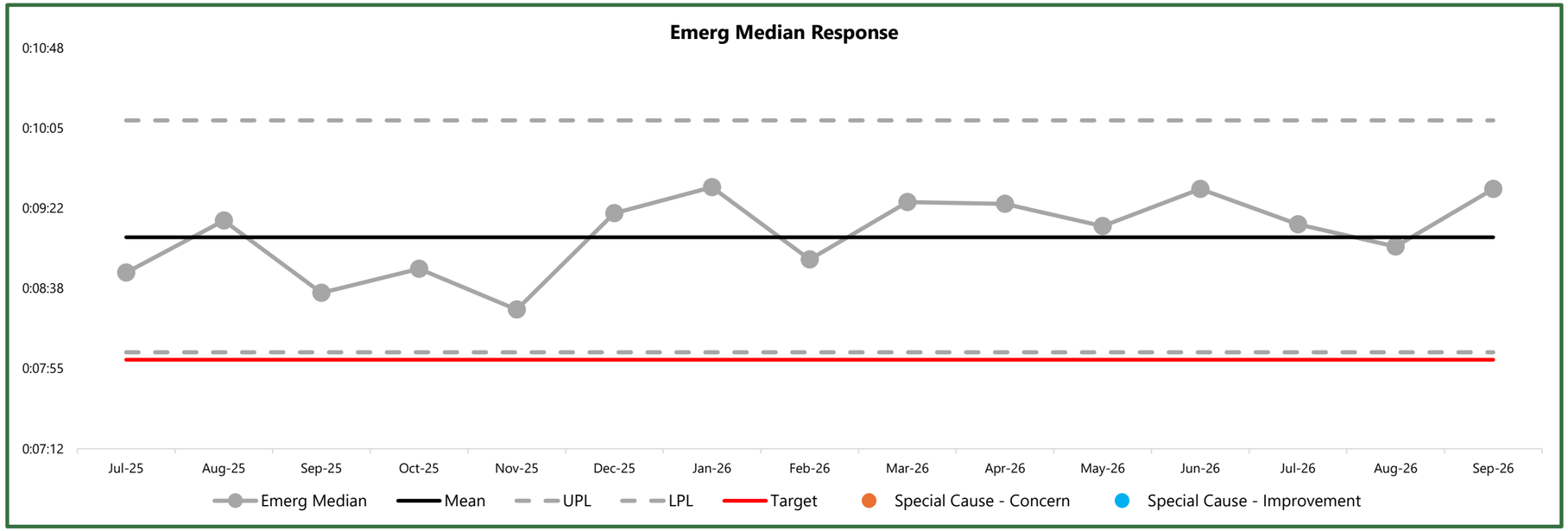


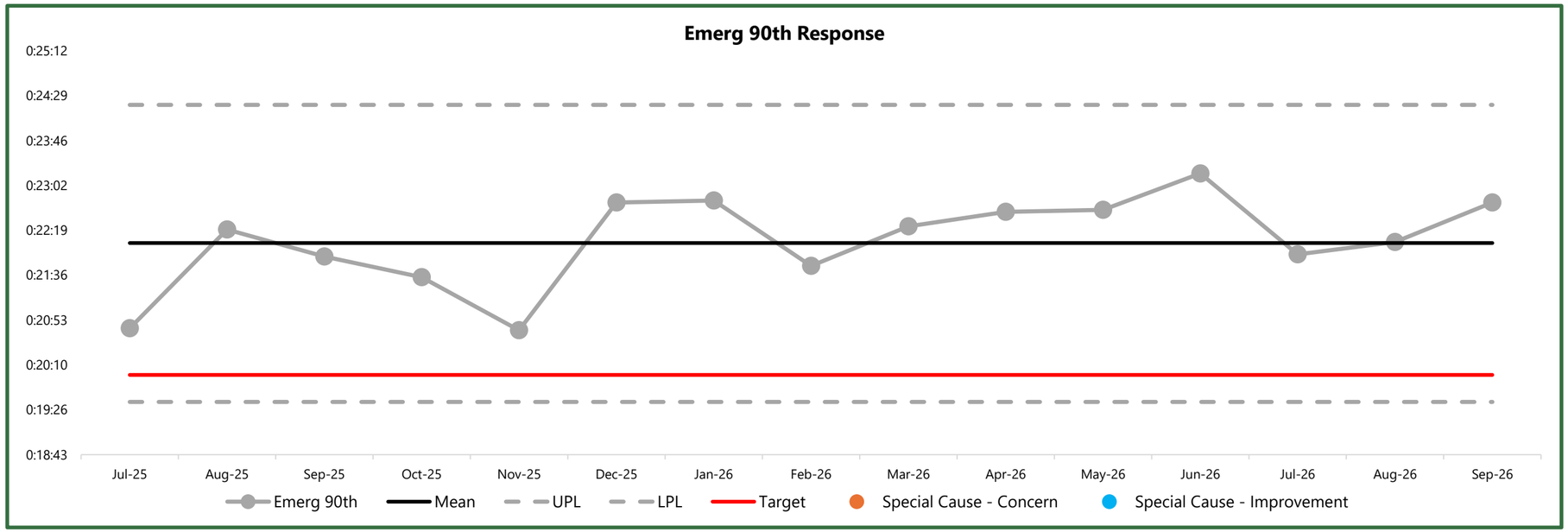
Our Patients

Emerg (Red) Performance Indicators

Strategic Objective 1

Emerg Median	Emerg 90th
R	R





Analysis

There were 4,750 incidents in September 2026, which is slightly below the mean of 4,860 since July 2025 when the new priority categories went live. This meant Emerg incidents accounted for 13.4% of all verified incidents during the month.

Performance is stable i.e. there is no special cause concern, however, response times are still failing to achieve performance targets and there is no special cause improvement evident at this stage. The median response time in September 2026 for Emerg incidents was 9 minutes 31 seconds. Aneurin Bevan health board had the lowest median time of 8 minutes and 1 second, narrowly missing the target, while Powys had the highest at 14 minutes and 18 seconds, although this is to be expected due to the geography of the area. The pan-Wales 90th percentile response time was 22 minutes 45 seconds.

Remedial Plans & Actions

As part of the Clinical Model Transformation Programme, a Call Categorisation (3) Flow Optimisation Task & Finish Group has been set up to work on improving the patient flows through the new model, in advance of winter.

Two of the six workstreams in this task & finish group are relevant to this indicator 1) breathing difficulties and 6) RCS/Clinical Navigators. The aim is to increase the number of RCS0 incidents that are screened, currently c60% are timing out and going back to the dispatch stack. The focus is on reducing clinical navigator activity and increase capacity (interim for winter with longer term modelling being completed by mid-November). Delivery of H45 will also be a key contributory factor.

Expected Performance Trajectory

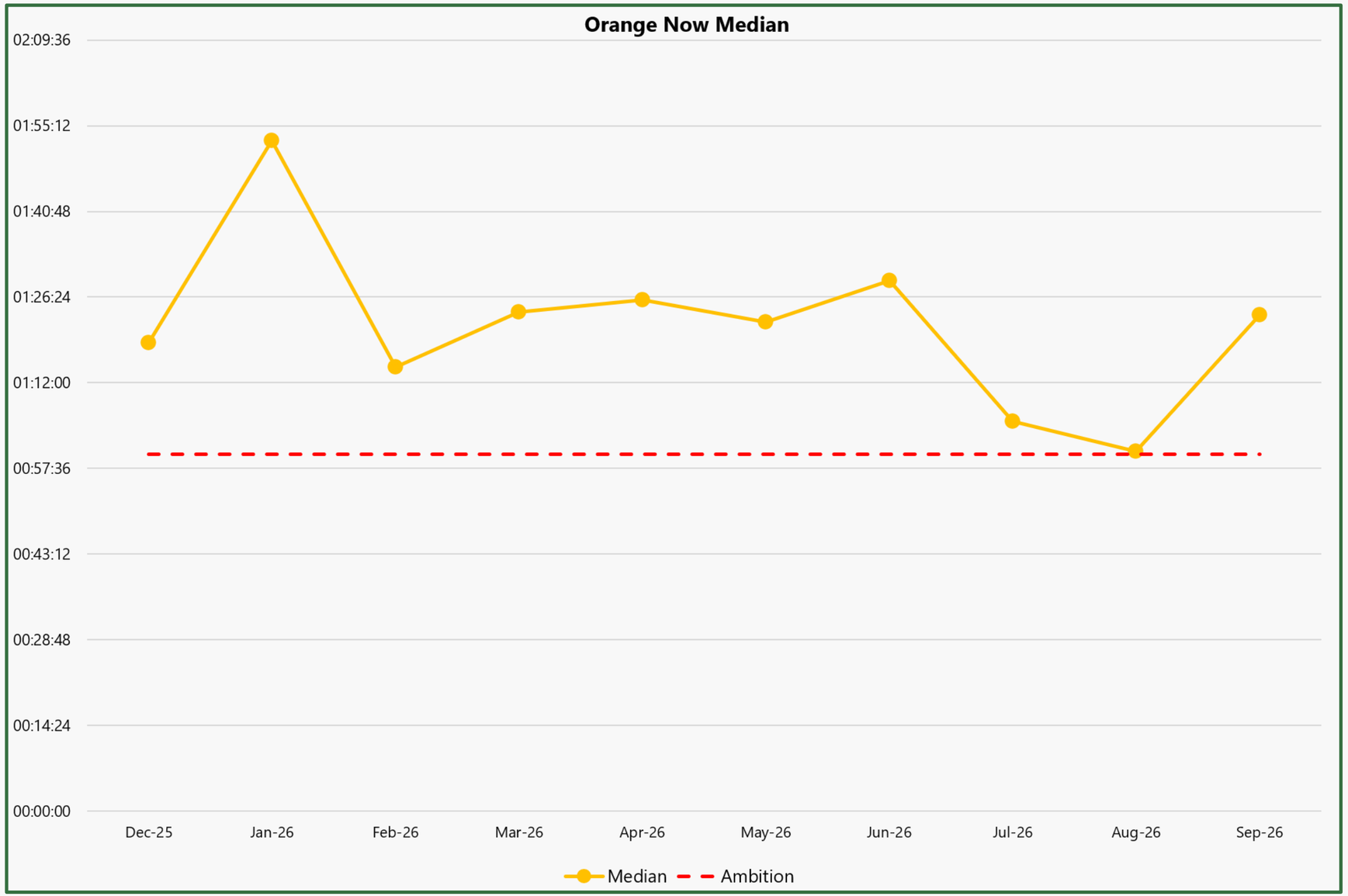
An expected trajectory will be included once the simulation software has been retuned to the new model. Retune underway.

Our Patients

Orange (Now) Performance Indicator

Strategic Objective 1

Now Median
R



Analysis

In December 2025 the existing Amber category, was replaced by Orange (now) and Yellow (soon).

The median response time in September 2026 for Orange (Now) incidents was 1 hour 23 minutes. This continues to be above the 1-Hour ambition response time.

Powys health board had the lowest median response time of 51 minutes, whilst Swansea Bay had the highest at 2 hours 54 minutes.

Remedial Plans and Actions

The Trust's ambition is to improve the Orange Now median to one hour. Improvement actions including: reducing the Orange Now category ratio in the new model i.e. ensuring accurate categorisation of Orange demand, reducing on scene times, reducing call to allocation times for 28J incidents, the boosting of EA production (slide 20) through the winter plan and increasing APP utilisation (slide 30) (thereby avoiding EA dispatch to APP suitable incidents), with W45 (slide 34) also being a material factor in releasing EAs to respond.

Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) are designed to cope with 6,000 lost hours of handover. The application of W45 would see the level of hospital lost hours to be close to this level, estimated to be 6,000-7,000, depending on the level of conveyance.

Modelling (based on forecast December demand) recently undertaken suggested that if total time at hospital was reduced to 42 minutes (which matches the average handover time in England of 27 minutes plus the 15 minutes currently allowed), the Orange median response time would reduce to under 50 minutes and therefore achieve the WAST ambition of under 1-hour. The modelling was also carried out based on W45, which indicated that Orange median response times would remain at just above the one hour threshold.

Our Patients

Time to Integrated Care – RICS1

Strategic Objective 1

Under Development

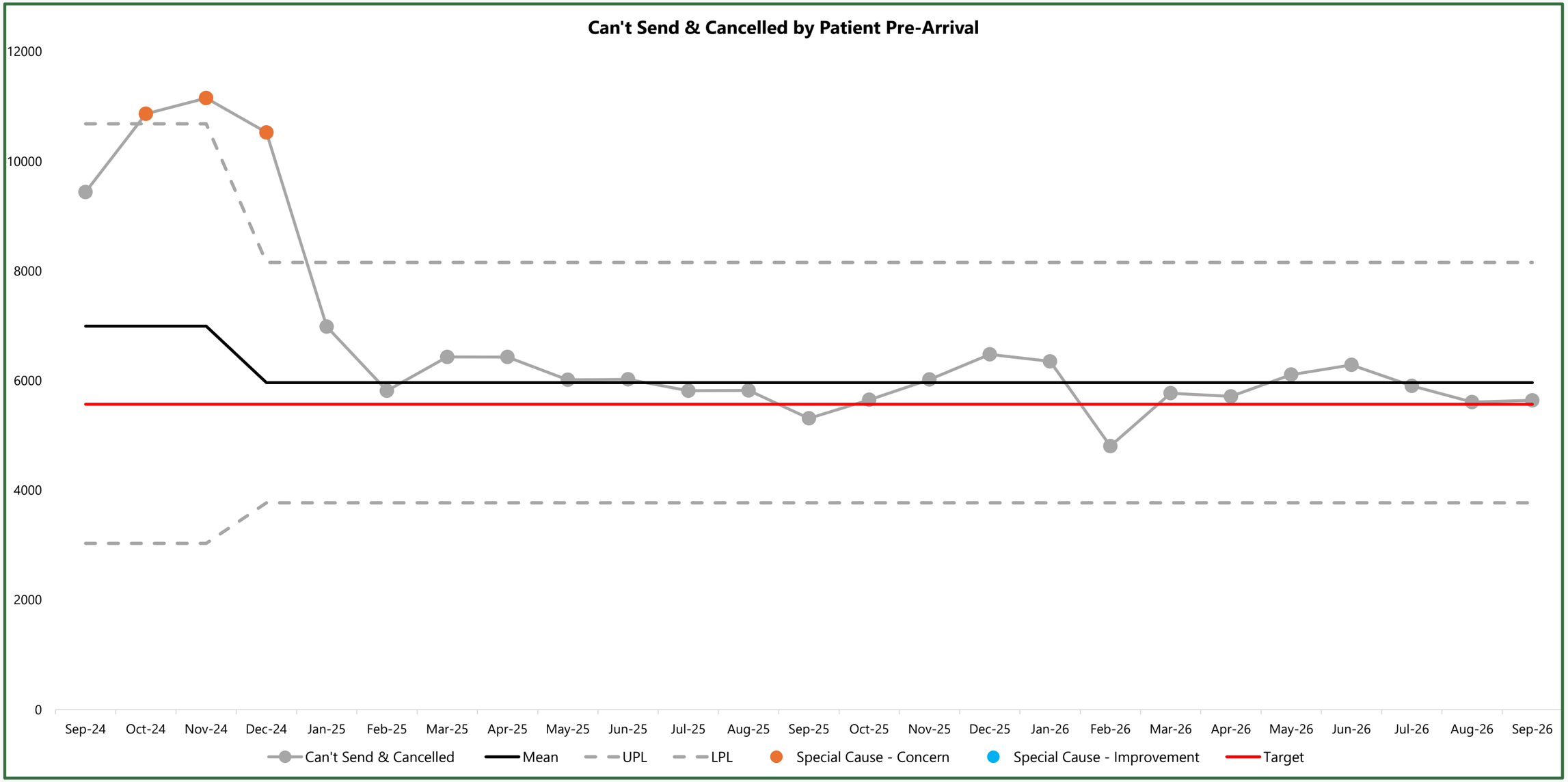
New definitions agreed by CMT Board, now with JCC for approval

Our Patients

No Send or Patient Cancellations

Strategic Objective 1

Can't Send
G

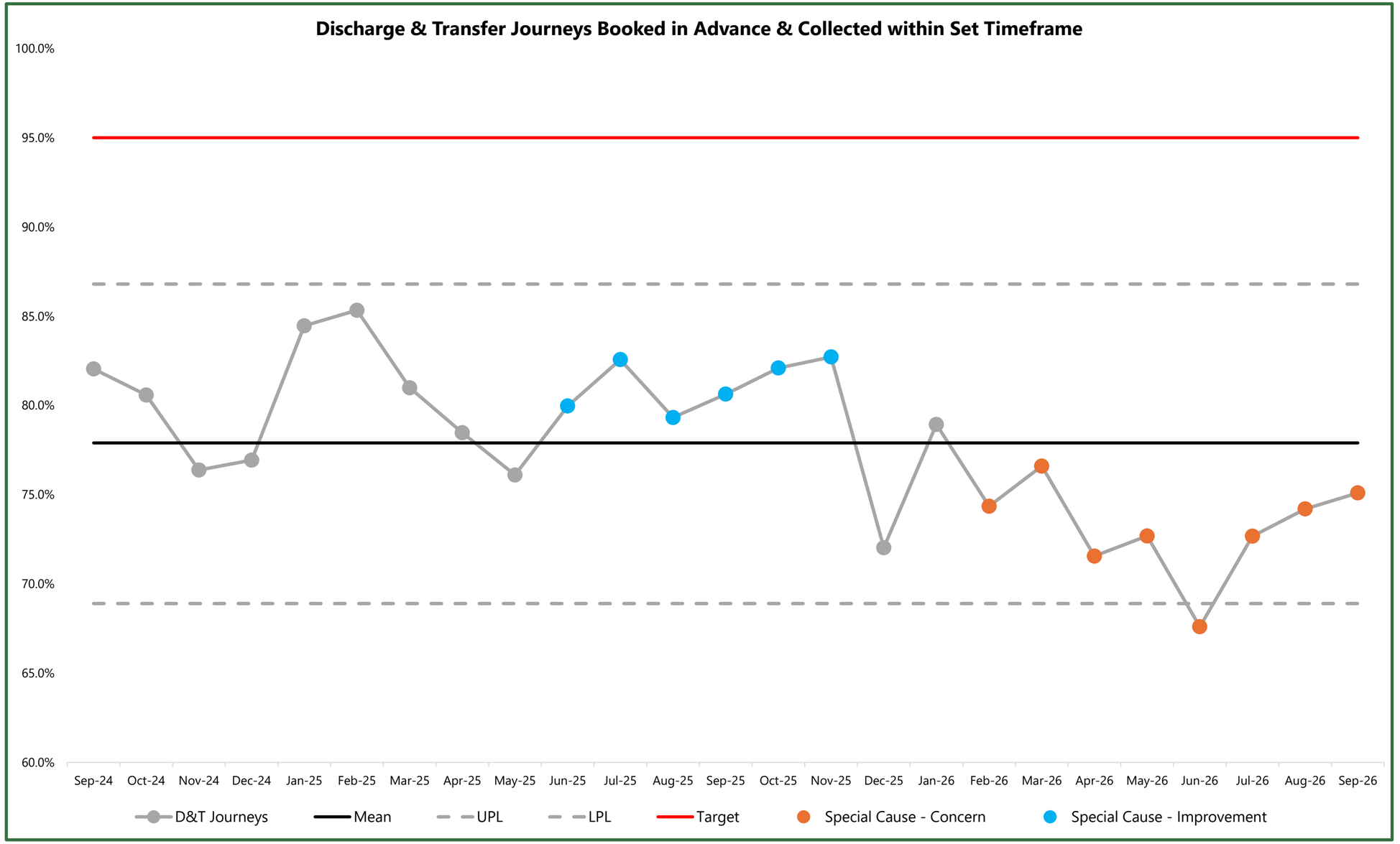


Our Patients

Ambulance Care Indicators – Discharge & Transfers

Strategic Objective 1

Advanced D&T
R



Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment time continues to increase in September 2026 to 75.1% but remains well below the 95% target.

The SPC shows three months of improvement in performance from the low of June 2026, when performance fell below the lower process limit in, however, performance remains below mean and is a special cause of concern.

Following performance becoming a special cause concern, considered to be due to an increase in early bookings in certain parts of Wales, meetings with Health Boards were put in place to have discussions around re-profiling resources at different times of the day. To date, no consensus has been reached on these, as resources available are still required. However, the team have adapted their planning approach to address this. Performance will continue to be tracked.

Remedial Plans and Actions

Performance on advanced discharges and transfers has been challenging throughout the last quarter. This position is driven pretty much solely by BCU where only 30% of journeys are hitting target. Local work to identify why and options paper for improvement in development.

Expected Performance Trajectory

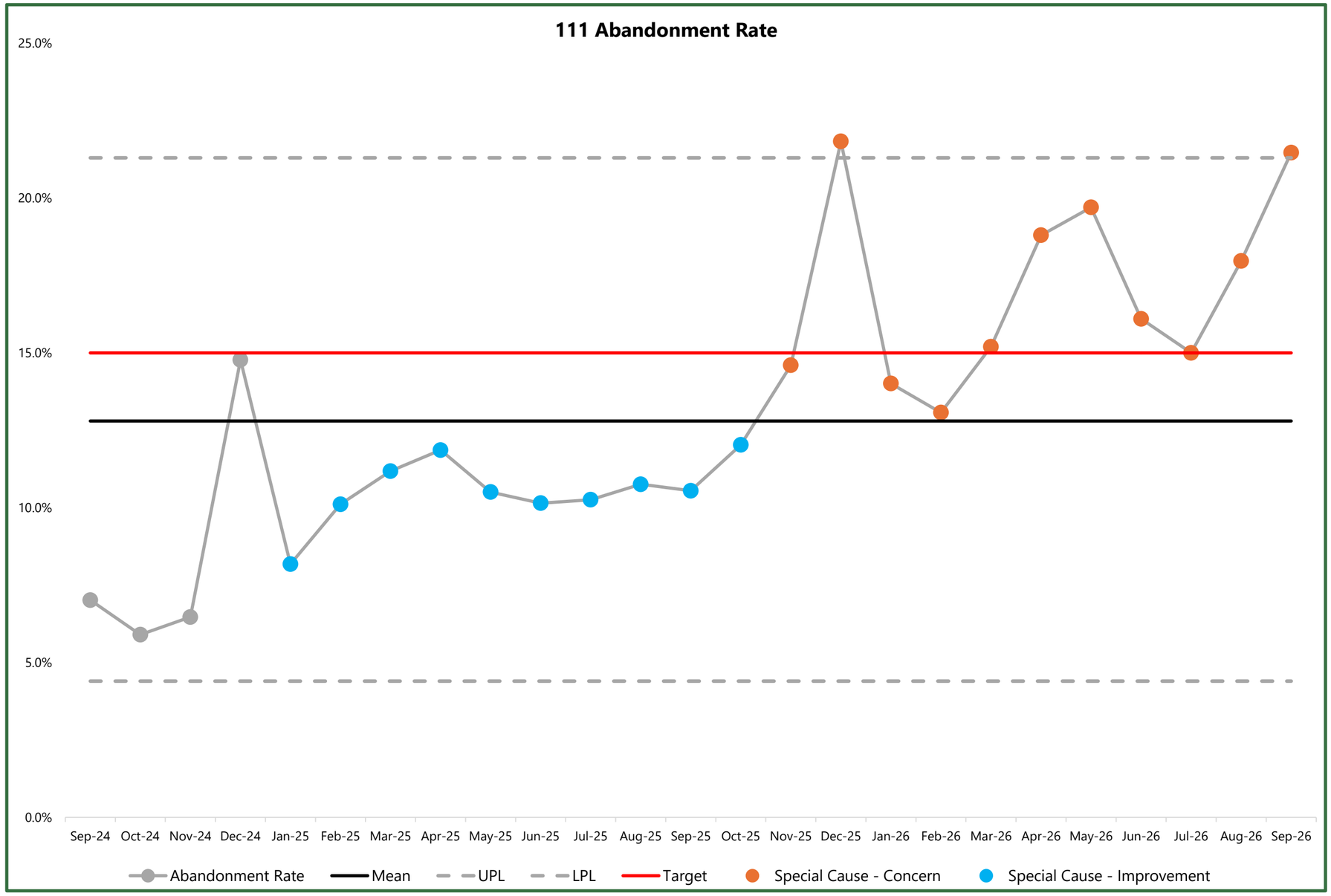
Dependent on options paper (to be developed in December).

Our Patients

111 Call Abandonment Performance Indicators

Strategic Objective 1

Abandonment Rate
R



Analysis

The 111-call abandonment rate increased to 21.5% in September 2026. Based on the SPC chart, the service is not currently able to meet the target consistently. Performance has seen a decline since October 2025, which has seen the metric consistently above the mean and in two months, above the upper process limit. This would indicate a process that is not in control. 111 call demand is 19% higher for this financial year to date, compared to the same period last year. Previous analysis has shown that current capacity can sustainably handle around 85,000 calls a month, however, once this figure increases over 90,000 there is a much stronger likelihood of increased abandonment rates. Call demand has been above 90,000 in every month of this financial year apart from Jun-26. Sickness absence is also tracking material above last year's levels with September's sickness abstraction at 13.74%, compared to 9.5% in September 2025. Average Handling Times (AHT) have also increased in recent months. During 2024/25 AHT was below 9.5 minutes, but during 2026 it has risen to over 10 minutes. Changes to some of the activity required within the Clinical Advice Line (CAL) has also reduced call handling hours, with CAL reducing capacity by 6% in September 2026.

Remedial Plans and Actions

A 111-re-roster review is underway, with new rosters expected to be in place by late Autumn (now revised to Q4 as a result of flexible working applications being mapped onto the 18 available roster patterns), which should help reduce sickness and turnover. Actions are also 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. The Trust is also working on new processes around the use of the Clinical Advice Line (CAL) by call handlers, designed to free up call handler and clinician time.

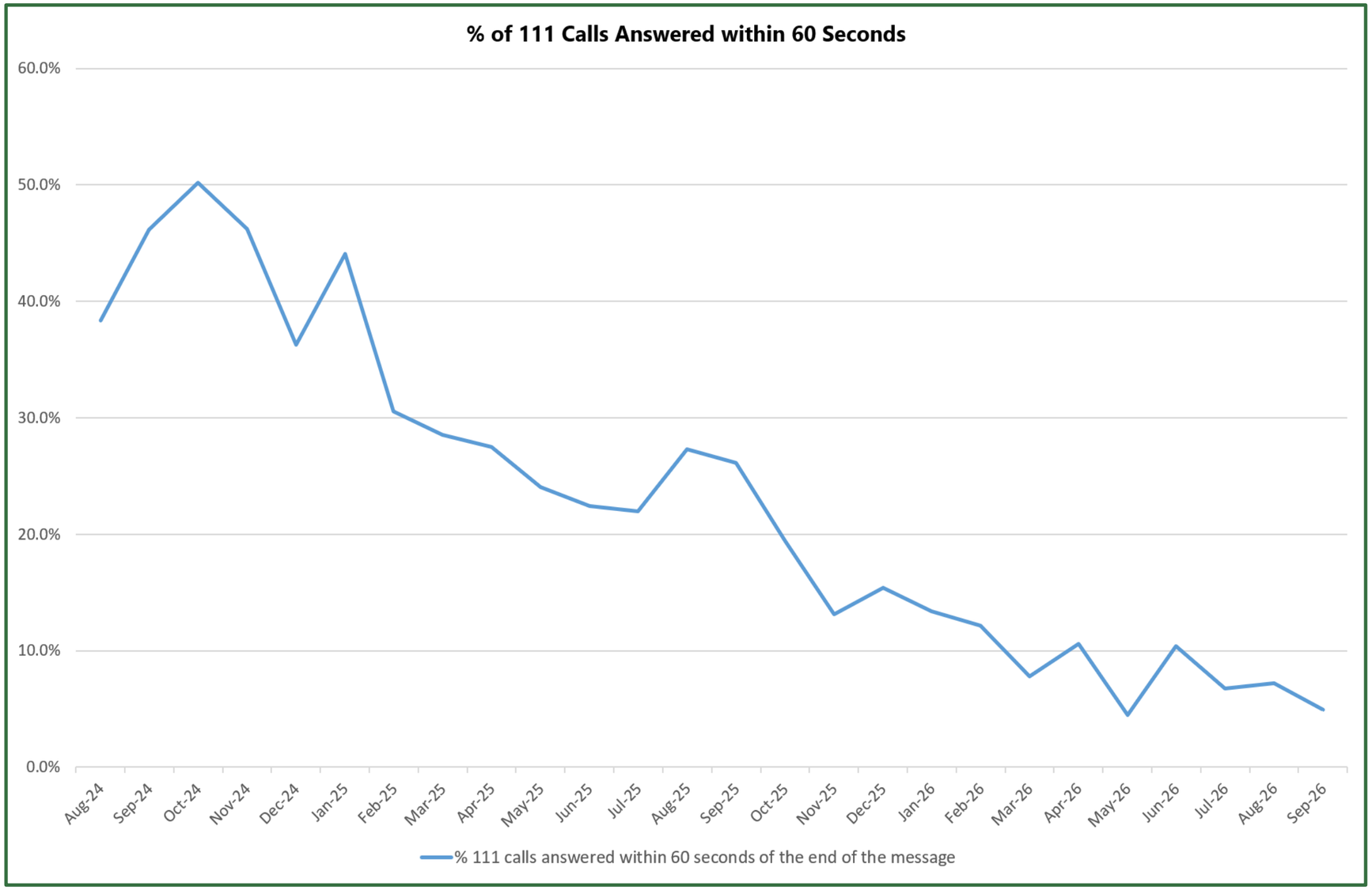
Expected Performance Trajectory

The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment.

Our Patients

111 Call Answering

Strategic Objective 1



Analysis

The call answer rate within 60 seconds in September 2026 was 4.96% which is a decrease from the 10.4% seen in June 2026 and is significantly below performance levels seen during late 2024.

This is at a time when UHP capacity for call handlers has increased slightly.

The external rostering review 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 have been undertaken to try and improve the call handling resourcing position throughout the summer; this includes an active recruitment plan.

A 111-re-roster review, is currently being implemented. The review has identified that the alignment between the Trust's available resource and demand is good, so re-rostering will not lead to a performance improvement as such, but moving to more fixed rosters will make the rostering process more efficient and better for staff. The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Expected Performance Trajectory

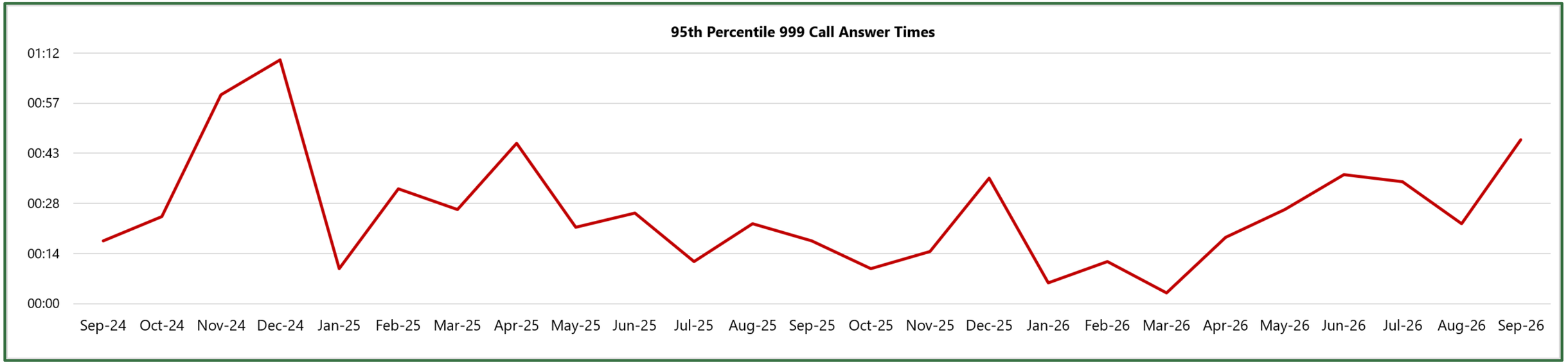
We would expect to see performance levels remain low during the summer as abstraction levels historically rise slightly.

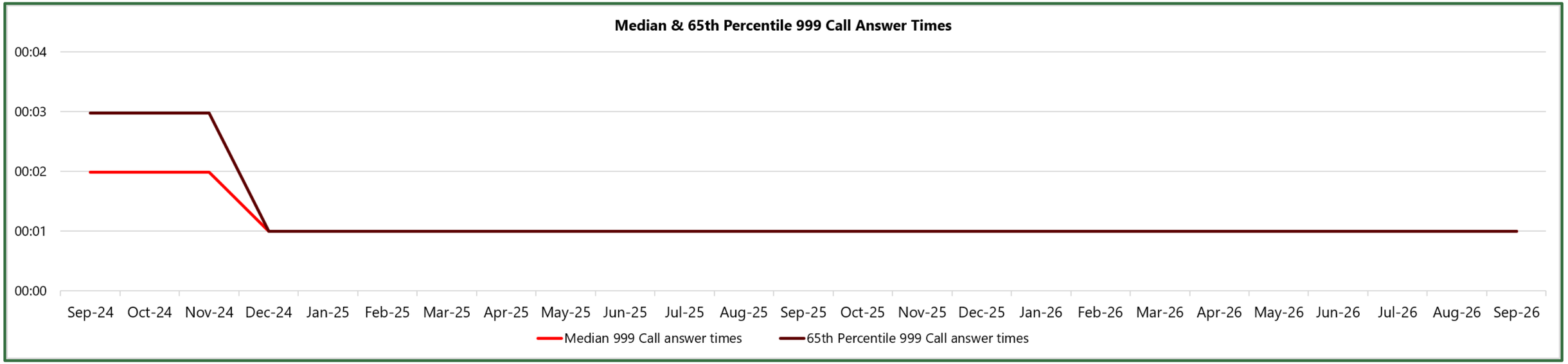
The Trust has developed a 111-performance predictor, reverse engineering erlang C. The accuracy of the predictor is currently being tested.

Our Patients

999 Call Answering

Strategic Objective 1

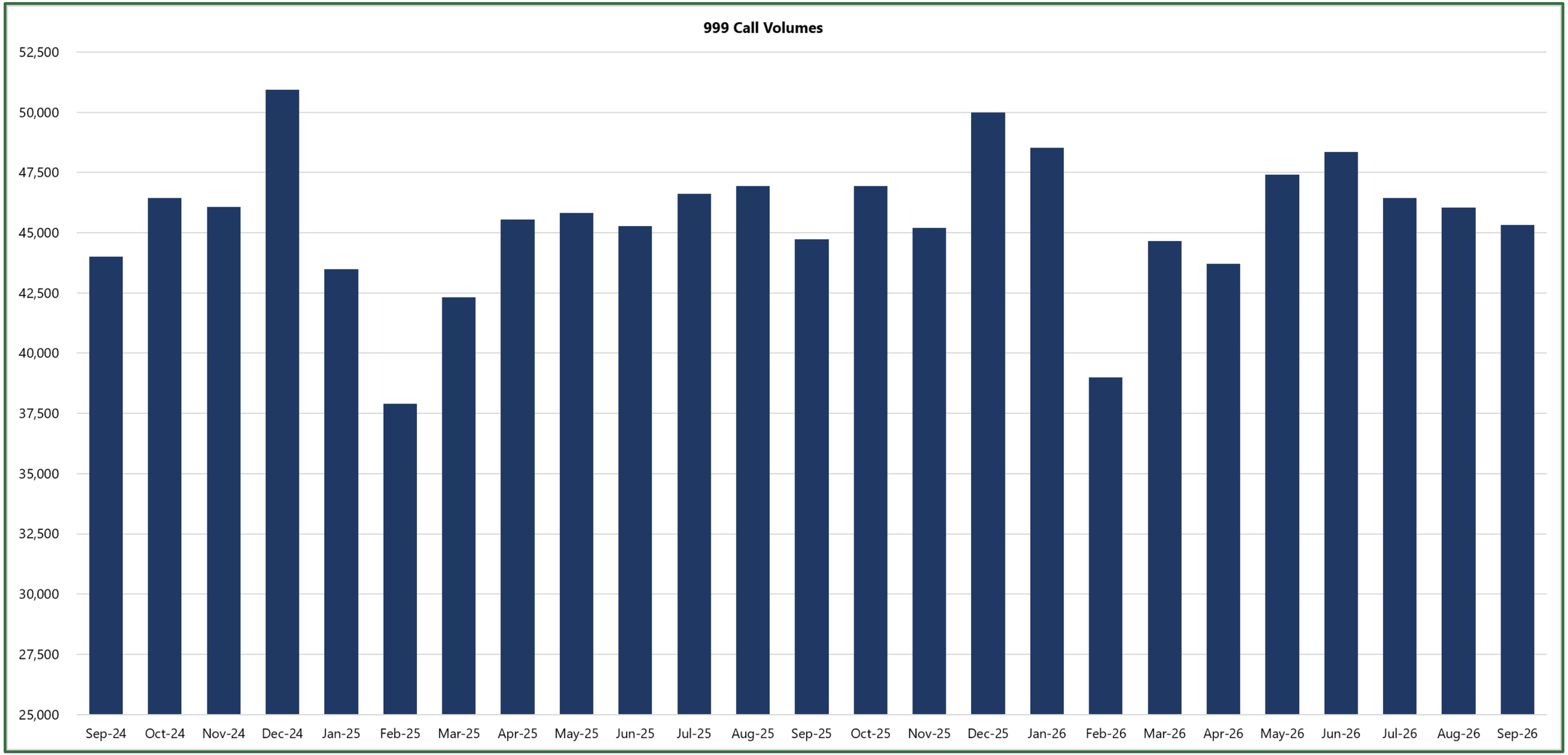




Our Patients

999 Call Demand

Strategic Objective 1



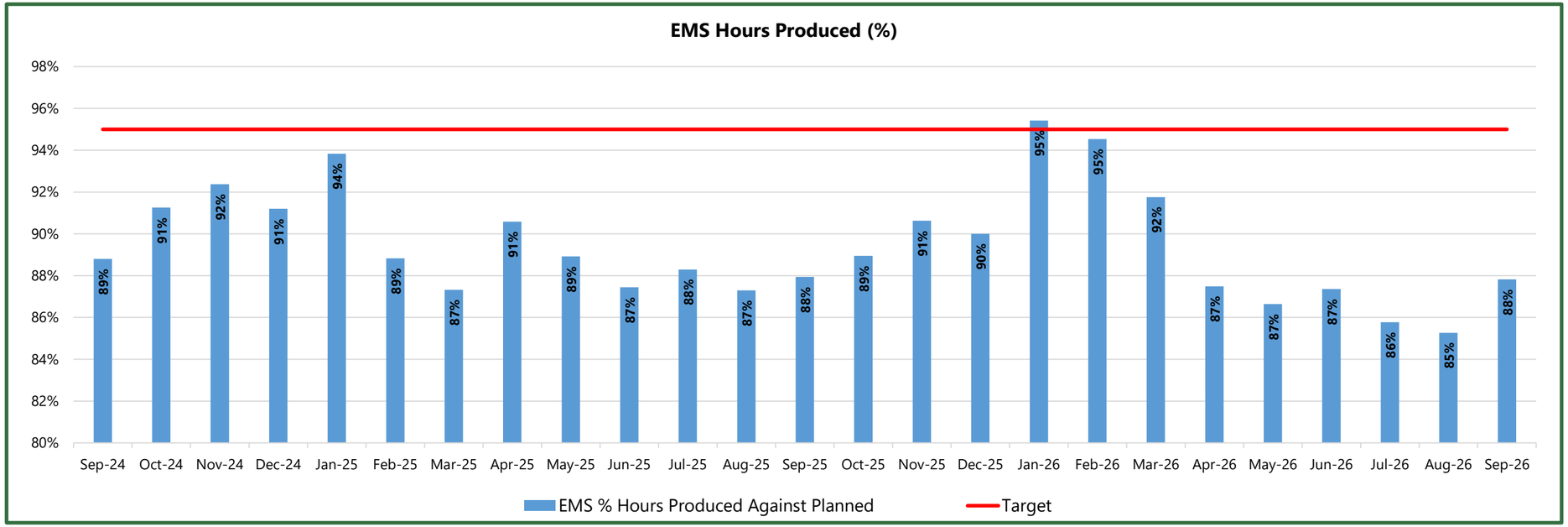
Our People

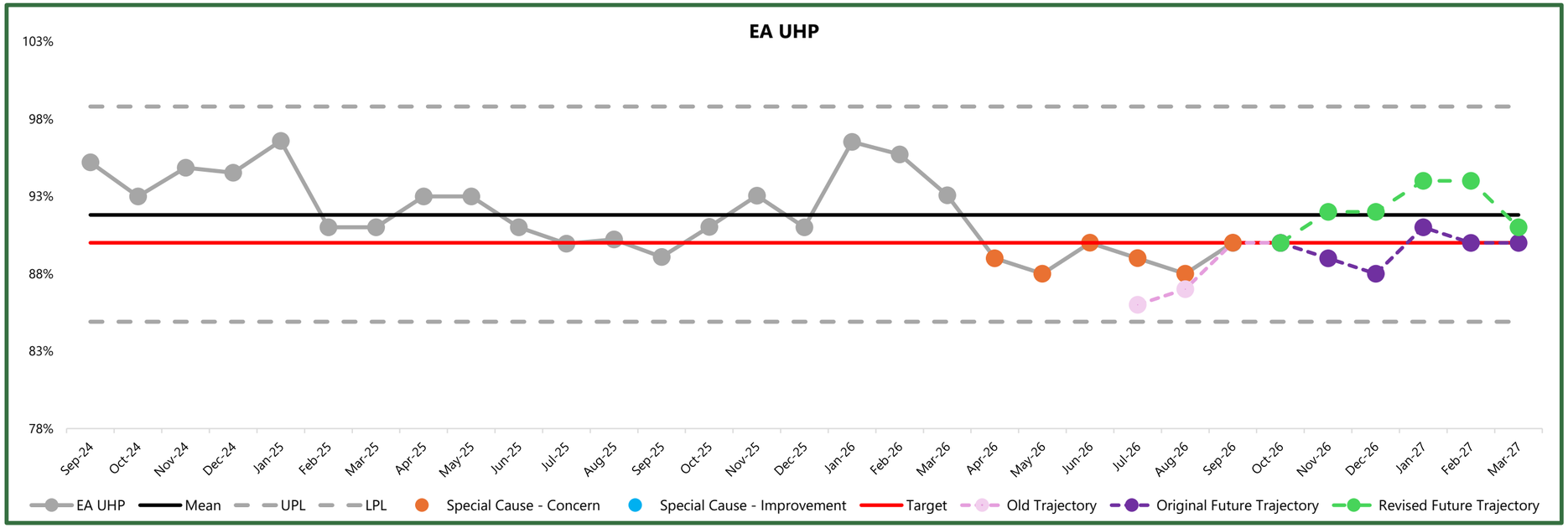
EMS Hours Production Indicators

EMS Production

A

Strategic Objective 2





Analysis

The total EMS hours produced is a key metric for patient safety. The SPC chart highlights that over the past two years this metric has stayed within normal process limits.

EMS Hours Produced achieved 88% in September 2026 which equated to 115,780 Actual Hours, against a planned total of 131,834, remaining below the 95% target, with reduced overtime availability linked to financial constraints a factor. It should be noted that the 95% target is currently under review to ensure it remains appropriate and reflective of current operational and financial conditions.

Remedial Plans and Actions

There are three issues affecting EMS UHP: abstractions (maternity, other, sickness) are higher than benchmark; overtime has had to be reduced to produce a balanced financial plan and vacancies in UCS, which are picked up in EMS in this case.

Expected Performance Trajectory

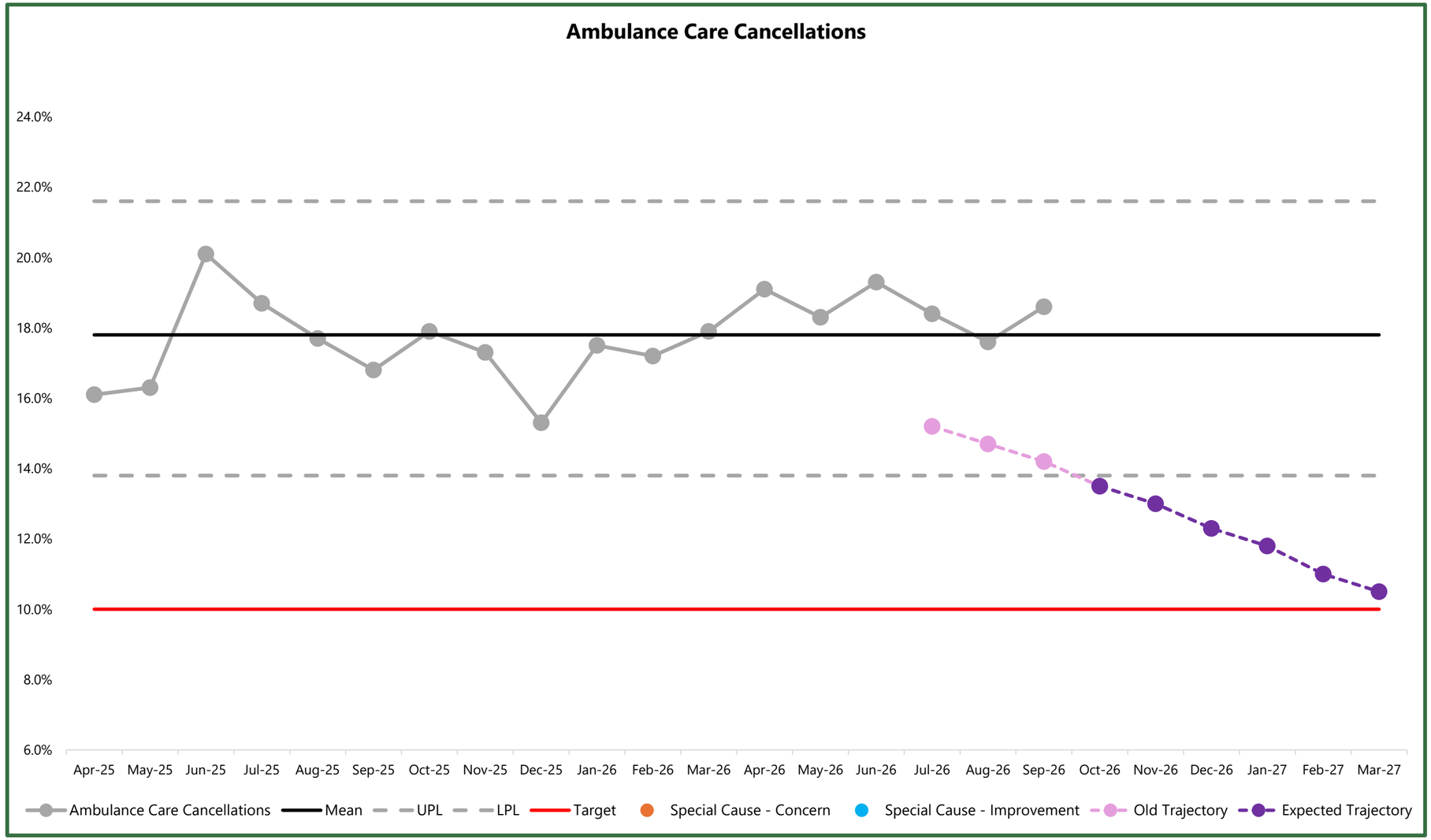
A UHP trajectory is being developed. The UCS recruitment gap is projected to close over this financial year, with a meeting arranged to consider how this can be sped up. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. Reduced overtime availability will reduce future levels of production.

Finance, Resources and Value

Ambulance Care Indicators

Strategic Objective 6

NEPTS Activity Cancelled
R



Analysis

The chart shows that Ambulance Care cancellations have remained within normal process limits over the past 12 months. However, in recent months, cancellation rates have been considerably above the target of less than 10%, ranging from 17-19%, with a rate of 18.6% recorded in September 2026.

The expected trajectory (purple line) indicates a predicted sustained improvement in cancellation performance over the next 12 months although current rates remain some way above this.

Remedial Plans and Actions

As the Ambulance Care service works to fully define the benefits of the actions set out in the NEPTS Improvement Programme, the trajectory provided should be considered a developing ambition for now.

Capacity Management Plan improvements will be driven by increased available capacity due to re-rostering (five of seven health boards going live in November, with modelled efficiency gain of +315 journeys per week) and improvements in efficiency and reductions in demand through adjustments to journey booking and planning processes. Bookings cancelled by others (patients and hospitals) are not fully in the direct control of WAST and will require a change in both patient behaviour and Health Board process. Digital improvements such as system integration and additional messaging will also be key.

Expected Performance Improvement

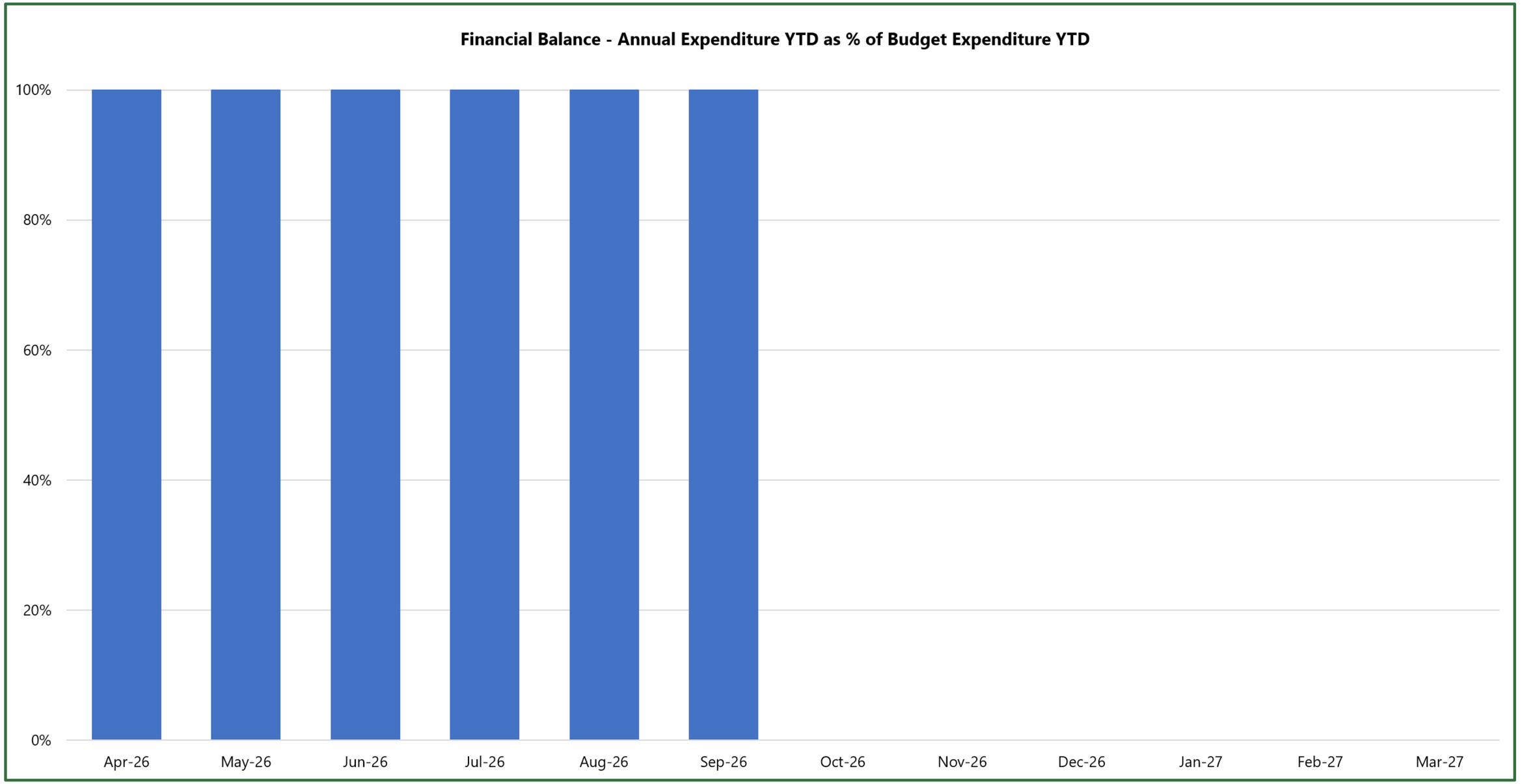
The chart illustrates the expected performance improvement, but the ambition of moving from 19% to less than 10%, needs to be reconsidered, in the light of a revised metric for this indicator.

Finance, Resources and Value

Financial Balance

Strategic Objective 6

Balance
G

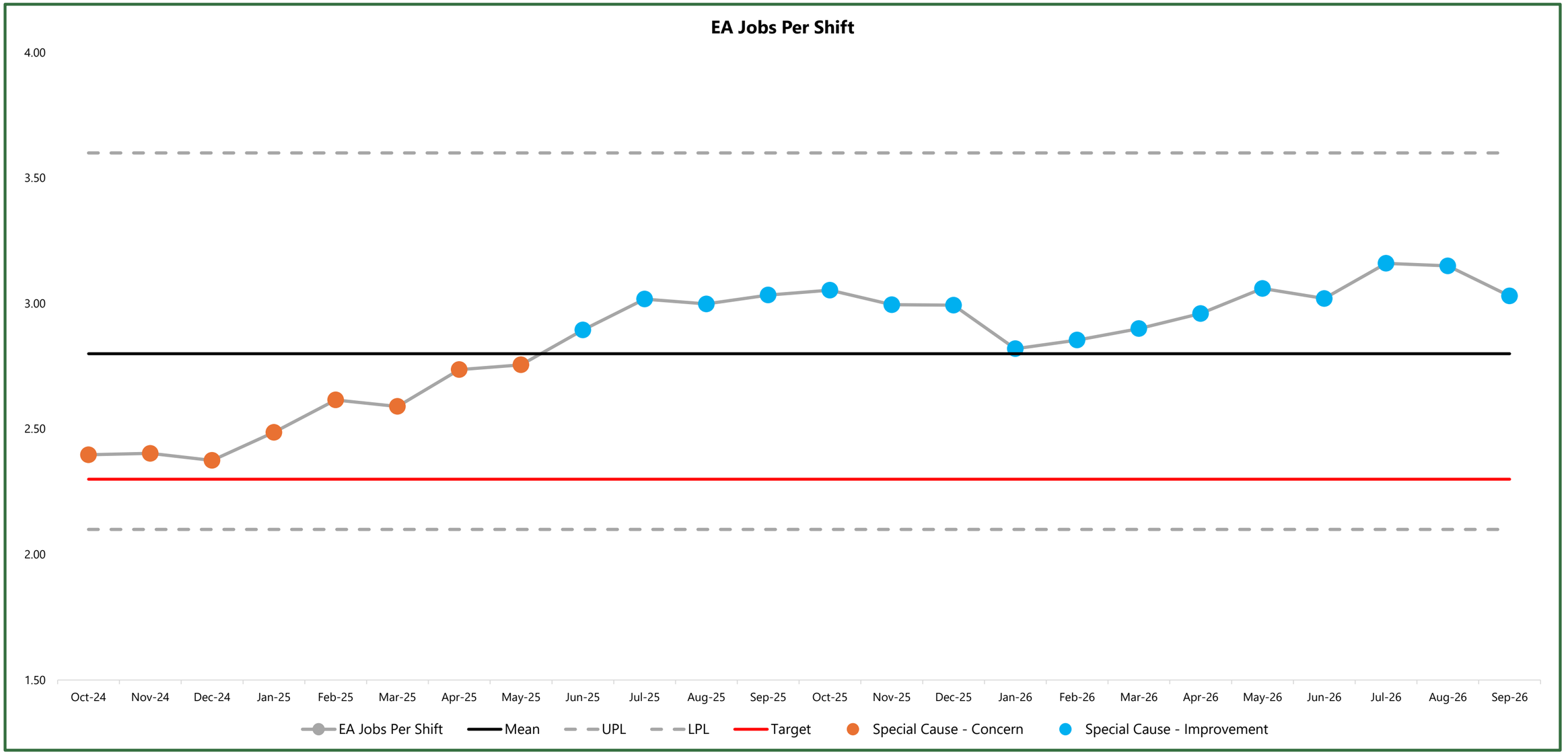


Finance, Resources and Value

EA Average Jobs Per Shift

Strategic Objective 6

EA Jobs Per Shift
G

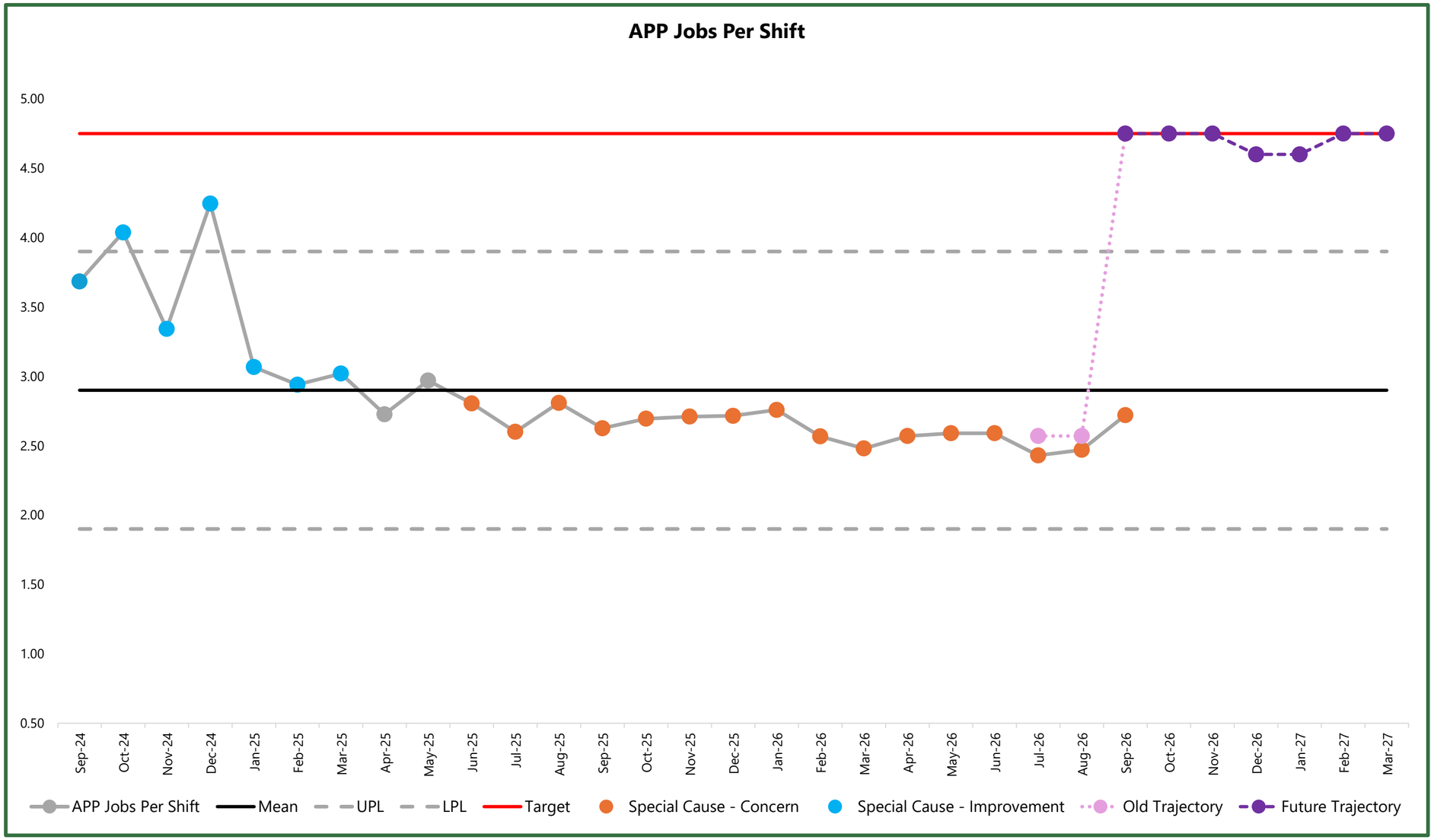


Finance, Resources and Value

APP Average Jobs Per Shift

Strategic Objective 6

APP Jobs Per Shift
R



Analysis

The SPC chart shows there has been a deterioration in this metric since mid 2025, with a sustained run of 16 points below the mean. APPs attended an average of 2.72 jobs per shift during September 2026, the highest on record since January 2026. Performance is still however well below the target (4.75) — indicating the current system is not capable of meeting this target.

Remedial Plans and Actions

There are three key actions underway for APPs a) scheduling (that is looking at the code set they are designed to focus and respond to); b) the APP re-roster, which is due to take place this year, and
c) Work has been undertaken to better identify jobs that are APP suitable and increase the code set and allocation to an APP at an earlier stage.

Expected Performance Improvement

Both a), b) and c) above are expected to be in place by December, in line with the Winter Plan (scheduling is now live). Advanced simulation software has been used to develop the new APP rosters. The lilac future trajectory line, was the original improvement trajectory, with the purple trajectory line, representing a revised one, based on a delay in a planned change to the CAD to facilitate the scheduling. The modelling indicates a step change in jobs per shift as a result of the new rosters and scheduling.

Finance, Resources and Value

Fleet

Strategic Objective 6

Under Development

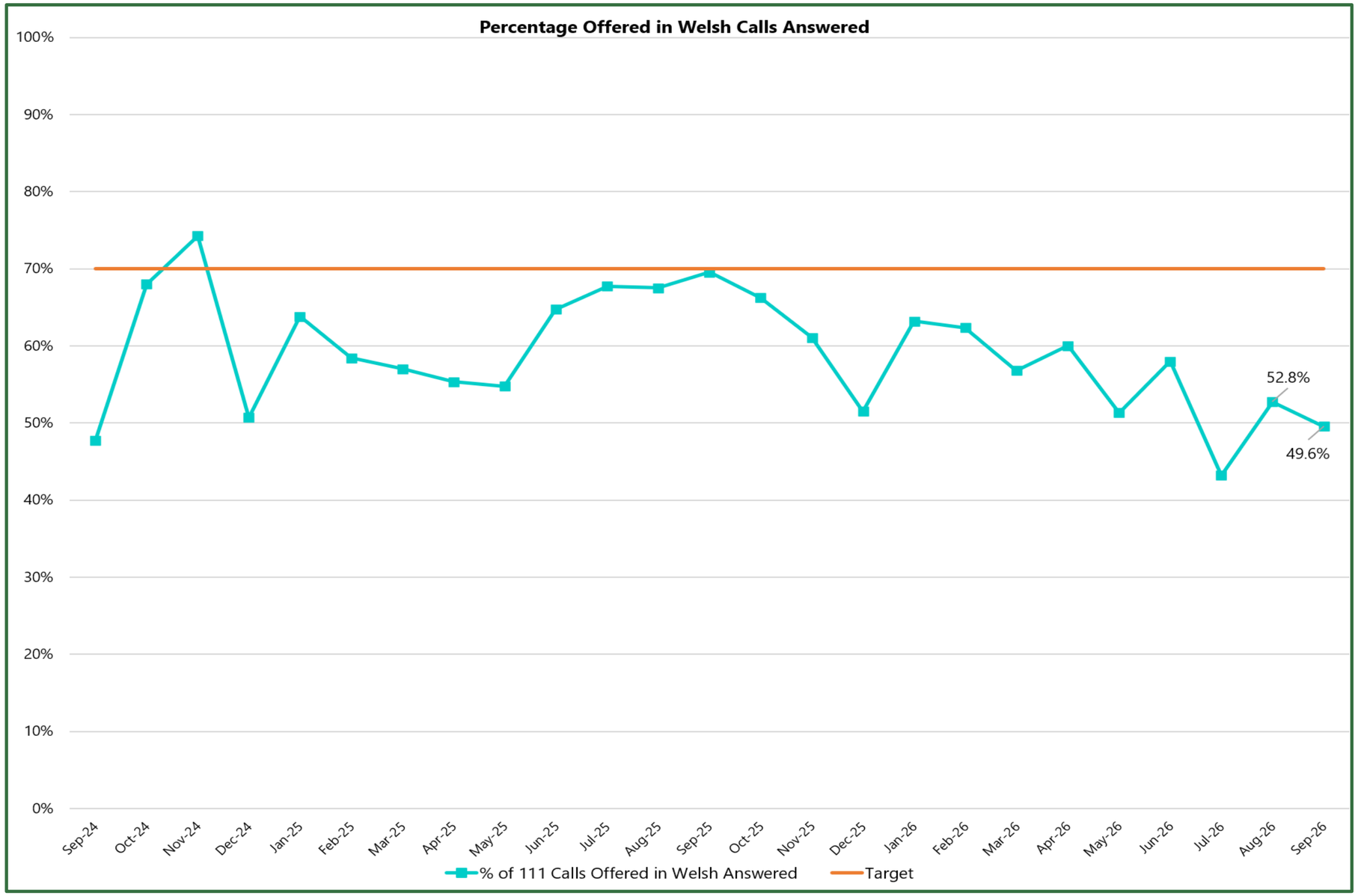
An initial two indicators have been identified, with further work now required to enable reporting in Q4.

Partnerships / System Contribution

NHS111 Outcomes and Welsh Calls

Strategic Objective 1

R



Analysis

In September 2026, the total number of 111 Welsh calls offered was 1,588 calls, of which 787 were answered, equating to 49.6%. This remains below the 70% ambition and has remained below target since November 2024.

Remedial Plans and Actions

See the plans and actions for calls abandoned and 60 seconds in previous slides.

Expected Performance Trajectory

The independent modelling was based on 1470 calls to the Welsh line. The figure for September was 1,588, therefore greater than modelling figure, but the key point is that this is a very small part of the overall demand, which was 93,649 calls in September. It would be very inefficient to ring fence Welsh speakers to answer this demand and the independent modellers have not advised that, instead Welsh speaking call handlers are interspersed through the new rosters, when they go live. Being interspersed through the rosters and not ring fenced, means that even if in work, they may be answer an English call at the time a Welsh call comes in. The demand actually needs to be further segmented by regional dialect

The advice of the independent modellers was to wait and see what performance looks like post go live of the new rosters and consider the IMTP ambition around this indicator.

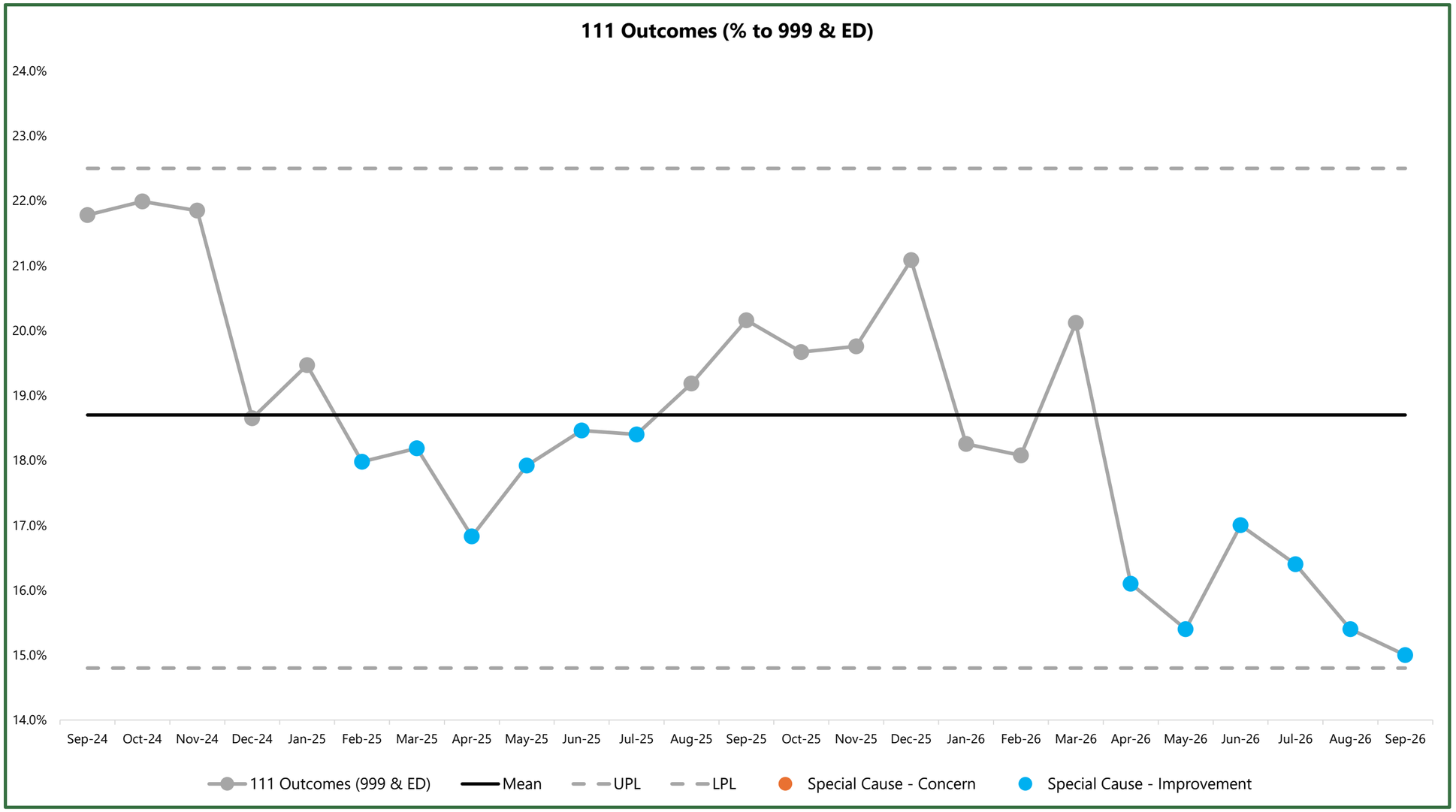
Partnerships / System Contribution

NHS111 Outcomes

Strategic Objective 4

111 Outcomes

MOA



Analysis

There has been a sustained decrease in the number of 111 calls being referred to 999 and ED with six data points below the mean since April 2026. Total 999 and ED referrals have also reduced from 11,170 in September 2025 to 7,649 in September 2026. Whilst this highlights a positive trend and improvement, it comes at a time when overall calls answered in September 2026 is 3,849 below the figure answered in 2025, with a significant increase in the number of abandoned calls.

Therefore, the rationale for the ED and 999 referral decrease could partly be driven by a negative performance measure, as an overall reduction would have impacted on the number of referrals into each pathway, thus reducing 999 and ED referrals. This would almost certainly have adversely caused an increase in the number of 111 patients, either ringing 999 directly, or making their own way to ED, increasing the level of unmet demand.

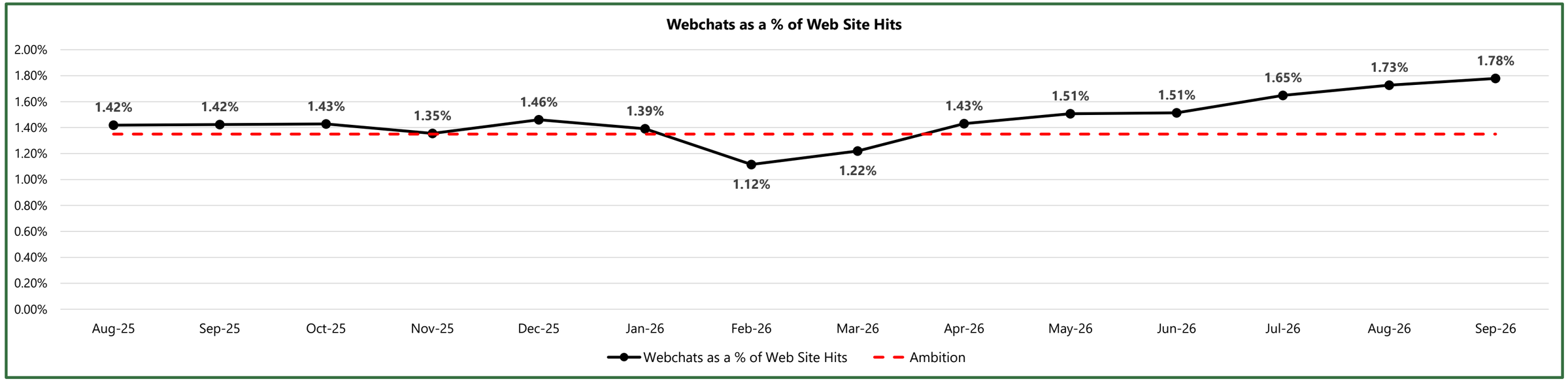
However, from a positive side, the implementation of ICCQ in April 2026 would also have had positive impact on referral numbers into the ED and 999 pathways.

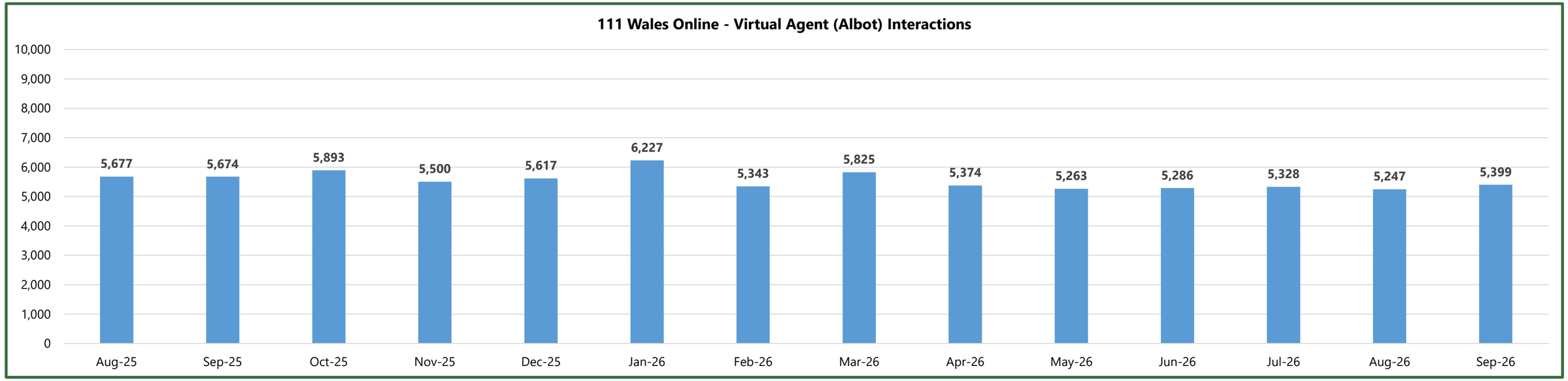
Partnerships / System Contribution

Albot and Web Chats

Strategic Objective 3

Web Chats	Albot
G	MOA



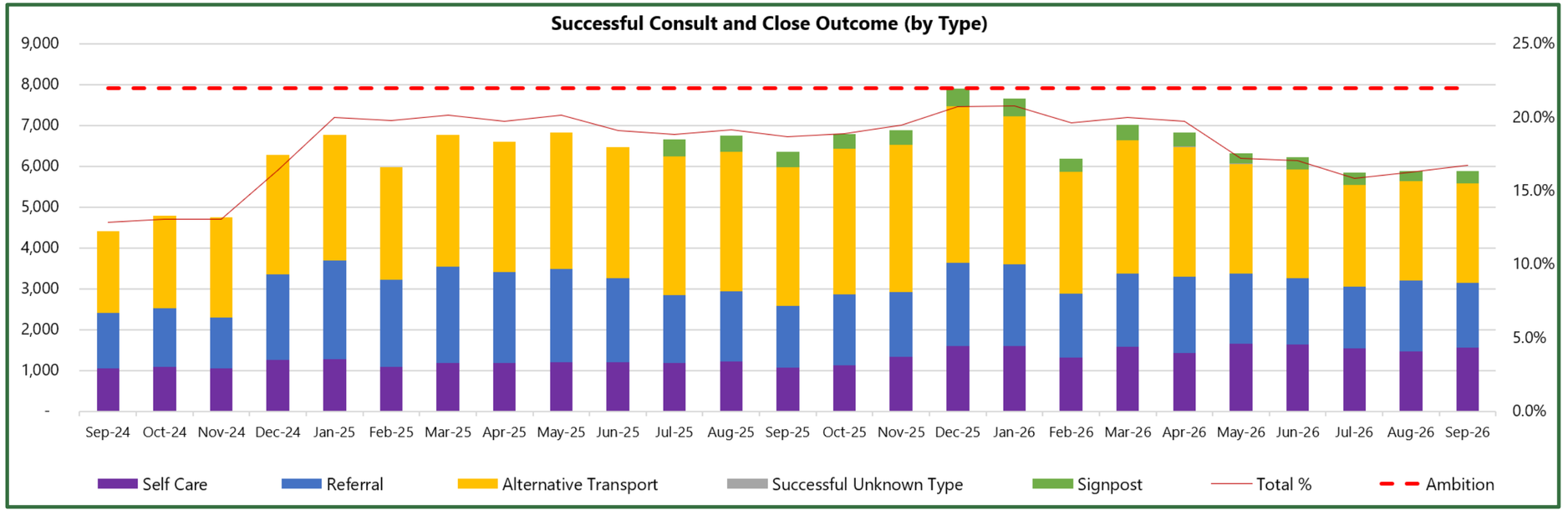


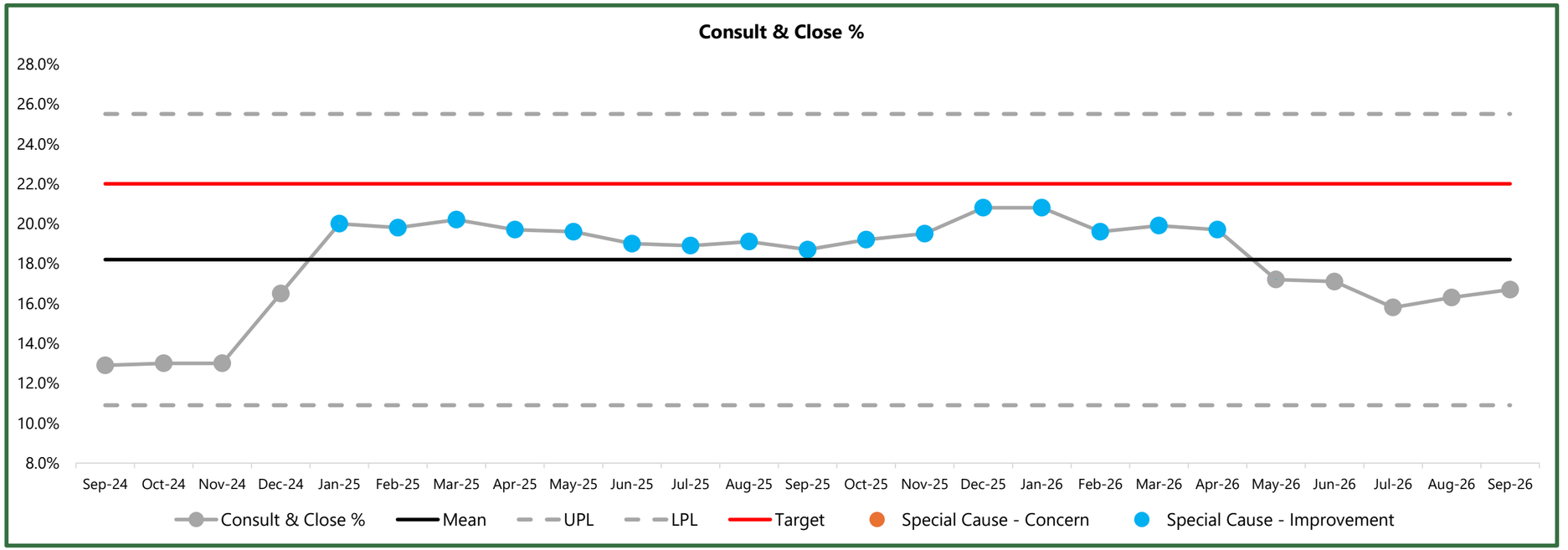
Partnerships / System Contribution

Consult & Close Indicators

Strategic Objective 4

C&C Outcomes: R





Analysis

A new **Consult and Close** definition was agreed with the JCC Director of Commissioning in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

The SPC showed a sustained pattern of system improvement the entirety of 2025 and early 2026 with 16 consecutive data points exceeding the mean. However, since May 2026, performance has dropped below the mean with 16.8% cases having a successful Consult and Close outcome in September 2026 against its 22% ambition.

Remedial Plans and Actions

The likely cause of the fall in the consult & close rate is the move to the RICS single queue and also taxi use recording/taxi use, connected to available budget. The AD Commissioning & Performance is currently undertaking a series of meetings with expert staff, with the aim of resolving these issues in advance of winter. A revised definition has now been approved by CMT Board and is just waiting on JCC approval. This should see an uplift of performance, but only estimated to be one percentage point, so further analysis required to determine what has caused the drop off in performance.

Expected Performance Trajectory

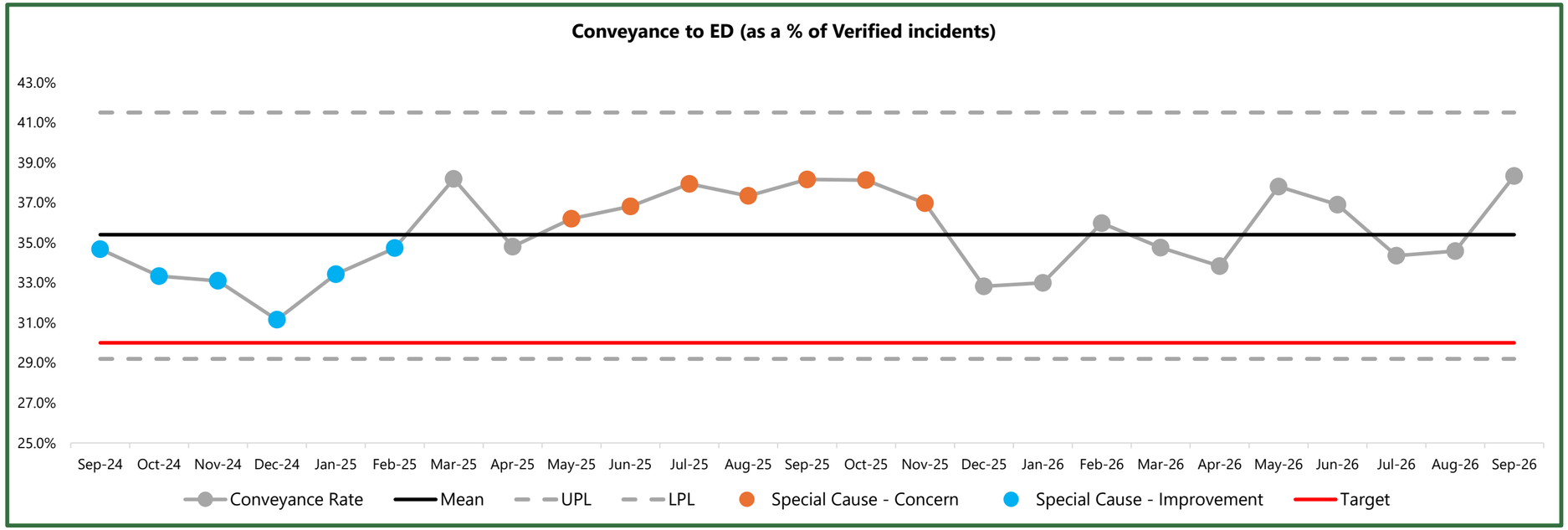
The independently modelled ambition is 22%. A trajectory is now dependent on the work to be undertaken in September as above.

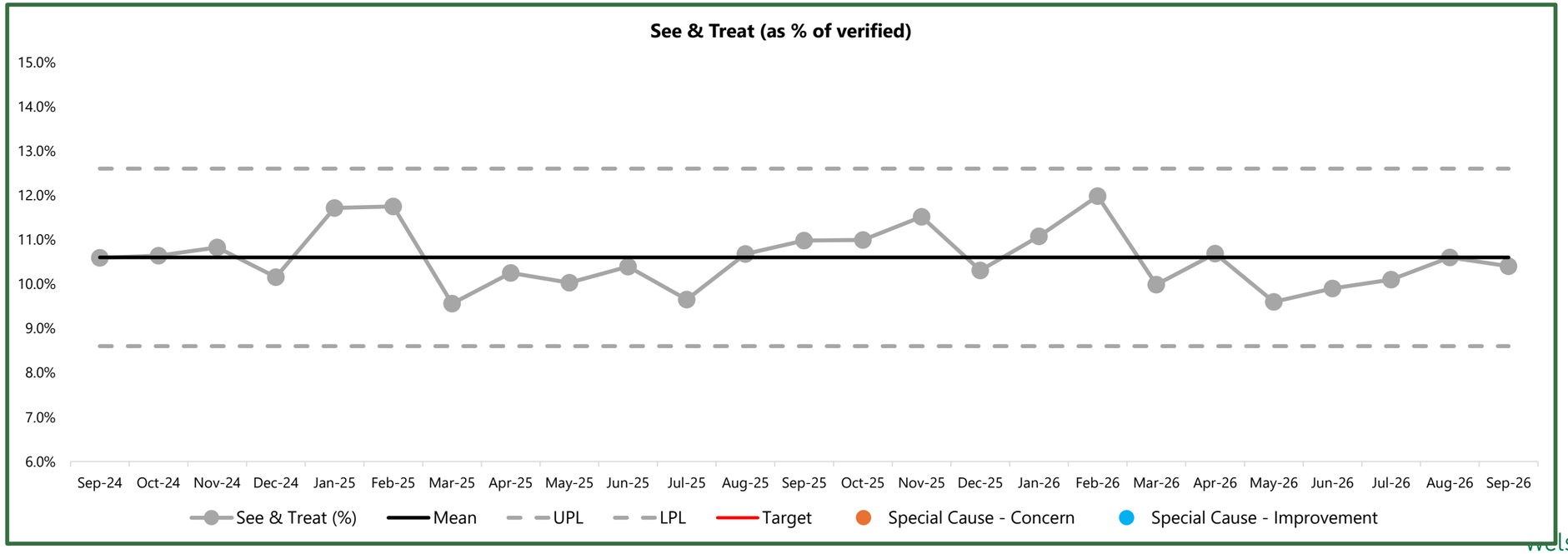
Partnerships / System Contribution

Conveyance to ED/See & Treat Indicators

Strategic Objective 4

Conveyed to ED	% See & Treat
R	R





Analysis

The SPC shows a period of special-cause deterioration in mid-2025, with a sustained run of points above the mean indicating higher conveyance rates.
In recent months, conveyance rates have fluctuated around the mean. However, September 2026 saw the highest number of conveyances to ED recorded in over two years, reaching 38.3%.

It is clear conveyance rates remain above the 30% ambition (an independently modelled benchmark), meaning the system is not currently capable of delivering the ambition.

The number of incidents treated at scene and referred to alternative pathways have both remained stable over the past year.

Remedial Plans and Actions

Transformation actions include continuing to work towards the 22% consult & close benchmark, improving see & treat rates through APP re-rostering & scheduling and health board support through SPOAs and alternative pathways.

Expected Performance Improvement

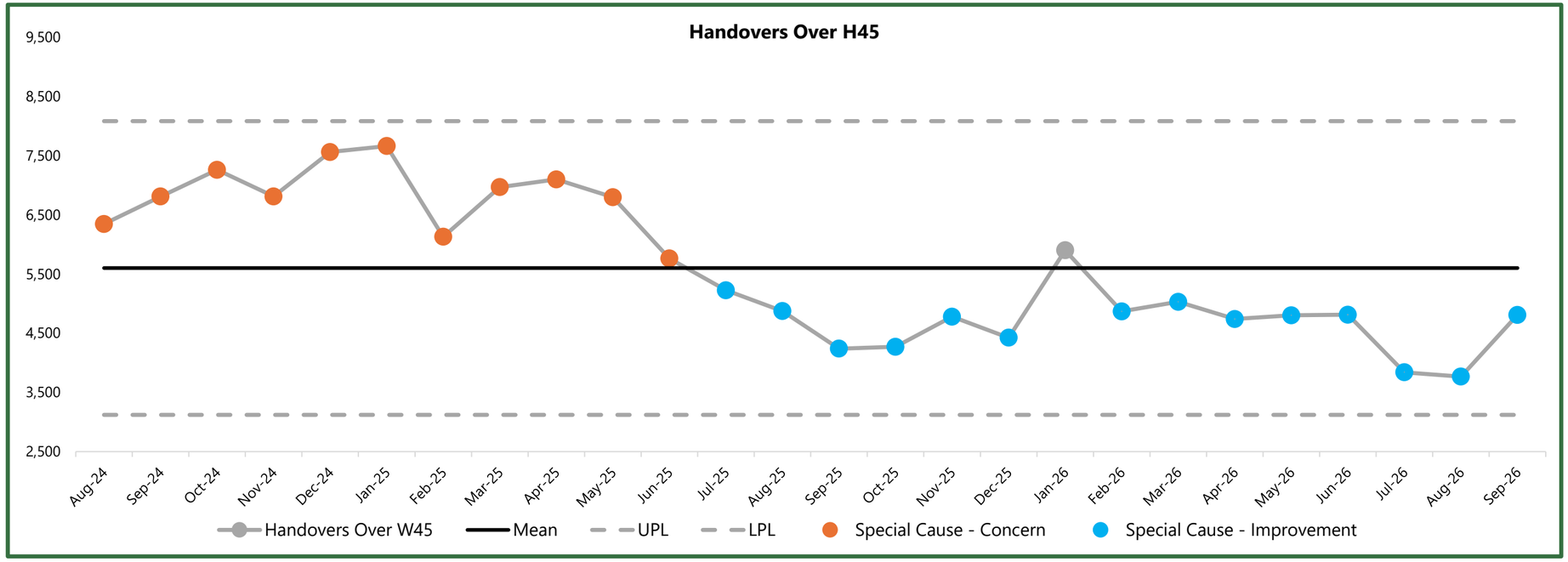
The 2023 Demand & Capacity Review, modelled a position of 30%, if all transformation changes are successfully implemented and W45 delivered.

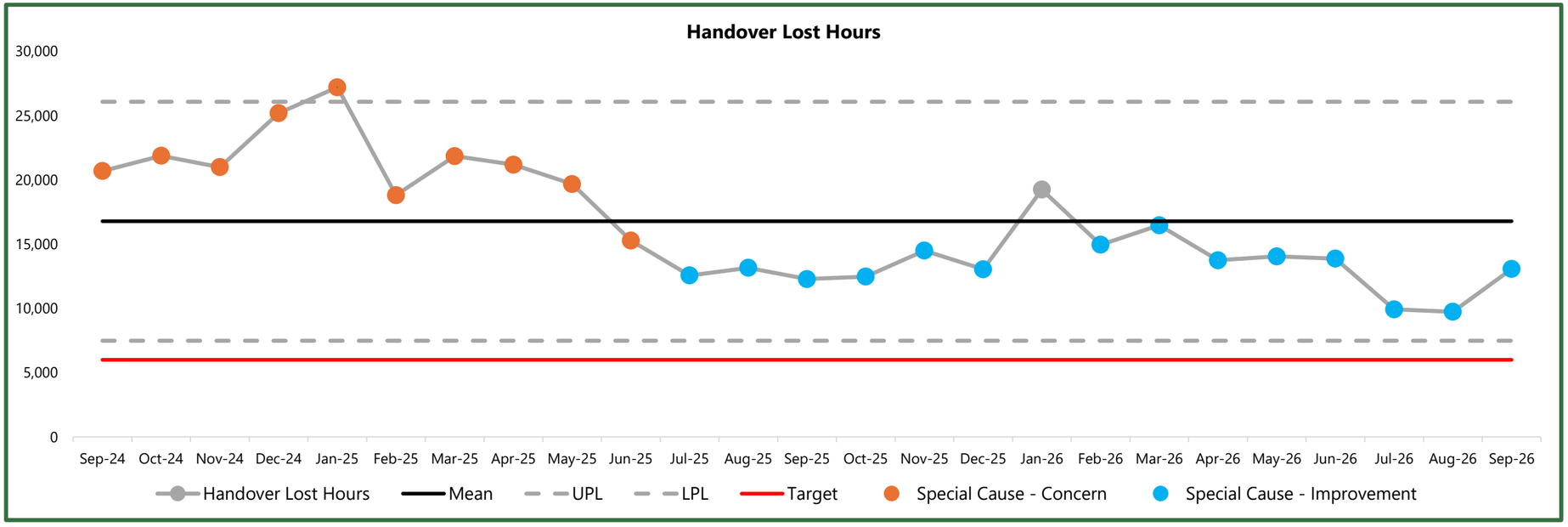
Partnerships / System Contribution

Handover Indicators

Strategic Objective 4

W45	Lost Hours
R	R





Analysis

165,107 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Oct 25-Sept 26), compared to 230,091 hours over the same timeframe last year. There were 13,071 hours lost in September 2026, which is an increase from August where hours lost were at there lowest since June 2021 at 9,737.

In relation to the W45 target, the chart shows there was a sustained improvement in performance between April 2025 and December 2025, with variation remaining positive since June 2025. Following significant improvements in July and August 2026, September saw an increase in handovers over W45, however numbers remain significantly lower than in previous years.

The lower SPC chart shows there has also been a sustained improvement in handover since May 2025, with all bar one data point below the mean since this time. However, as the chart indicates, this is a metric that has still failed to achieve its target over the past two years.

In September 2026, the Trust could have responded to approximately 4,217 more patients if handovers were reduced to the target level, which highlights the impact these numbers are still having on the service.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, HBs and Welsh Government/Ministers, which have been listened to.

Expected Performance Trajectory

The expected ambition from Welsh Government is no waits over 45 minutes. Improvement plans have been developed by health boards, including trajectories. The Trust has been supplied with these, and these will now be monitored going forward.

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		

Agenda Item No.	10

REPORT TITLE

Digital Reporting

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 November 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, David Hopkins, Kimberly Abraham and Digital Leadership

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ 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), Information & Communications Technology (ICT), Digital Transformation & Innovation (T&I), and the Clinical Digital Unit (CDU) functions, aligned to the Integrated Medium Term Plan (IMTP) deliverables, Local Directorate Plan for 2026-27, and the Strategic Digital Plan 2024-29 (see the **Appendix** for metrics and project status). Note that the timing of this month's report means data in the accompanying Metrics report will depict August, September and October.

2. Following a recent recommendation from Audit Wales, this report has been reviewed to ensure that it uses plain language, and that technical terms are appropriately explained. **Committee members are invited to provide feedback on any language where further clarity would be useful.**

Alerts

3. **Workload & Prioritisation:** The Digital teams are involved in a significant number of projects and delivery activities across WAST, often with competing timelines and a dependency on specialist capacity to facilitate all organisational needs. This was one of the themes noted as part of the Digital Ways of Working culture review (see paragraph 10), and will be explored in detail as part of the directorate's response to the review. The launch of the new Digital Oversight Group (see paragraph 4) is expected to provide benefit in future, ensuring work is prioritised against organisational needs, existing workload, risks and dependencies. However, it will take some time for the benefits of DOG to be realised, and for the rest of the organisation to become accustomed to new prioritisation processes. In the meantime, digital teams are currently reviewing their backlogs, with all outstanding requests being directed into the DOG process for reconsideration and to ensure the right priority and resource is assigned.

Highlights

4. **Digital Oversight Group:** The Digital Oversight Group (DOG) held its first meeting on 7 October, with cross-directorate representation. The Group took assurance from the new structured, transparent prioritisation process, noting that the process will require further refinement. Eight requests were reviewed in detail; three were prioritised for digital resourcing assessment, while five were redirected for further development or information. Of 33 submissions triaged before the meeting, 12 were prioritised, 12 declined, six awaited Senior Manager Authorisation, and three required more applicant information. Since the first meeting, following feedback from requestors, we have adapted our ways of communicating progress, and our methods of providing feedback should a request be rejected. The team

have also adapted the DOG app and processes to provide more timely communication based on this feedback received.

5. **Albot Patient Feedback**: Following a request from Trust Board, patient feedback regarding Albot (the 111 Wales Website virtual assistant) will be included within Digital Reporting to the Finance & Performance Committee in future. Appropriate KPIs are being developed by the Digital Front End team that best reflect the patient's experience; in the meantime, a report (Appendices 2 & 3) is presented, outlining feedback received so far and how this has informed future development. Albot is a well-used service, with an average of **5,936 resolved conversations per month**, with **54% of users reporting a positive experience, 11% neutral and 35% unhappy**. Feedback highlights strengths in providing quick, clear information and practical next steps, while identifying opportunities to improve the specificity and context of responses. Further work will focus on strengthening content, safety and accessibility, alongside developing a clearer evaluation of Albot's impact and benefits. There is also further work required to assess the available data against the desired metrics, and what can be provided as part of regular KPI reporting.

6. **CIO 100 Awards UK**: Jonny Sammut, Director of Digital Services, has been named in the CIO (Chief Information Officers) 100 UK 2026, recognising him among the UK's leading digital and technology executives.

7. **Records Management**: A new Case Management System (CMS), to be known as "Records Path", is being built in-house for Records Management. It will help improve processes by bringing together all requests for records into one system, including police and solicitor requests, and Subject Access Requests. The system is expected to bring substantial benefits through far great clarity and oversight over workload and backlog. Subject to approval through appropriate governance channels, the system is expected to launch in November. There are other directorates and teams that may be able to benefit from the system's infrastructure in the future, and these opportunities are already being collated through the DOG process.

8. **Cyber Security Internal Audit**: WAST received a 'substantial assurance' rating in a recent cyber security internal audit.

9. **Away Days**: Teams from all across Digital met in Swansea in October for their annual away days. These have formed an important part of staff culture and engagement efforts as most of the workforce continues to work from home and from locations across the UK. The team benefitted from showcases from colleagues, open discussions about future strategy, planning and prioritisation, team building exercises, and an open Q&A with the Digital Leadership Group.

10. **Digital Ways of Working**: The Digital Directorate is currently undergoing an external culture review facilitated by Honne, including surveys, network mapping, focus groups and individual interviews. Initial findings are expected by early November, but an emerging theme is around the pressure of demand faced by the teams.

11. **Digital Maturity for emerging technology:** a Board Development Session was facilitated by the Digital Directorate with support from Gartner in early November. The session focused on what digital maturity looks like for a healthcare organisation and on increasing confidence at Board level to steer strategic direction, assure safety and risk, and scrutinise performance at a time where the technology landscape and risk profile is shifting around us. Themes from the discussion included principles such as starting with the problem to be solved not the technology, that AI cannot be considered separately from patient safety and risk, needing pragmatism around investment and capacity, and digital and AI literacy and culture being a strategic challenge. It was also felt that the digital and integrated governance foundations are already in place or are developing well, and focus now will be on strengthening the evidence and confidence through to Committee and Board.

12. **Clinical Model Transformation (CMT):** Digital continue to support the CMT with significant contribution already made throughout the first half of 2026/27. Highlights from the current reporting period include:

    - Under the **CMT Programme** Digital continue to contribute to Call Flow Phase 3 initiatives, are supporting the independent CMT Evaluation partners, and are involved with other project groups across the new Integrated and Urgent Care Workstream such as intelligence for the Respiratory Group, and support for the Urgent Community Metrics group. Whilst these are priorities that predominantly impact the IDS function, there are other requirements to support the workstreams across Digital, including CAD changes and system updates.
    - Early November, a workshop on **Data Linkage** was held with members of the CMT Benefits Realisation Steering Group, CMT Evaluation partners and Insight & Data Services. The purpose of the workshop was to determine the clinical pathways, conditions or patient cohorts to prioritise for analysis of clinical outcomes and impact of the CMT changes. The decisions taken at the workshop enable next steps for data provision to the Evaluation team, which will inevitably require data linkage of WAST data with Health Board, Public Health Wales, and/or ONS datasets. The Data Linkage workstream is due to commence in January, following the first phase of evaluation by external partners (using WAST-only data).
    - **Ambulance Performance Framework and ICCQ fixes:** The IDS team have been resolving data and metric definition issues following the implementation of the Ambulance Performance Framework (phases 1 and 2) and the Integrated Clinical Call Queue (ICCQ). The consequence of these issues has been the inability to confidently report on RICS metrics and assure the Consult & Close figures since ICCQ go-live in

April, both within internal reporting and external reports to Commissioners. However, amended definitions and recommended data processing approaches have now been approved internally through Digital, Operations and CMT governance routes, and are now being confirmed with Commissioners before final implementation. The work is expected to complete in November.

13. **ePCR refresh:** The wider refresh programme for WAST's electronic Patient Care Record application (TerraPACE) continues to progress well. A timeline has been agreed with the supplier, Terrafix, which includes clinical risk assurance, testing and staff training, with high confidence that the refresh will be deployed in Q4. WAST is the UK's official TerraPACE reference site, a significant recognition of the organisation's digital maturity and partnership with the supplier, providing WAST with early access to new platform capabilities.

14. **ESN Phase 2:** The Emergency Service Network (ESN) Phase 2 Full Business Case (FBC) was approved at Trust Board on 24 September and will now be submitted to Welsh Government. As part of this process the FBC will be presented to the Welsh Government Infrastructure Investment Board on 6 November 2026. Alongside this will be the contract award for the Design Document that is required prior to any installation on the Wales Air Ambulances. This approach is being adopted to de-risk the Wales aircraft. The ESN Phase 2 FBC requests funding for Air to Ground, handheld radios, fixed vehicle devices (radio), field services and the resources required until 2031/32.

15. **Strategic Data Plan:** following an earlier internal audit on Devolved Data Management across the organisation, and conversations with the Executive Leadership Team about the direction for data, analytics and AI within WAST, a strategic data plan is in development. This plan will consider the people, processes and technology to help assure our foundations, and mature our data products and analytical services. The plan will also be supported by the professionalisation of the data and analytics workforce across WAST through a new 'Community of Practice', and by empowering a data-confident workforce more widely through self-serve and data literacy programmes. Engagement with all WAST data professionals is well underway, with the first Community of Practice forum planned for December 2026. The development of the strategic plan will continue through Q3 with an aim for the full plan and roadmap to be published in Q4 2026/27.

16. **Structured Return on Technology-Enabled Care**: WAST has participated in a comprehensive Structured Return, commissioned by Welsh Government and facilitated by NHS Wales Performance & Improvement, to explore a national strategic position for Technology-Enabled Care.

17. **Data & Analytics annual review of demand:** As frequently discussed, the demand on the data & analytics (D&A) teams is significant and sustained. Over 1,140 work requests were completed by the Data & Analytics team in the last 12 months. This figure excludes smaller "tickets" such as enabling access to reports or setting up subscriptions.

1,033 of the work requests were actioned at the request of internal WAST stakeholders, with almost half of these (503) requested by Operations colleagues and 106 requested by Medical & Clinical leads. 107 of the work tasks were to provide statistics or reporting externally, for example, to Welsh Government, JCC, Health Boards, or to service Freedom of Information requests.

255 of those 1,140 completed are "requests" from within Digital or D&A - activities and projects which include ensuring the Data Warehouse is maintained adequately, and that self-serve reporting infrastructure is available and resilient. This is often the type of work that gets delayed in favour of more visible and urgent requirements, but this can increase risk of data pipeline failures, or data quality and accuracy issues, due to out-of-date products. As such, the data & analytics team will be utilising DOG to ensure prioritisation of important foundational activities in future – for example, a request has already been submitted to DOG for a server migration exercise in Q1 2027/28 which will allow for early planning and scheduling.

18. **Recruitment**: We continue to make progress on recruitment for core roles across the directorate:

    - **Digital 111 Online (Digital Front End)**: Recruitment to the core leadership team is progressing well, with the new Head of Service having joined WAST in October. A new Clinical Lead for Digital Front End will start their role later in November. Recruitment is currently underway for a Business Analyst to support the project.
    - Within the Insight & Data Services function, the **Data Engineering Lead** has been successfully recruited, with interviews currently taking place for a **Power BI Analyst**, and the job description for a new **Data Science Lead** is being evaluated.
    - **ICT Contracts Manager**: A new ICT Contracts Manager has been appointed, starting on 7 December.

Lowlights

19. **Power interruption at Vantage Point House**: On 12 October, a brief National Grid power interruption exposed a fault within one of the UPS (Uninterruptible Power Supply) systems at Vantage Point House. Whilst the majority of critical systems remained operational due to dual-fed infrastructure, several services experienced a temporary interruption.

20. Support continues for the **Clinical Model Transformation**, although some challenges are still present:
    - **Online Symptom Checkers (Digital Front End):** The replacement NHS 111 Wales Online Symptom Checkers have been delayed due to limitations in automated onward referrals, including to GP Out-of-Hours, and the need to assure partners on patient

flows and demand impacts. Existing checkers remain in service, with associated clinical, governance and operational risks actively managed. Progress is being made through JCC meetings with Health Board colleagues to align implementation plans, targeting introduction by the end of Q4. The proposed` approach is a controlled soft launch, with Health Boards and GP Out-of-Hours services closely involved in monitoring activity, referrals and operational impacts before wider promotion. Final plans remain subject to feedback from JCC and system partners.

21. **eTimesheets**: A test environment for GRS eTimesheets is due to be delivered by the supplier to WAST by the end of November, which will then go into User Acceptance Testing. This will use anonymised data to mitigate data protection risks. Following this testing, the platform is due to go live by the end of March 2027. The Android mobile application remains unavailable, and the team are awaiting a resolution from the vendor.

22. **CAD Replacement**: A Project Management resource is now in place for the remainder of 2026/27 FY to support with this major replacement project. Following an initial project call on the 16 October, the focus will be to establish and formalise the project structure by Q4 2026/27, recognising the multiple Directorates and specialisms that will be required. Digital will also provide wider programme management support to the project manager.

23. **AI Developments:** The Digital Directorate has received multiple asks to consider support for deploying new in-house built Copilot Agents organisation-wide. Whilst the AI Steering Group (AISG) is able to support the thinking around the design and development of these Agentic AI tools, ensuring they align to the principles of Responsible AI and internal governance / compliance frameworks, the agents are not yet able to be fully rolled-out due to constraints in licencing and funding, and gaps in governance. The Trust is also seeing the risk profile around AI technologies expand rapidly, related to security, accuracy, equality, and AI literacy. However, the AISG have developed and are publishing a set of 10 Guiding Principles for AI use within WAST, to support staff in using, procuring or building AI tools responsibly. The group also continues to develop internal policy and governance frameworks, and are also aware of national policy and guidance development. Additionally, with the establishment of DOG, any AI related requests will now pass through this process which will help capture data protection and cyber related requirements early.

24. **National Data Sharing:** A coordinated national approach to data sharing with system partners across NHS Wales remains dependent on central work being progressed with support of Welsh Government. To enable data to flow into the National Data Resource (NDR) and to support compliant onward sharing, there remains a need for legislative change which is not expected to be implemented for around 2 years - however some deliverables are still possible within that period. WAST's Data Protection Officer has contributed to this national work through the Information Governance Leads Group (IGMAG), which has been considering proposed next steps to support progress across Wales. The Chair of IGMAG has

presented papers and proposed recommendations to the NHS Wales Leadership Board, with further updates due to be provided back to IGMAG members.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Finance & Performance Committee is requested to:

1. **RECEIVE ASSURANCE** on the progress of the Digital Plan activities, IMTP commitments and CMT involvement of the Digital Directorate teams.

2. **NOTE** that the report has been reviewed to ensure that it uses plain language, and with technical terms explained appropriately.

3. **RECEIVE** the Albot Patient Feedback and Learning Update and **RECEIVE ASSURANCE** from the evidence of sustained use, transparent patient feedback and the established governance arrangements, whilst recognising the outstanding assurance activities and limitations in demonstrating patient outcomes and financial benefits, including that avoided calls and financial or productivity savings have not been demonstrated.

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:

1. Appendix 1: Digital Reporting November 2026 – Metrics (pdf)
2. Appendix 2: Albot patient feedback and learning update (Cover Paper)
3. Appendix 3: Report – Albot Patient Feedback and Learning update

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 (now managed locally by Digital Directorate) • 690 – SAR and disclosure of Records compliance

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 & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☐ 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
4 November 2026	Digital Leadership Group (sign-off)

Digital Contribution 26/27

CMT
- CMT Evaluation — Phase 1 data delivered; Phase 2 in progress
- CMT Benefits — Call flow 3.0 live; Community Metrics
- Digital Front End — Recruitment round 2; Dispatch checker delay

Everyday Essentials
- GRS migration
- Simplified sign-on — for RICS
- Paramount Migration

Cyber, Safety & Security
- Responsible AI — Interim mechanisms policy in dev

Digital Pioneers
- DDaT Governance — DDG-1 DRP launched
- SMS functionality — NEWS2 + Sepsi ability live
- Benefits framework — Finalising SMS/Hx training

Transformation
- CAD Replacements — Project support required
- ESN Phase 2 — Full to Ground endorsed
- ePCR Refresh — Contract signed & demo received

Data, Information & Insight
- Connected Intel — ICCO data reconciliation & assurances
- National Sharing — dep on national work
- Strategic Data Plan — Community of practice engagement in progress

See IMTP & LDP trackers for action & milestone based progress.

RAG and progress based on Directorate Plan
Last updated 07/11/2025

CMT Digital Contribution 26/27

Digital Front End

- Virtual Assistant Phase 1 & 2 Impact Report
- Symptom Checkers
- Progress Content Management System* procurement
- Metrics Dashboard
- Service Development*
- Build The Substantive Team

*Dependency on recurrent funding from WG

Remote Integrated Care Service

- Single Clinical Queue
- MPDS x CPSS PBVI / Evaluation
- Falls Desk Data
- CAD configuration

Emergency Response Service

- OCHA data flows
- OCHA Registry Development
- OCHA Reporting
- OCHA PADmap support

Evaluation

- Data Provision
- Support to Phase 2
- APP Evaluation Support

Benefits

- Scorecards
- Methodology
- Baselines & Targets
- Reporting

Digital Overarching Support (all workstreams)

- 26/27 IMTP + CMT — Complex requirements and unknown commitments of other Local Directorate Plans may not be feasible
- Metrics & reporting — Resolution of data issues post APP and ICCO implementation - awaiting final sign-off
- IG & Data Protection — Dependency on IC team still not fully known; several DPIAs in the backlog

Digital: Data & Analytics

Data Lifecycle: Oct 26

The 5 stages of the data and analytics lifecycle and related metrics.

Volume of Records Requests



Not including Police requests or API processing

Timeliness of ASI Submission to Commissioners

Sep-25	1	Apr-26	
Oct-25		May-26	
Nov-25		Jun-26	
Dec-25		Jul-26	
Jan-26		Aug-26	
Feb-26		Sep-26	
Mar-26		Oct-26	

% EMS incidents where patient NHS Number was verified

68%

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



Difference in Received Data to Completed Data

Turnaround for non-trivial analytics tasks (avg days)

Total Data Warehouse Load Failures

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

Digital: ICT Systems

Data for May 2026 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 — GAS C2 — October 26 - VPH — 27/10/25 Pinpoint: 30/09/25 loss of transfer functionality of R's and Y's calls 07/09/25 111 CAD log issues

999 — EMS Telephony — October 26 - VPH Power Outage

NEPTS — CAD Cleric — October 26 - VPH Power Outage

CSD — ECNG Lowcode — October 26 - VPH Power Outage

ePCR — Terraspace — October 26 - VPH Power Outage

111 — GAS — October 26 - VPH Power Outage; 09/09/25 Issue transferring calls to Swindon

111 — Telephony — October 26 - VPH Power Outage; 07/06/25 UK-wide 111 telephony outage

Digital: Service Provision

Quality, efficiency, and stakeholder feedback: Oct 26

ICT Service Desk

2270 calls logged Oct

2017 calls resolved Oct

8 Service Desk hours saved through use of RPA

Top 5 Oct Service Desk Requests
- Service Request
- Security
- ePCR
- Hardware
- Clinical Critical Systems

61% Incidents resolved within target

90% Requests resolved within target

Note: not all incidents or requests are resolved by WAST

Records

RPA for PCR requests saved people hours in Jul

Assumes 10 minutes per request

8.6

IDS Inbox



Same day turnaround of 'quick' tasks

ON TRACK

If non-quick tasks > 2 days on average to complete, then 50 requests = 2000 people hours, which would require 1 FTE assistant to complete each month

111 Website

42% Oct 26 engagement rate

The current position shows a steady trend across previous months

Engagement = users with a session >10 seconds, a conversion event, or 2 or more page views.

5618 Virtual Assistant conversations monthly

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

Agenda Item No.	10.1

REPORT TITLE

Albot Patient Feedback and Learning Update

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	Not applicable

REPORT SPONSOR

Executive sponsor	Jonny Sammut, Director of Digital Services
Author(s) of report	Steve Mason, Product Specialist 111 Digital Front End; David Hopkins, Digital Directorate Business Manager

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY:

1. Introduced in 2025 through the Digital Front End (DFE) programme, Albot provides round-the-clock access to NHS 111 Wales Online information and signposting through conversation. This update provides evidence of sustained use and service learning, while identifying assurance gaps and improvements still needed.

2. Albot recorded **71,228** resolved conversations between September 2025 and August 2026, averaging 5,936 per month, without advertising expenditure. Resolved or engaged conversations are more meaningful measures of use than raw sessions, which can include automatic window openings. However, these measures alone do not show whether users' needs were met.

3. In July 2026, feedback from 1,033 respondents was approximately 54% positive, 11% neutral and 35% unhappy. The unhappy responses provide an opportunity to develop improvements: more specific answers, better contact details and service navigation, better understanding of users' circumstances, and clearer routes to human support. Feedback is voluntary and does not represent all users but provides practical learning for the DFE programme.

4. Existing assurance evidence includes defined service boundaries, phased testing of more than 450 internal questions, information-governance, data-protection and processing arrangements, transparency, and review and testing of sensitive-topic responses. This provides a basis for assurance, but further work is needed: documented responsibility for keeping content current; regression testing to check existing functions and responses after changes; accessibility testing for different access needs; Welsh-language review; and digital clinical-safety review to identify potential harm and document risk controls, testing and remaining risks. The 4,019 translated messages demonstrate multilingual use, not Welsh-language accuracy, quality or compliance.

5. The March 2026 live-agent proof of concept tested the ability to transfer users from Albot to a person providing real-time text support for suitable non-urgent enquiries. Wider use remains subject to an agreed operating model, staffing, training, quality assurance and governance.

6. There is no linked dataset establishing avoided 111 calls, and any changes in telephone demand cannot be attributed to Albot without accounting for other influences. Earlier reporting periods and definitions need reconciliation, and supplier-reported measures need validation. Limited location and user-journey data restrict assessment of equitable access and outcomes. The next evaluation phase needs to link activity to whether users' needs were met, whether they completed their intended next step or subsequently used telephone or other services, and the costs of operating and improving Albot.

7. Along with ongoing work on the Online Symptom Checker, Albot is one component of the Trust's wider Digital Front End ambition. As this ambition develops, there will be further

exploration on how these components may be able to complement or integrate with one another in future.

RECOMMENDATION(S)

The Finance and Performance Committee is requested to:

1. **RECEIVE** the report

2. **RECEIVE ASSURANCE** from the evidence of sustained use, transparent patient feedback and the established governance arrangements, whilst recognising the outstanding assurance activities and limitations in demonstrating patient outcomes and financial benefits, including that avoided calls and financial or productivity savings have not been demonstrated.

ADDITIONAL PAPER(S)

The accompanying report referred to in this cover paper is:

1. Albot Patient Feedback and Learning Update – November 2026.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Supports access to trusted information, responsible digital innovation, collaborative service improvement, clinical quality and the development of evidence on value. These are areas of alignment, not claims that all intended benefits or assurance requirements have been achieved.

☒ 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 Risk 671 – Unauthorised or Inappropriate Use of AI technologies BAF Risk 620 - Symptom Checker

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

The selected domains reflect access, experience, service quality and assurance priorities. Selection indicates relevance, not demonstrated compliance or proven efficiency or equity outcomes. Welsh-language quality, accessibility, user outcomes and value require further evaluation.

☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☐ Workforce	☐ Culture
☒ Information	☒ Learning Improvement & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Supports responsible innovation and more accessible information through NHS 111 Wales Online, with feedback informing continuous improvement. Accessibility, Welsh-language quality and equity of outcomes remain areas for further assurance; sustainable value has not yet been quantified.

☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☐ 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 – assurance update only ☐ Yes
If yes, what impact assessment is attached	None attached to this assurance update. Any subsequent service change or live-agent deployment will require confirmation of applicable equality, Welsh-language, accessibility, data-protection and digital clinical-safety assessments through its approval route.

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

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

NHS 111 Wales

druid ROBOTICS AI

ALBOT PATIENT FEEDBACK AND LEARNING UPDATE



Albot Patient Feedback and Learning Update

Finance and Performance Committee | November 2026

Executive Summary

Albot is an established part of NHS 111 Wales Online, providing people with a simple, conversational way to find trusted NHS information at any time. By allowing users to ask questions in their own words in their own native language, it offers an additional route to information, with the potential to improve access and support easier navigation of the online service, while maintaining clear boundaries around diagnosis and urgent or emergency care.

In the 12 months from September 2025 to August 2026, Albot recorded 71,228 resolved conversations, averaging 5,936 per month. This sustained use has developed naturally, without advertising expenditure, demonstrating adoption of conversational access to NHS information and generating valuable insight into public needs, common enquiries and opportunities to improve NHS 111 Wales Online.

Feedback shows that Albot performs particularly well when it provides direct, specific and actionable answers, with users valuing fast access, clear next steps and plain language. However, 35% of the satisfaction responses recorded in July 2026 were unhappy; voluntary feedback should not be treated as representative of every user. This finding provides a clear, evidence-led improvement agenda around answer specificity, contact information, service navigation, contextual understanding and routes to human support.

The Committee can take assurance from Albot's defined information and signposting role, testing, information-governance and data-processing arrangements, and review of sensitive-topic handling. Further assurance remains necessary through regression testing, Welsh-language review, accessibility testing, digital clinical safety review and maintained content management. The 4,019 translated messages recorded indicate multilingual demand, but do not demonstrate the quality of Welsh-language provision.

The evidence demonstrates use and provides valuable learning for the wider Digital Front End programme, while indicating the potential to improve access to information; it does not yet demonstrate avoided 111 calls or cash-releasing or productivity savings. The next phase of evaluation should connect activity and feedback to user outcomes, subsequent channel use, quality and value. Regular KPI reporting is being developed and will be progressed and refined by the new team once in post, with agreed definitions and validation so that trends can be monitored reliably over time.

User feedback will be used to prioritise future development, including improvements to answer specificity, contact information, service navigation, contextual understanding and routes to human support. Themes from feedback will be reviewed alongside KPI trends, testing and assurance evidence so that changes can be prioritised, implemented and evaluated through the wider Digital Front End programme.

The live-agent proof of concept offers a potential next step for suitable non-urgent enquiries. Any wider implementation would require a defined operating model, appropriate staffing, quality assurance and governance, informed by evaluation of the trial.

Situation

The Director of Digital Services has been asked to update the Finance and Performance Committee on the impact of, and feedback from, Albot. This paper summarises the available evidence, the learning arising from user feedback and the actions needed to strengthen ongoing assurance.

Background

WAST introduced Albot within NHS 111 Wales Online in 2025 as part of the wider Digital Front End programme. Users can ask questions in their own words and receive information drawn from NHS 111 Wales Online content. The service is available continuously and supports multilingual interaction.

Albot and the Symptom Checker are both components of the wider Digital Front End ambition for NHS 111 Wales. How they might complement or integrate with one another will be explored as the future roadmap develops. This report does not establish or require a technical link between the two services.

Development included phased testing, defined content and behavioural boundaries, information-governance and data-processing arrangements, clinical review of sensitive-topic handling, and public feedback during soft launch. More than 450 questions were evaluated internally before public beta activity; during the 23-day soft launch, 4,382 engagements and 302 feedback submissions were recorded.

The supplier's draft impact assessment describes the soft launch as "Public Beta Three", following internal testing. The 302 public feedback submissions informed iterative improvements to usability, navigation, translation quality and conversational tone. This demonstrates refinement during the public beta, but the available evidence does not provide a detailed change record distinguishing changes made during the 23 days from those introduced at the transition to general use. The specific rationale for the 23-day duration, and whether a particular user group was recruited or targeted, have not been confirmed and require clarification from the original project team.

Assessment

Headline performance and engagement

Measure	Reported position	Interpretation
Resolved conversations	71,228, September 2025 to August 2026	Supplier-reported activity measure; the exact counting criteria require confirmation. It does not establish successful user outcomes or avoided telephone calls.

Average resolved conversations	5,936 per month	Annual monthly average, not evidence of uniform month-on-month demand. Interpretation remains subject to confirmation of the resolved-conversation definition.
Average conversation turns	6	Indicates multi-step interaction rather than single-page viewing; reported as a platform metric.
Translated messages	4,019	Shows use beyond English, although service quality and Welsh-language assurance require separate review.
Median resolution time	16 minutes, April to August 2026	The duration definition should remain explicit and consistently applied.

Raw sessions materially exceed engaged or resolved conversations because the chat window can open without a substantive user exchange. For example, July 2026 recorded 214,874 total sessions but 5,216 engaged conversations. Committee reporting should therefore lead with engaged or resolved measures and provide definitions alongside all metrics.

The earlier supplier dashboard defines engaged conversations as sessions where a user sent a substantive reply. The annual dashboard instead reports “resolved conversations”, without an explicit technical definition. These measures should not be assumed to be equivalent. Supplier confirmation is required on the resolution criteria and the treatment of abandoned or timed-out sessions. The supplier has discussed completion of a conversation flow as a possible indicator of success, but this is not a confirmed definition of the annual metric. The reported 71,228 resolved conversations should therefore not be interpreted as 71,228 successfully resolved patient needs or avoided telephone calls.

The available evidence shows continued use towards the end of the reporting period but does not establish uniform monthly demand. July 2026 recorded 5,216 engaged conversations, approximately 1% above June, demonstrating activity within the final two months of the annual reporting period. The annual supplier dashboard identifies October 2025 as an outlier at roughly twice typical monthly volume. A complete monthly table, including August 2026 and using consistent definitions, is required to quantify variation across the year. The annual average alone should not be presented as evidence of stable monthly usage, and an annual cycle is insufficient to establish a recurring seasonal pattern.

Patient feedback and experience

In July 2026, Albot recorded 1,033 voluntary satisfaction responses: 561 positive, 115 neutral and 357 unhappy. This equates to approximately 54% positive, 11% neutral and 35% unhappy among responses. The number of unique respondents has not been confirmed, so these figures should be described as responses rather than individual users. The result is useful directional evidence but should not be treated as representative of every user.

The supplier describes an in-chat emoji satisfaction option, followed by a link to a separate WAST-owned feedback form; the available evidence does not identify a separately contacted July survey sample. Against 5,216 engaged conversations in July, the 1,033 satisfaction responses equate to approximately 19.8 responses per 100 engaged conversations. This is not a verified invitation-based response rate: the number of conversations shown the feedback prompt, the number of unique people invited and the controls on repeat submissions have not been confirmed. These details are required before a formal survey response rate can be reported.

What users value	What creates dissatisfaction
Direct answers that address the question asked	Generic or tangential responses
Clear, practical next steps	Missing contact details, locations or actionable links
Specific service information	Being redirected to search again or repeat the query
Fast access at any time	Requests requiring booking, action, reassurance or human judgement that are outside Albot's information role
Supportive and plain language	Failure to recognise important context, technical access issues or language mismatch

Recurring areas of demand include GP and NHS services, dental and oral health, appointments and administration, mental health, prescriptions, waiting times, infections and service navigation. This intelligence is valuable for prioritising content improvement and future service-directory integration.

Safety, governance and assurance

Albot's intended role remains information and signposting. High-risk or urgent content should trigger clear direction to the appropriate urgent human route rather than be treated as a routine information exchange. Any content or third-party signposting used by Albot must be subject to maintained ownership and review so that withdrawn or changed services are removed promptly.

Current assurance evidence includes data-protection and processing arrangements, transparency measures, testing of sensitive topics, supplier security information and defined scope boundaries. Further assurance should include a documented content-refresh process, periodic regression testing, Welsh-language review, accessibility testing, digital clinical safety review and traceability of identified risks, controls, testing evidence and residual risk.

The March 2026 live-agent proof of concept demonstrated that users could move from Albot to real-time text support for suitable non-urgent enquiries. It also identified operational requirements that would need to be addressed before any wider use: clear service scope, trained staffing, HIA support, queue and availability controls, audit access, quality assurance, language arrangements and reliable performance definitions. Potential reimplementation to support winter pressures is under review with the Operations team to determine resource allocation; any implementation would be subject to evaluation of the trial, an agreed operating model and appropriate operational and governance approval.

Limitations of the current evidence

- There is no linked dataset demonstrating whether an Albot user would otherwise have called 111.
- Changes in telephone demand cannot be attributed to Albot without controlling for seasonality, service change and other influences.
- Feedback is voluntary and may over-represent particularly positive or negative experiences.
- Historic reports use different periods and definitions, so figures should not be combined without reconciliation.
- Some platform measures, including Natural Language Understanding (NLU) accuracy, the system's ability to interpret what a user means, are supplier-reported and require agreed definitions and validation. NLU accuracy should not be interpreted as evidence of clinical accuracy or successful user outcomes.
- Location data and completed user outcomes are limited, restricting assessment of equity, pathway completion, and regional impact.
- Poor site experience might impact the use of Albot and deter people away from using the prompt pop up which reduces engagement.

Finance and performance implications

The current evidence supports a value case based on the potential to improve access to information, service intelligence and learning for Digital Front End design. It does not yet support a quantified cash-releasing saving or productivity claim. Future evaluation should connect digital activity to user outcomes, subsequent contact-channel use and the cost of operating and improving the service.

Recommendation

The Finance and Performance Committee is asked to note Albot's sustained adoption without advertising expenditure and the learning it provides for digital access to NHS 111 Wales; take assurance from the defined service role and existing testing and governance arrangements, while recognising the outstanding assurance work and limits of the benefits evidence; and support an evidence-led improvement and evaluation programme within the wider Digital Front End programme, focused on user outcomes, quality, subsequent channel use and value. Any wider live-agent provision should remain subject to evaluation, an agreed operating model, staffing, quality assurance and appropriate governance approval.

Agenda Item No. 11

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 November 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

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☒ Noting

REPORT SUMMARY:

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the seven risks that are relevant to this committee's remit.

2. The summary of these risks is set out in Annex 1, and the more detailed Board Assurance Framework (BAF) is in the Annex 3. This 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.

3. Members can take assurance that each of the principal risks have been reviewed since the last meeting with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal 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.

4. The Executive Leadership Team (ELT) approved the principal risk activity on 28 October 2026 having considered the review of each risk undertaken throughout September 2026 by Risk Owners. All updates are highlighted in blue and show changes to the narrative, mitigating actions, controls, and assurances.

5. **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 at a score of 20 (4x5). Sensitive details and planned mitigations are excluded from this public paper and will be considered in private session.

6. **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 public 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.

7. **Risk 671** *Unauthorised or Inappropriate use of AI technologies* remains at a score of 16 (4x4) during this review period.

8. **Risk 690** *SAR and Disclosure of Records Compliance* remains at a score of 16 (4x4), despite a potential reduction in score being discussed by the ELT.

9. **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 at a score of 15 (3x5) following exhaustion of internal mitigations.

10. **Risk 139** *Failure to Deliver our Statutory Financial Duties* remains at a score of 12 (3x4) in line with the financial position for 2026/27.

11. **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* – Members are asked to note that the ELT considered proposals to reframe this risk to focus on the commissioning and contractual framework, including clear expectations, accountability and funding arrangements, and the associated impact on the delivery of safe and effective services. Once finalised, the details will be presented at a later meeting.

12. 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.

13. A dashboard describing principal risk score trends and movement over time is included at Annex 5. Risks that have achieved target score, been mitigated or closed have been de-escalated or removed from reporting. Whilst some risks have seen movement, most remain unchanged despite ongoing mitigation. Further ELT discussions will consider developing risk tolerance thresholds linked to the Board approved risk appetite, to strengthen assessment of control and mitigation effectiveness.

14. Members are asked to note two amendments to the risk matrix approved by ELT: the addition of an Information Governance (IG) domain and the change to purple for a risk score of 25, representing an extreme risk.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Finance and Performance Committee is requested to:

1. Consider contents of the report including:
    a. The controls in place against the risks.
    b. The actions described to further mitigate the risks.

ADDITIONAL PAPER(S)

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

1. **Annex 1** – Principal Risk Summary Table (in this paper)
2. **Annex 2** – Scoring Matrix (in this paper)
3. **Annex 3** - Board Assurance Framework (separate annex)
4. **Annex 4** - Principal Risks Trend Data (separate annex)

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Strategic objectives supported [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

Relevant corporate risks
This paper supports oversight of Risks 100, 139, 260, 594, 641, 671 and 690, including their controls, assurances and mitigating actions.

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 & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Wellbeing objectives supported [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 October 2026	Executive Leadership Team

Annex 1 – Principal Risk Summary

CORPORATE RISK REGISTER				
RISK ID	**RISK TITLE**	**RISK DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	**If** there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place **then** there is a risk of a significant information security incident **resulting in** a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life	Director of Digital	**20 (4x5)** →
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	**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	Chief Operating Officer	**20 (4x5)** →
671 FPC	Unauthorised or Inappropriate use of AI technologies	**If** staff use Gen-AI or AI-enabled tools, including apps, algorithms and built-in functionality, such as ChatGPT, Co-Pilot or other AI enable platforms outside of approved organisational channels or without appropriate critical thinking or governance **then** information or outputs may breach security, data protection,	Director of Digital	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**RISK TITLE**	**RISK DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		accuracy, transparency, medical device, equality, Welsh Language or ethical requirements **resulting in** breaches of confidentiality or data protection law, leakage of staff, public or business-sensitive information, reputational damage from breaches, FOI responses or poor-quality outputs, and non-compliance with EU, UK or Welsh legislation, regulation and standards		
690 FPC	SAR and Disclosure of Records Compliance	**If** records requests from patients, the public or staff are not processed consistently, correctly or in a timely manner **then** inappropriate withholding of information or disclosures may occur, and statutory timeframes may not be met **resulting in** non-compliance with UK GDPR requirements, possible financial penalty, data breaches, and complaints causing negative patient or staff impact and reputational damage	Director of Digital	**16 (4x4)** →
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.	**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	Chief Operating Officer	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**RISK TITLE**	**RISK DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		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.		
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.	**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 and staff and key outcomes within the IMTP not being delivered	Deputy Chief Executive	**12 (3x4)** →
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	**If** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the Capital Expenditure Limit and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **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	Executive Director of Finance & Corporate Resources	**12 (3x4)** →

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.	ocal 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.

Information Governance (IG) Breaches - Impact on an individual's privacy and confidentiality ***NEW***	*Minimal privacy impact requiring no/minimal intervention* *Other manual or electronic process in place to mitigate the IG risk*	*Minor impact on an individual's privacy* *Other manual or electronic process in place to mitigate the IG risk*	*Moderate privacy impact requiring professional intervention* *Aspects of reputational damage for the organisation if IG requirement not adopted* *Could result in an event which impacts on a moderate (less than 100) number of patients/clients*	*Major breach leading to possible larger scale privacy breaches* *Mismanagement of patient/client privacy with long-term reputational issues* *Would impact on over 100 patients/clients – part system failure*	*Serious IG breach and non-compliance with the law if requirement did not adhere to* *An event which impacts on a large number of patients/clients – full system breach because of no adherence to standards. Is likely to be 1000 of patients/clients*

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 – Board Assurance Framework

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:	09/10/2026	TREND	20 (4x5)
		Date of Next Review:	09/11/2026	➡	

IF	THEN	RESULTING IN
the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	there is a RISK that the Trust's Incident Response will be suboptimal	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

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

Risk Appetite: Open

EXECUTIVE OWNER	Chief Operating Officer	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary

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.

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.

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:

- **R106 Capability Report**
- **Capability to Prepare**
- **Capability to Respond**
- **Capability of Specialist Assets**

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.

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.

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:	09/10/2026	TREND	20 (4x5)
		Date of Next Review:	09/11/2026	➡	

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. Prior to progressing the outstanding 18 recommendations, the organisation is awaiting a response from the JCC in relation to approval of funding.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. 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	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. 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). May 26 – Annexe A has been updated with progress on this action.

Risk ID 671	Unauthorised or inappropriate use of AI technologies	Date of Review:	09/10/2026	TREND	16 (4x4)
		Date of Next Review:	10/11/2026	➡	

IF	THEN	RESULTING IN
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 critical-thinking or governance	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 accuracy, transparency, medical device, equality, Welsh Language and ethical requirements	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 or poor quality/accuracy outputs, 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

Strategic Objective: SO3 Being at the forefront of innovation and technology

Risk Appetite: TBC

EXECUTIVE OWNER	Director of Digital	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary

The current risk remains at a score of 16 due to the appetite of WAST to adopt new AI technologies, the breadth of available **and easily accessible** Generative-AI tools offered by tech start-ups and companies globally**, identified use cases for AI and active scoping of solutions,** and the currently limited guidance and regulation offered in this sector for health & care providers.

Additionally, there is not yet an organisational policy**,** although the **WAST** AI Policy is in development and a national public sector governance framework led by Welsh Government is due to be published soon**.** **There is also currently limited support and guidance for our staff in using AI for professional purposes, and concerns around "skill atrophy", which is captured by this risk. However, the AI Steering Group have begun to address the issues of skill atrophy through over-reliance on AI tools and inappropriate use of AI through the development of a set of "AI Guiding Principles". These 10 principles offer support for staff in the foundational "non-negotiables" of using AI (e.g. responsibility, accountability, and critical thinking), the things we ought to do as individuals, managers and leaders to support our people (e.g. protecting early-career experience and valuing understanding over task completion), and the things we must remember as an organisation when delivery AI-related projects or implementing AI tools (e.g. the necessity of IG and Cyber assurances and wider workforce and social impact). Whilst these principles and an interim mechanism used by the AISG will contribute to the WAST AI Governance Framework, this fuller framework is still to be developed.**

As AI becomes more widely utilised across the Trust, this risk of inappropriate use also includes the possibility of greater volume of outputs at a faster pace, impacting and linked to other Directorate and Corporate risks such as Risk ID 680 (organisational culture and employee experience).

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.

CONTROLS	ASSURANCES
1. Guidance & Awareness a) Gen-AI guidance + Engagement sessions (small audience) b) Guidance for using Copilot for AAA reports (published via Siren) c) Guidance and training for Copilot Chat (led by DHCW Centre of Excellence) advertised internally d) **AI Guiding Principles**	1. Guidance & Awareness 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) Guidance reviewed by AI Steering Group April and May 2026 c) Comms via Siren April 2026 with FAQs about Copilot Chat campaign; informal confirmation that WAST members are attending DHCW / Microsoft delivered training sessions**; Q3 2026 "Copilot Chat ask me anything" sessions run by DHCW in partnership with Microsoft for all NHS Wales staff – attendance tbc** d) **Awaiting approval by IGSG October 2026, then to be published across WAST**
2. Strategic Alignment a) IMTP reference to a Digitally-led "Responsible AI" workstream for 2026/27 and specific use cases b) Governance route via IGSG – a sub-group of ELT	2. Strategic Alignment 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.
a) Technical Controls b) Digital issued and managed Copilot licences (and pilot) c) Deactivation of licences not regularly used d) Approved usage of Copilot Chat across NHS Wales **(i.e. without need for upgraded licence) – monitored for appropriate use**	3. Technical Controls a) Monitoring of Copilot users via MS Purview b) Copilot pilot evaluation feedback allows scrutiny of use cases and applications at regular intervals c) Monitoring of Copilot usage by WAST users as part of DHCW rollout campaign **by two members of WAST Digital, reporting monthly to AISG from October 2026**
3. Processes	4. Processes

Risk ID 671	Unauthorised or inappropriate use of AI technologies	Date of Review:	09/10/2026	TREND	16 (4x4)
		Date of Next Review:	10/11/2026	➡	

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 d) Decision making and ethical governing mechanism implemented in AISG to ensure consideration of bias fairness, transparency, security and other principles of Responsible AI during meeting discussions. e) (Interim) AI / Agent request form f) **Digital Oversight Group (DOG) to manage prioritisation and approvals of new AI-related projects**	a) Cyber risks and Data Protection logs reported to IGSG, plus specific assessment of cyber risk from recent AI model releases and recommendations for WAST included in cyber reporting to Finance & Performance Committee (May-26) b) Monitoring of Datix incidents related to data breaches and security c) 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. d) Responsible AI governance mechanism **utilised by AISG regularly, and** shared with IGSG for visibility and assurance e) **An interim AI / Agent request form drafted, and tested with a first Copilot Agent use case, aligned to the principles of Responsible AI and the interim governance mechanism** f) **First DOG session (October 2026) saw consideration of an AI-related project, resulting in steer to the Digital Solutions Lab for support with Discovery and the AI Steering Group for advice on ethics, responsible AI principles, and impact assessments.** There has been no impact on the score to date; however, once implemented more widely beyond the Steering Group and applied to new AI use cases and tooling decisions, an impact is expected.
4. 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 managed by AISG, reporting via IGSG ; Digital Oversight Group (DOG) to support with advice and prioritisation of new requests from late July 2026 b) Demo of developing AI module from a supplier of one of WAST's critical systems, to cross-Directorate group, for early understanding of opportunity, capabilities and risks (July-26) c) First meeting of monthly AISG occurred in October 2025, with reporting via AAA to IGSG monthly ongoing. First AI Agent use case reviewed by AISG in July 2026 with advice and expert support offered for next steps. The steering group was included in the original scoring assessment when the risk was first articulated, so any impact on the score has already been accounted for.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Guidance & Awareness a) Copilot rollout and chat requires guidance for all WAST staff (e-learning module in development) b) General awareness sessions / e-learning for all WAST staff c) Ethics and responsible AI frameworks d) Strategic approach to skill atrophy and skills framework (e.g. which tasks the Trust determines can / cannot be augmented with AI) e) AI for minute taking guidance	1. Guidance & Awareness a) eLearning uptake; testing of the e-learning module by the AISG in June 2026. 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 d) Clear set of tasks which are human-only suitable, and a set of tasks / skills which can be augmented with AI, supported by e-learning / awareness of unintentional skill atrophy e) Dissemination of AI for minute-taking guidance to cohort of WAST staff most likely to be responsible for meeting group / committee secretariat support, and AAA reports.
2. Strategic Alignment a) AI Mission Statement / strategy b) Clear set of 'approved' use cases c)	2. Strategic Alignment a) Regular reporting and clear governance route from AI Steering Group to Board b) AI Use Case log with regular review cycle and clear reference points – AI Steering Group to maintain alignment of use cases and horizon scan (for opportunity and risk); **DOG will help identify new use cases early, and alignment with the AI Steering Group will occur given appropriate membership at DOG,**
3. Technical Controls a) Sanctioned / unsanctioned apps list to be maintained b) Monitoring and auditing of users c) Sensitivity tagging projects for all digital documents to support access management d) 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 c) **Project linked to the deferred Digital Records Management project (now for 2027)**
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

Risk ID 671	Unauthorised or inappropriate use of AI technologies	Date of Review:	09/10/2026	TREND	16 (4x4)
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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~~ ~~June 2026~~ December 2026	AI Policy **and overarching organisational EQIA** in development **in partnership with TU's and AI Steering Group**; Aim for publication by December 2026. **It is also understood that an NHS Wales policy and governance framework is also in development, and due for publication soon. A comparison of the local and national drafts will be made.**
2. Agreement on sanctioned and unsanctioned apps, and block of certain apps / sites	James Rowland	~~Q4 25/26~~ Q2 26/27	WAST to align with national steer on sanctioned / unsanctioned apps. This is being managed as business as usual but awaiting response from DHCW regarding DPIA around the existing sanctioned tooling of Copilot and Copilot Chat.
3. Awareness campaign (including ethics, DP, shadow IT risks)	Leanne Smith	~~Q1 26/27~~ Q3 26/27	To be managed by AISG – this will need to feature later in the AISG workplan to be conducted after development of the ethics and responsible AI framework, however, will also be partially covered by the e-learning module of action 7. **AI Principles awaiting approval from IGSG in October, and if so, will subsequently be published for all WAST staff.**
4. Board Development Day and AI Mission Statement development with Trust Board	Leanne Smith	~~February 2026~~ ~~June 2026~~ Autumn 2026	Deferred from June 2026 to autumn 2026 Board Development Day due to recent absences of key individuals in Digital, and a scheduling conflict with the February BDD – the June session will cover Board Digital Maturity more broadly, but will likely feature AI and related emerging tech. A strategic steer from ELT for AI specifically may still be required after the Board Development day. **Session scheduled for early November 2026.**
5. Alignment with WG and NHS Wales AI policy positions	Leanne Smith	~~Q4 25/26~~ Q3 26/27	**National work led by DHCW will see an NHS Wales policy, guidance and impact assessment framework issued soon. An overarching public sector governance framework is also close to publication by Welsh Government.**
6. eLearning for all staff	**Jo Kelso**	~~Q4 25/26~~ Q3 26/27	Jun-26: AISG reviewed the module in development and provided feedback for this to be iterated. One section regarding organisational governance and responsibility is awaiting strategic discussion to help steer and will need to align with the AI Policy.
7. Broader AI Governance Framework to be developed (including reference to IG x AI programme confirming DPIA and checklists are appropriate), procurement framework, Cyber assurances, and Clinical Safety processes.	Leanne Smith	Q4 ~~25/26~~ 2026/27	It has been confirmed that this will be a requirement of the 26/27 IG Toolkit and so progress will occur throughout 26/27 as part of the regular Toolkit work led by the IG team. It will need to be completed by March 2027. July-26: two new AI related risks have been added to the IG Risks & Issues log related to shadow AI, and AI technology being built into existing supplier systems
~~8. WG AI Commission membership / alignment~~	~~Leanne Smith~~	~~Q3 25/26~~ ~~Q2 26/27~~	Jun-26: it is believed a different forum will be established under DDaT governance structures for NHS Wales. This action is unlikely to be achieved as is described. Suggest close / reframe this action once confirmed where AI responsibility features in all Wales governance structures. **National alignment is now through the Directors of Digital peer group, and as such this action is no longer required.**
9. Document sensitivity / confidentiality tagging project (linked to SharePoint migration project)	Leanne Smith / Aled Williams	Q4 26/27	Large scale project across digital – this has not been planned into the 26/27 IMTP due to financial constraints but may feature in future years of the plan. In the meantime, the need for All-Wales implementation of appropriate sensitivity labelling is being escalated through the NHS Wales IGMAG (Information Governance) group.
10. AI Lead to be identified and agreed	Leanne Smith	~~Q3 25/26~~ Dec-26	AISG to have oversight given no dedicated capacity nor roles in WAST. The AI Policy in development will detail responsibilities of all staff by group.
11. Responsible AI framework to be cross-checked with existing Impact Assessments (e.g. EQIA, cyber and Data Protection) to inform a decision on whether specific AI impact assessments will be required	Leanne Smith	Q3 26/27	This will be progressed as part of the AI Policy development and consider whether the current EQIA can be applied to AI use cases or needs to be supplemented with AI specific considerations.

Risk ID 690	SAR and disclosure of records compliance		Date of Review:	09/10/2026	TREND	16 (4x4)
			Date of Next Review:	10/11/2026	➡	

IF	THEN	RESULTING IN
records requests from patients, the public or staff are not processed consistently, correctly or in a timely manner	inappropriate withholding of information or disclosures may occur, and statutory timeframes may not be met	non-compliance with UK GDPR requirements, possible financial penalty, data breaches, and complaints causing negative patient or staff impact and reputational damage

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	4	4	16
Target	2	4	8

Strategic Objective: TBC

Risk Appetite: TBC

EXECUTIVE OWNER	Director of Digital	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary

Previously, safeguarding information disclosed within a SAR response has resulted in a claim of £9,311 and submission of a Learning from Events Report to Welsh Risk Pool, with scrutiny of evidence of improvements. A subsequent compliance review of the Records Services procedures identified gaps and risk areas, and complaints indicate ongoing concerns about records access, handling and timeliness. There is also an element of risk relating to records services governance arrangements, which may not provide sufficient visibility potentially impacting compliance and assurance activities.
Actions are detailed in the Records Recovery Improvement Plan, including SOP gaps and QA/approval routes requiring completion and monitoring.

The consequence of breaching regarding the content of a disclosure will always be significant in terms of patient safety, quality, and compliance with regulation and legislation; however, with the proposed actions and mitigations, it is believed the likelihood of such a breach occurring would be low, and less likely to occur for a non-complex case.

The Records Services team continues efforts to improve the position of the SARs backlog, **strengthen** processes & operations, and the resilience and wellbeing of the team, **with oversight provided through the Information Governance Steering Group (IGSG).**

September-26: A closure report for the Records Recovery Taskforce is scheduled for consideration by IGSG in October 2026. Whilst the taskforce has ended, a number of improvement actions remain open and will continue to be progressed through the Records Services team. Progress continues across process automation; however, sustained demand and workload pressures within the service mean that capacity, resilience, and staff wellbeing remain risks. The position continues to be compounded by vacant Records Officer post which has not been able to be filled for 12 months, instability in resource availability and capacity due to sickness (although a key member of staff with long-term absence has recently returned to work), and ongoing challenges associated with managing the existing backlog alongside business-as-usual demand.

As **actions remain open to** mitigate remaining risk (and handle issues of complaints regarding delays, **individual rights being impacted,** and inappropriate disclosures), and manage capacity and resourcing risks, the risk is proposed **to maintain the current score with close monitoring by the Digital team, and oversight from IGSG in coming weeks**.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Current team guides outline the processes for handling requests.	1. Fortnightly meeting with IG and RM to review any new regulations and reinforce existing requirements that may need reminders or clarification.
2. Training sessions are delivered locally and in conjunction with the Data Protection Officer and IG team .	2. Recorded via a formal training log for each Records Officer; **Feedback from the Records Team indicates that training delivered to date has provided confidence in the core SAR process and routine request handling; training in other areas still required (see Gap in Control #5 and action 3)**
3. Regular review of any new regulations and reinforce existing requirements that may need reminders or clarification.	3. Regular meeting series (fortnightly) between IG and RM, led by the Data Protection Officer (DPO).
4. Development time allocated for mandatory training (to include Data protection, statutory response requirements.	4.
5. Support and guidance offered to individual Records Officers, with monitoring of progress against individual cases.	5. Case tracker monitoring by Head of Records; with regular meeting series in place with individual Records Offices to conduct case reviews in detail, check compliance against process, and support unblocking next steps with more complex cases. Daily team meeting to review status.
6. Quality Assurance **Process &** Checklist	6. DPO approved QA checklist in place, being utilised by the team **The SAR SOP and QA checklist set out when dual quality review is required and by which teams (as per completed Action)**

Risk ID 690	SAR and disclosure of records compliance	Date of Review:	09/10/2026	TREND	16 (4x4)
		Date of Next Review:	10/11/2026	➡	

7. Subject Access Request (SAR) SOP approved by DPO (including current legislation) and in place.	7. Feedback session with team conducted to ensure understanding and confidence in using the new SAR SOP.
8. Access to Health Records (AHR) decision tree developed by DPO in place.	8. In use by the Records team, being verified by the IG team as part of a 2-week QA process.
9. Refreshed suite of standard template letters for responses, DPO approved	9. Old template letters archived, team instructed to utilise new templates only; version control managed by IG team
10. Risk-based prioritisation of incoming Records Requests	10. Trialling of new risk-based prioritisation, with shared responsibility for this prioritisation action rotating round Records Officers
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. DPO approved SOPs or decision support aids for other Records Request types (e.g. police, coroner, and other internal and external requests) required	1. Current review of all request types with examples is in process which will clearly explain statutory requirements.
2. Quality Assurance processes	2. Capacity to conduct QA for non-standard cases is extremely limited and often results in large backlogs sat with a single individual.
3. Managing workloads to avoid deadline breaches.	3. **Insufficient resources in the team coupled with an increase in requests received compound the backlog.** Rotating operating model to handle pre-processing activities such as acknowledgements, categorisation, and prioritisation **in place but impacted by capacity challenges.**
4. Better tracking systems – manual tracking for the current increased workload is proving more difficult.	4. Current spreadsheet tracker **is manual and** requires review or improvement. Migration to a more robust digital system is required.
5. Inadequate training/knowledge in correct processing requirements.	5. Targeted training sessions required.
6. Increased capacity / resources within team to manage increased demand	6. Time logging of effort for different request types to support planning and future workforce requirements
7. Oversight & assurance from DPO of disclosures and records processing	7. DPO assurance of compliance and timeliness received by IGSG; further visibility of performance reporting required (e.g. volumes, timeliness, % breaching). **Current resource constraints and availability limit the DPO's ability to provide effective oversight, assurance and monitoring of the Trust's individual rights and information disclosure functions, which represents a significant portion of the UK GDPR.**

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Complete and approve outstanding Records SOPs (including SAR quality assurance, application of exemptions, and legal basis for disclosure to third parties), with IG/DPO engagement; publish on SharePoint.	Head of Records (with DPO oversight)	~~March 2026~~ ~~June 2026~~ July 2026	May-26: Subject Access Request (SAR) SOP complete, with DPO approval. In place and being utilised daily by the team. Access to Health Records (AHR) decision tree in place to support until full SOP complete. July-26: SOP for Police Requests is outstanding and being addressed as part of the Records Recovery Taskforce which will continue past the original 8-week period to support with the remaining actions including review of other (non-SAR/AHR) request types. **Sep-26: Progression of the remaining Records Services SOPs has been paused due to ongoing absences, capacity constraints and competing operational priorities. Existing controls remain in place, including the SAR SOP and AHR decision tree; however, completion of outstanding procedures has been deferred whilst resources continue to focus on statutory request handling and backlog reduction activity.**
2. Implement formal dual Quality Assurance (QA) /review process where needed (e.g., IG team, Safeguarding Team, Legal Services Team), particularly for safeguarding content, serious harm exemptions (clinician review), and complex exemptions such as 'functions to protect the public' or 'legal professional privilege'.	Head of Records (with DPO oversight)	~~March 2026~~ ~~June 2026~~ Sept-26 **COMPLETE (moved to Assurances #6)**	May-26: QA checklist developed and in place; standard QA occurs between Records Officers, however, for non-standard or more complex requests, QA must be conducted by a senior member of the team. Due to current absences, this is with a single member of the team, creating resilience risk. Further improvement required, which is being addressed as part of the Records Recovery Taskforce. Jun-26: QA processes are being formally reviewed by the Information Governance team. Any lessons learned or suggestions to strengthen this process will be provided back to the Records team at the end of June. **Sep-26; This is complete. The SAR SOP and QA checklist set out when dual review is required and by which teams.**
3. Deliver targeted training/briefings on SAR and appropriate data disclosure processes.	Head of Records (with DPO oversight)	~~March 2026~~ ~~June 2026~~ ~~Sept-26~~ **December 2026 PARTIALLY COMPLETE**	May-26: Training sessions delivered by Data Protection Compliance Managers and Data Protection Officer to the Records Team. Feedback session held to also check understanding and confidence of the SOP and clarify any points of uncertainty. At the end of the Records Recovery Taskforce, a survey will be conducted with the team to understand any areas of training that is outstanding or additional support required. **Sept-26: Feedback from the Records Team indicates that training delivered to date has provided confidence in the core SAR process and routine request handling; however, additional development is required to support consistent decision-making in relation to complex SARs, exemptions, third-party/mixed information, proportionality, disclosure decisions and records ownership. A programme of scenario-based training and targeted guidance will need to be developed, subject to capacity, to further strengthen confidence and consistency in managing complex requests and disclosures.**

Risk ID 690	SAR and disclosure of records compliance			Date of Review:	09/10/2026	TREND	16 (4x4)
				Date of Next Review:	10/11/2026	➡	

4. Establish an audit schedule (quarterly sampling of Records outputs) with findings reported to IGSG.	DPO **(with Head of Records engagement)**	~~March 2026~~ ~~July 2026~~ **December 2026**	May-26: this is an action noted on the Records Recovery Taskforce delivery plan, however, is not prioritised for the 8-week period, and will be an action that exists beyond the closure of the Taskforce, to be picked up as part of the ongoing improvement actions. **Sept-26: This action remains open with no substantive progress made. Following the conclusion of the Records Recovery Taskforce, implementation of a formal audit schedule has been deferred due to ongoing capacity constraints and operational pressures within the Records Service, with available resources prioritised towards statutory request handling, backlog management and service delivery.**
5. Maintain TU feedback loop: continue engagement, feedback, and resolution of concerns.	Head of Records (with DPO oversight)	~~March 2026~~ ~~June 2026~~ Sept-26 **COMPLETE**	May-26: a formal report, sharing progress from the Records Recovery Taskforce, was delivered to the May meeting of the Information Governance Steering Group (IGSG). In June, the IGSG will receive a closure report from the Taskforce, detailing actions complete, improvement, and reduction in risk, along with outstanding actions which will need to continue into Q2. **Sept-26: Taskforce closure report is scheduled for October IGSG which TUs attend.**
6. Sufficient capacity & resourcing to deal with requests	Assistant Director of Digital	~~Sept-26~~ **November 2026**	Given sustained high volume of demand, a key absence, and two vacant posts, the function is currently exploring all options to provide additional resource or capacity into the Records team. This may include support from colleagues on alternative duties across the Trust; agency or external outsourced specialist support for redaction or SAR processing; accelerating permanent recruitment of vacancies, and other options (such as clarifying and reducing scope of the function). **Sep-26: Procurement of specialist SAR support services is underway. In addition, two vacancies are being progressed through the recruitment process.**
7. DPO assurance	Assistant Director of Digital	~~Sept-26~~ **December 2026**	Oversight currently through regular DPO x Records meetings, direct contact with the Records team and its members, and approval of specific request types (e.g. CCTV) which are included in SOPs. Further actions to support oversight and assurance to be determined. Performance monitoring being addressed, with data validation underway, and draft dashboard developed to provide visibility to Records team, DPO, IDS leadership and IGSG of progress against the backlog and incoming requests. **A Case Management System is also in development and will be ready for demo to the team in October, this will include full management capability, auditing, and reporting.**

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:	09/10/2026	TREND	15 (3x5)
		Date of Next Review:	09/11/2026	➡	

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

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

Risk Appetite: Open

EXECUTIVE OWNER	Chief Operating Officer	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary

The challenges across the unscheduled care system**.** Handover lost hours in July were 9,931 **and August were 9,733**. 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 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.

June26 - short of any testing or exercising we have exhausted all internal actions and therefore the ELT/Board have agreed to tolerate the current score and continue escalation through appropriate routes. There are no further actions to explore for this risk.

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 Chief Operating Officer 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.
	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.

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:	09/10/2026	TREND	15 (3x5)
		Date of Next Review:	09/11/2026	➡	

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**
1. 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.	2. 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.
2.	2. Following two incidents (Pembroke Dock Ferry fire on 11th 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 Morriston 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 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. 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. 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. 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.
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**	Immediate Release Protocol Developed and Released August 2024. Correspondence with Welsh Government remains ongoing. 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. 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.
3. Request from COO network to share Action cards related to risk	Chief Operating Officer	**Q1 CLOSED**	May24 – LB will follow up with COO network on the sharing of their action cards to WAST. March 24 – This risk was discussed at both JCC management and in the COO meeting. 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.
4. Kidwelly Major Incident	Assistant Director of Operations, Emergency Operations	September 2026	August 2026 – Undertaking exploratory work to understand the immediate release during the major incident against all required standards for all acute Trusts. **September 2026 – An analysis has been completed by ODU of the number of resources at hospital at time of call of the Kidwelly incident and number of resources released as the incident progressed. At time of call within CW area there were x4 resources at Glangwili, x4 resources at Withybush, x3 resources at Morriston. Within SE there were x6 resources at Grange, x4 resources at UHW, x1 resource at CTMUHB sites. Within 60 minutes of the incident all resources waiting at HDUHB, SBUHB, CTMUHB, CVUHB were released, however the number of resources at Grange increased to x7.** **The position at Grange was escalated in line with IRD Protocol to HB colleagues and NHS P and I. Escalation had minimal impact in terms of release of resource off the ramp. ABUHB declared a business continuity incident in the afternoon in response to internal pressures across the ABUHB system**

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:	12/08/2026	TREND	12 (3x4)
		Date of Next Review:	12/11/2026	➡	

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

Strategic Objective: SO4 - Developing services in collaboration

Risk Appetite: Open

EXECUTIVE OWNER	Deputy Chief Executive	**ASSURANCE COMMITTEE**	Finance and Performance Committee

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, is not being achieved across the three commissioned patient pathways currently as evidenced by the call abandonment rate & P2/P3 performance in the 111 service, the wait times for Emerg and Orange in the emergency ambulance care pathway and the level of cancellations in the Ambulance Care, specifically NEPTS patient pathway. The Trust reports the specific quality and performance issues on these in its monthly integrated quality & performance report. As part of its 2026-29 IMTP development the Trust has reflected the JCC's commissioning intentions for 2026/27 in its plans and set out its ambitions in a quantified form, through a report to Trust Board (26 March 2026) recommending a revised set of top metrics for Trust Board, cross referenced to the Trust's strategic objectives, with supporting ambitions (benchmarks, performance ranges, level of quality etc.). Like every part of NHS Wales, the Trusts' IMTP reflects a more challenging financial environment, with no new monies to support investment in support of the strategic objectives. So, whilst the JCC is broadly supportive of the Trust's ambitions, there is no new commissioned monies in support of them. The Trust has plans to re-invest internal monies in support of its ambitions, which will be subject to business cases with the JCC. Within the construct of less monies, productivity is, unsurprisingly, becoming more important. The JCC is currently undertaking a strategic review, which is wider than just productivity, but this is another aspect of the changing environment that the Trust is now interfacing with the JCC on.

12.08.26 This risk is to be reframed as a single commissioning-related risk, focused on the absence of an appropriate commissioning and contractual framework, including clear expectations, accountability and funding arrangements.
21.09.26 The risk will be archived and new a risk is in development as agreed with ELT.

CONTROLS	**ASSURANCES**
	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	2. Minutes of meetings and a standard agenda item. Sub-committees now established.
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 JCC reps co-opted e.g. New Ambulance Performance Framework.
5. Joint WAST Executive/JCC SLT Monthly Meeting	5. This has restarted by is not embedded yet.
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.	7. Quarterly progress is reported to ELT/STB and onto a JCC sub-committee.).
8. Governance arrangements for JCC Committee, Ambulance & 111 Commissioning Management Group, NEPTS CAG and 111 CAG	8. Minutes of meetings and a standard agenda item
	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**

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:	12/08/2026	TREND	12 (3x4)
		Date of Next Review:	12/11/2026	➡	

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. 20/03/26 The financial pressures across the system and on the JCC through this budget round do suggest that JCC time to focus on WAST is compressed, however, day to day relationships between WAST and the JCC team remain strong.
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. 20/03/26 The Commissioning & Performance Team does now have a greater ability to service JCC requests and co-ordinate internally within WAST. Generally, as the monetary situation tightens, the Trust is servicing more requests and more meetings, and this is expected to remain the case, increase.
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. 20/03/26 There has been an improvement in handover lost hours, but the Trust still had an average loss of >15,000 hours in 2025/26 YTD. The Trust will continue to influence in this space, particularly as part of the productivity debate, because the biggest productivity gain for the Trust, as set out in its IMTP, would be W45 or even better W45.
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 a review of WAST during the remainder of Q3 and into Q4. 20/03/26 There are recognised imbalances between demand & capacity across the three commissioned patient pathways. The 2026-29 IMTP contains various planned mitigations e.g. 111 digital front end, further capacity in the 999/EMS remote clinician space, options for NEPTS etc.

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. 20/03/26 The JCC has requested business cases for the proposed IMTP reinvestments in the 2026/29 IMTP.
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	IQPD 12/02/25	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour.

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:	12/08/2026	TREND	12 (3x4)
			Date of Next Review:	12/11/2026	➡	

		The APHID is a WG led group, so timeframe is dependent on WG.	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. 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. 14/04/25 WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition. 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. 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. 20/03/26 Handover lost hours have reduced but averaged 15,000 hours through 2025/26 YTD. W45 would require this figure to be more than halved.
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.	16/04/24 Workshop arranged for April 2024 (completed). 26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee. 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. 21/01/25 Consideration of Future Vision for NEPTS at JCC meeting on 21/02/25. 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. 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. 02/12/25 The Trust is currently undertaking modelling on different options for increasing NEPTS capacity within the current resource envelope. 20/03/26 WAST has presented options to the JCC on how to improve capacity and the number of patients reached by NEPTS. The Trust is currently undertaken a complex and difficult re-rostering of NEPTS, which will have a material impact on capacity, but will not be sufficient on its own. Further traction is required in this space, including actions by health boards and decisions by the JCC/WG.
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.	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. 16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment. 26/06/24 Request to commissioners to re-establish this meeting. 06/08/24 Meeting now re-established. 21/01/25 Meeting continues to operate. 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. 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. 02/12/25 The first Joint WAST Executive/JCC SLT Monthly Meeting was held on 26 Nov-25

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:	12/08/2026	TREND	12 (3x4)
		Date of Next Review:	12/11/2026	➡	

			20/03/26 This meeting is now up and running, but it remains early days. As per previous remarks the day-to-day relationships between the Trust and the JCC ambulance & 111 commissioning team remain strong, but executive churn in the JCC has made establishing a good rhythm of business with the wider JCC more challenging.
5. Develop and roll out the Stakeholder Influencing Plan	Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	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. 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. 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. 20/03/26 Further consideration needs to be given to how WAST can influence and engage with the JCC. The Executive Director of Strategy, Planning & Performance has identified this as a key action for the Commissioning & Performance Team during 2026/27.

Risk ID 139	Failure to deliver our statutory financial duties in accordance with legislation	Date of Review:	09/10/2026	TREND	12 (3x4)
		Date of Next Review:	09/01/2027	➡	

IF the Trust does:	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

- not achieve financial breakeven and/or
- does not meet the planning framework requirements and/or
- does not work within the Capital Expenditure Limit and/or
- fails to meet the 95% PSPP target and/or
- does not receive an agreement with commissioners on funding

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	3	4	12
Target	2	4	8

Strategic Objective: SO6a Financial Sustainability

Risk Appetite: Cautious

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary:
WAST has submitted a financially balanced plan for the financial year 2026/27 within its IMTP which includes a savings target of £9m (highest value ever targeted to be achieved) with £1.2m of this identified as 'pipeline' and **would be** fully identified if needed to be delivered in 26/27 to support financial balance). WAST is currently seeing the continued **volatility and** impact of the increase in fuel prices which is significantly more than that included in the balanced financial plan **but is mitigated by other cost reductions**. . NHS Wales (and other public sector organisations) financial position is also one of concern and may impact on WAST if further cash releasing efficiencies are required as the financial year progresses. Risk score increased from 10 to 12 and this has been updated after ELT approval on 27 May 2026.

CONTROLS	ASSURANCES
	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
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place	4. Diarised dates for FPC, Trust Board and monthly reports with budget managers. EFG meetings will be scheduled as required as the financial year progresses. discussions and reporting will continue through ELT.
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. FSPB 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 and diarised meetings with NWSSP
10. Forecasting of revenue and capital budgets	a) Monthly monitoring returns to FPC, Trust Board and circulated out of committee to Board members (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)
	1-10 Internal audit reviews covering

Risk ID 139	Failure to deliver our statutory financial duties in accordance with legislation	Date of Review:	09/10/2026	TREND	12 (3x4)
		Date of Next Review:	09/01/2027		

1-10 External audit reviews

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Lack of formalised service contracts between Commissioner and WAST as a commissioned body	1. None identified.

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	31/03/27	Supported financial plan included in IMTP for 26/27. 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	31/03/27	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 25/26 financial year and the point of strong delivery. **26/27** target is £9m of which £1.2m is pipeline savings planned to be identified **if required to deliver financial balance.**
3. Embed value-based healthcare working through the organisation	Executive Leadership Team and Value Based Healthcare Group	31/03/27	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues. JCC services review has commenced that identifies service line costs as well as noncash releasing efficiency gains.
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/27	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.

Committee	Directorate	Risk ID	Risk Title	Strategic Objective	Risk Appetite	Nov-24	Mar-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-25	Feb-26	Apr-26	May-26	Jul-26	Aug-26	Oct-26	Risk ID
FPC	Digital Services	260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	3	Keen	15	20	20	20	20	20	20	20	20	20	20	20	20	20	20	260
FPC	Operations	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	1	Open		20	20	20	20	20	20	20	20	20	20	20	20	20	20	641
FPC	Digital Services	671	Unauthorised or inappropriate use of AI technologies	3	Keen					16	16	16	16	16	16	16	16	16	16	16	671
FPC	Finance and Corporate Resources	542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan	6b	Open	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	542
FPC	Operations	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	1	Open	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	594
FPC	Digital Services	690	SAR and Disclosure of Records Compliance	3	Keen											16	16	16	16	16	690
FPC	Strategy, Planning & Performance	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	4	Open	12	12	12	12	12	12	12	12	12	12	12	12	12	12		100
FPC	Finance and Corporate Resources	139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	6a	Cautious	8	8	8	8	8	8	8	8	8	8	8	12	12	12	12	139
FPC	Strategy, Planning & Performance	458	A confirmed commitment from JCC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning																		458
FPC	Digital Services	543	Major disruptive incident resulting in a loss of critical IT systems																		543
FPC	Finance and Corporate Resources	244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service																		244
FPC	Strategy, Planning & Performance	424	Prioritisation or Availability of Resources to Deliver the Trust's IMTP																		424
FPC	Operations	283	Failure to implement the EMS Operational Transformation Programme																		283
FPC	Digital Services	623	Failure to comply with Data Protection Legislation	5	Open	15	15	15	15	15	15	15	10								623

	Risk achieved target score and de-escalated to directorate level for ongoing monitoring
	Risk closed from all registers
	Risk not in existence

Agenda Item No.	12

REPORT TITLE

Information Governance Progress Report

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 November 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Jonny Sammut, Director of Digital Services
Author(s) of report	Dr Leanne Smith, Assistant Director of Digital Services: Data & Analytics David Hopkins, Digital Directorate Business Manager

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY:

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

1. This report brings to the committee an update on all 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 and related papers 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).

2. This paper covers data and intelligence from the period of **1 August 2026 to 30 September 2026**, and the topics discussed at the **September** and **October** meetings of IGSG.

Alerts

3. **Inappropriate Access to Health Records**: IGSG considered recent NHS England guidance reinforcing a zero-tolerance approach to inappropriate access to confidential patient information, which may constitute gross misconduct. Agreed actions include a review of relevant All-Wales policies, strengthened joint IG/People Services communications, trade union engagement and national escalation, with a December 2026 target. ELT members were also asked to reinforce confidentiality expectations and the requirement for timely investigation of suspected incidents across their directorates.

4. **Subject Access Request (SAR) Compliance:** In September's IGSG meeting, concerns continued to be raised on capacity pressures, rising SAR demand and delays in meeting statutory timescales. October's deep-dive subsequently provided some assurance, with SAR monthly non-compliance reduced from 71% in April/May to 39% in September despite demand approximately 30% higher year-on-year. However, SAR compliance remains materially below required standards. The organisation is reviewing the risks associated with long-standing cases, including potential litigation arising from non-compliance with Individual Rights and risk of ICO enforcement action. Risk 690, covering SAR disclosure compliance, is recorded on the corporate risk register and visible via the BAF, with a current score of 16. Mitigation options are being actively explored to protect data subject rights and improve long-term service resilience. IGSG supported exploring capacity and resource for a joint Quality Improvement programme across SAR and FOI addressing capacity, process efficiencies, demand management and case management arrangements.

5. **Freedom of Information (FOI) Compliance:** In September's IGSG meeting, concerns continued to be raised on capacity pressures, increasingly complex FOI requests and delays in meeting statutory timescales. October's deep-dive subsequently provided some

assurance, with FOI compliance improving to 37.5% following restoration of team capacity. However, FOI compliance remains materially below required standards. FOI request processes and compliance will be included in the joint Quality Improvement programme mentioned above.

6. **Increasing Statutory Information Demand and Organisational Capacity Pressures:** IGSG highlighted growing demand and complexity across SARs, FOI, complaints and People Services, with AI-assisted requests contributing to the pressure. The cumulative impact on capacity, workforce wellbeing and statutory compliance warrants consideration as a broader corporate risk. IGSG agreed to progress the development of a new risk alongside Quality Improvement work to address overlapping requests and process inefficiencies, with a further review proposed for early 2027.

7. **CCTV Recordings – Residual Risk:** Following earlier concerns about internal CCTV configurations, at October's meeting it was confirmed that all 317 EMS vehicles now operate panic-button activated internal recording. Existing Ambulance Care vehicles lack this functionality, and Operations has decided to disable continuous internal recording for Ambulance Care vehicles. While addressing the IG concerns, this leaves potential residual risks to colleague safety and the availability of incident evidence. ELT were asked to note the interim decision and ensure clear operational ownership and acceptance of these risks; the decision will also be captured in the IGSG decision log. Fleet and Ambulance Care continue to consider the future approach to internal recording, with a DPIA to commence once that approach is confirmed.

Highlights

8. **IG Toolkit Status:** The status of the 2026/27 IG Toolkit showed strong progress for this stage of the year, with 86% of activities complete already.

9. **Closure of Records Recovery Taskforce:** IGSG agreed to close the Taskforce established in April, recognising significant improvements in team stability, capacity and recovery progress. Outstanding actions will transfer to routine service management arrangements. It should be noted that this is not closure of Risk 690 related to SAR disclosure and compliance which is still on the BAF.

10. **Data Breach Procedure**: IGSG endorsed a new Data Breach Procedure, with minor amends to ensure that all staff and volunteers were within scope. An action was taken to develop an accessible comms plan for the new SOP.

11. **AI Guiding Principles**: IGSG endorsed the ten AI Guiding Principles developed by the AI Steering Group for internal use, promoting safe, responsible and value-driven AI adoption. These will be communicated to staff alongside existing IG, cyber and wider AI governance requirements, with further workforce guidance and development to follow.

12. **Cyber Security Internal Audit**: WAST received a 'substantial assurance' rating in a recent cyber security internal audit.

13. **Cyber Management Reporting:** IGSG took assurance from the new cyber reporting format, which strengthens oversight of Cyber Improvement Plan delivery through clearer visibility of risks, overdue actions, trends, dependencies and escalation needs. The report explains clearly that without investment, significant control gaps remain, increasing risks of cyber compromise, data loss and frontline service disruption. Reporting frequency to IGSG now aligns with FPC, with clearer articulation of risks from long-standing overdue actions, and the and the funding required and risk-benefit case for escalations. Further IGSG scrutiny and a similar session for FPC members are planned, covering asset visibility, network access control and sustainable out-of-hours cyber response funding.

14. **Information Asset Management Group:** IGSG noted progress including a dedicated intranet resource, improved asset registration and integration with DPIA workflows. Learning from recent breaches has informed LMS365 Information Asset Owner training in development. Significant work remains to complete and validate the Information Asset Register, ensuring accurate assets, ownership and supporting documentation. Targeted engagement with Directors and Heads of Service will be critical to sustaining progress and wider IG compliance, with a further update due at the next IGSG.

Lowlights

15. **Data Breach Log:** September's IGSG reviewed several data breaches reported during August, including outstanding credential-sharing, Fleetwave and ECG actions, and an ICO-reported disclosure of an anonymous witness's identity, with a potential further report concerning a possible section 170 offence under the Data Protection Act. The Integrated Clinical Call Queue (ICCQ) technical CAD fix was implemented on 15 September. In October, IGSG noted 22 data incidents reported during September, none requiring ICO reporting, and took assurance from the Data Breach Log's clear audit trail and confirmation that all outstanding breaches had been contained, although remedial actions remained incomplete. Closure reports for the ICCQ breach and ECG data loss will be presented to November's IGSG.

16. **AI Governance:** The AI Steering Group has progressed work on AI skill atrophy risks, Responsible AI guiding principles for staff, and the organisational AI Policy and EQIA. Alignment with the developing NHS Wales AI Policy is being pursued while maintaining local momentum. Interim oversight remains in place, but the absence of an approved local policy and confirmed governance arrangements leaves gaps in safeguards, captured by the existing BAF risk, with potential implications for the IG Toolkit submission if unresolved. The group was assured that its annual review and Terms of Reference refresh will consider staff preparedness, benefits realisation, workforce impacts and adoption alongside achievements to date, steering group member and stakeholder feedback and priorities for the coming year.

17. **Meeting Recording Guidance and Policy:** Following September's report on developing Trust-wide recording guidance, a DPIA and draft SOP have been developed as a priority to address inconsistent recording and management of sensitive People Services Investigating Officer meetings and complaints about retention, deletion and disclosure. IGSG concluded that an urgent People Services-owned SOP is needed, setting out purpose, recording method, retention and legal ownership.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Finance and Performance Committee is requested to:

1. **RECEIVE 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.

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]	
☒ 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 (no longer on BAF, managed by Directorate)
- 260 - Significant and sustained cyber attack resulting in denial of service and loss of critical system
- 671 – Unauthorised or inappropriate use of AI technologies
- 690 – SAR and disclosure of Records compliance
- Directorate risk for FOI resilience and compliance

New Risks identified:

- Credential sharing
- CCTV recordings, including technical CCTV recording limitations on Ambulance Care fleet
- AI-driven demand and complexity on services and demand on organisational capacity

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☒ n/a	☐ n/a	☒ 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
1 November 2026	Content taken from September and October 2026 IGSG Highlight Reports and AAAs
4 November 2026	Reviewed by members of the Digital Leadership Group

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

Agenda Item No.	13

REPORT TITLE

Audit Tracker 26-27 Q1 (Apr-Jun26) - Exception Reporting

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 November 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	Lisa Trounce, Head of Compliance and Assurance

PURPOSE OF REPORT

☐ Approval	☒ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

EXECUTIVE SUMMARY:

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

1. This paper provides the Committee with the 2026/27 quarter 2 position with respect to management actions for audits within the purview of the public session of this committee.

2. The Audit Handbook notes that it is the responsibility of this committee to:
   - Receive audits in their remit;
   - Monitor management actions to address recommendations; and
   - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.

3. The Audit Tracker has been updated in quarter 2 of 2026/27. To reduce the volume of papers presented to committee, rather than supply a copy of the tracker, the committee is provided with an audit exception report containing details of high audit actions or audit actions from limited assurance audits, where a final revised date has been sought or not met.

4. It is intended that exception reporting will provide committee with the information it requires to receive assurance regarding the mitigation in place to address the risks identified via internal audits, and where appropriate to levy appropriate challenge where further assurance may be needed. The content and format of the exception report will evolve as feedback is received regarding committee requirements.

5. **Annex 1** shows a list of those audit reports with open actions as at the end of quarter 2 (30 September 2026).

Internal Audit

6. During 2026/27 quarter 2, there were a total of 80 open internal audit recommendations relevant to the committee.

7. By the end of quarter 2, there were four open actions from Limited Assurance internal audits on 2nd (and final) revised dates, all of which have been reported to the private session of the committee. Other than one of the four open internal actions reported to the private session, there were no other high-priority key findings on their 2nd (and final) revised dates.

External Audit

8. During 2026/27 quarter 2, there were two open external audit actions relevant to the committee, both of which relate to the 2025/26 Audit Wales '*Unscheduled Emergency Care Arrangements for Managing Demand – WAST (April 2025)*'. Both actions are due for completion by 31 March 2027. One action on its 1st revised date, and the other on an existing 2nd (and final) revised date.

9. The details of the open external audit action on its 2nd (and final) revised date are set out below and the relevant director will provide the committee with assurance that there is no further exposure to the risks identified in each key finding with the revised implementation dates.

Audit Ref & Description	Original Deadline	1st Revised Date	2nd Revised Date
Audit ID: 117 [External Audit - Audit Wales] **Directorate:** Digital Services	31/01/2026	30/06/2026	31/03/2027
Audit: 2025/26 Unscheduled Emergency Care Arrangements for Managing Demand – WAST (April 2025)			

Audit Action 34 (continued)
Key Finding: [1.0] **Accuracy of 111 Website** - To ensure information used to signpost patients to urgent and emergency services are accurate, the Trust should work with partners to review and replace any out-of-date or misleading information on the 111 Wales website, for example, the NHS Direct Wales phone number (Paragraph 28).
Management Response / Agreed Action: The Trust accepts this recommendation. While WAST is not directly commissioned to manage the 111 Wales website, we fully support the need for accurate content to signpost patients safely. We routinely raise concerns, such as outdated references to NHS Direct Wales and will strengthen this by formally escalating issues through an agreed assurance route with Digital Health and Care Wales. A business case has been drafted to propose a new governance model with dedicated resources for oversight and content management to improve accuracy and ownership regarding financial enveloped and commissioner expectations, which are prerequisites to formal submission. Website content accuracy will be a standing item at the monthly 111 Wales Digital Governance Group. Over the next 12 months, issued will be actively monitored, and formal escalations logged to demonstrate progress and provide evidence of action taken.
Expected Evidence of Implementation: Not specified
2026/27 Q1 Update: (24/04/2026) - Funding has been agreed by Welsh Government and Commissioners to support a substantive core team to develop and maintain the 111 Wales Website, as part of the strategic Digital Front End ambition. Recruitment processes have begun for some of the critical roles within this function. (23/07/2026) - Agreed with Audit Wales that action should remain open until implementation of the recommendation can be evidenced fully. 2nd (and final) revised date of 31 March 2027 applied

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The Committee is requested to: 1. Review and scrutinise the current position regarding high-priority audit actions and ensure that there is sufficient assurance in terms of mitigation of associated risks.

ADDITIONAL PAPER(S)

Annex 1 - List of those audit reports with open actions (as at end of Q2 – 30 September 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]	
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☐ n/a	☐ n/a	☐ 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	N/A [DPIA Checklist > DPIA not indicated]

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

Finance and Performance Committee – 17 November 2026

ANNEX 1: List of audits with open actions pertaining to this committee (as at 30 September 2026)

Audit Year	Auditor	Audit Title	No. Open Actions
2024/25	Internal Audit	**Overtime Controls** Link: WAS_2425-10 Overtime Controls_Final Internal Audit Report_Updated 201224.pdf	1
2024/25	Internal Audit	**Forecasting and Modelling** Link: WAS_2425-06 Forecasting & Modelling Final Internal Audit Report.pdf	1
2025/26	Internal Audit	**Manchester Arena Inquiry** Link: WAS_2526-10 Manchester Arena Inquiry - Final Internal Audit Report.pdf	1
2025/26	External Audit	**Unscheduled Emergency Care (UEC) Arrangements for Managing Demand – WAST (April 2025)** Link: Audit Wales - UEC Arrangements for Managing Demand - WAST (April 2025).pdf	2
2025/26	Internal Audit	**Budget Setting** Link: WAS_2526-04 Budget Setting - Final Internal Audit Report (17.02.2026).pdf	1
2025/26	Internal Audit	**Capacity Management Plan (Ambulance Care)** Link: WAS_2526-11 Capacity Management Plan - Final Internal Audit Report 170426.pdf	21

2025/26	Internal Audit	**Vehicle Replacement Programme** Link: WAS_2526-19 Vehicle Replacement Programme - Final Internal Audit Report (SSU).pdf	2
2025/26	Internal Audit	**Data Management Practices / Devolved Data** Link: WAS_2526-13 Data Management Final Internal Audit Report.pdf	2
2025/26	Internal Audit	**Clinical Prioritisation and Assessment Software (CPAS) Group: Governance and Change Management** Link: WAS_2526-21 CPAS Grp Governance Workflow - Final Internal Audit Report.pdf	5
2025/26	Internal Audit	**Digital Business Continuity Management** Link: WAS_2526-15 Digital Business Continuity_ Final Internal Audit Report.pdf	6
2025/26	Internal Audit	**Emerging Technology Adoption** Link: WAS_2526-14 Emerging Technology Adoption_Final Internal Audit Report.pdf	7
2025/26	Internal Audit	**High Risk Records Policy** Link: WAS_2526-12 High Risk Record Policy_Final Internal Audit Report.pdf	7
2025/26	Internal Audit	**Fire Safety** Link: WAS_2526-20 Estates Assurance Fire Safety - Final Internal Audit Report (SSU).pdf	10

2026/27	Internal Audit	**Cyber Security** Link: WAS_2627-13 Cyber Security - Final Internal Audit Report.pdf	1

Welsh Ambulance Services University NHS Trust
Ymddiriedolaeth GIG Prifysgol Gwasanaethau Ambiwlans Cymru

Finance and Performance Committee

Operations Directorate – Quarterly Update Q2 2026/27

Key assurance message

Q2 has seen continued progress across key operational programmes, with the 2026/27 Operations Financial Savings Plan remaining on trajectory and a number of improvement programmes moving from design into delivery. Digital, dispatch and coordination developments are beginning to provide evidence of operational benefit. However, assurance remains limited in some areas, particularly H45 performance and benefits realisation, while the affordability and additional resource requirements associated with major event planning require continued oversight. Q3 will focus on demonstrating measurable outcomes, productivity and benefits from the changes underway.

Headline milestones from Q2

65
Enhanced Community First Responders trained (in 6 courses)

16 September 2026
CAD upgrade successfully implemented

On track
2026/27 Operations Financial Savings Plan

Early November 2026
Target for Ambulance Care Patient App pilot (subject to completion of IG requirements)

HART South
Business case submitted to Welsh Government

1 National Operations Coordination Centre (NOCC)

Progressing

- IRD development workstreams established and IRD Operations Manager appointed.
- IRD operating model, KPI framework, success measures and benefits realisation arrangements developed.
- Quality Impact Assessment (QIA) and Equality Impact Assessment (EQIA) progressed.
- Recruitment for IRD roles underway; stakeholder engagement continuing.
- Site works commenced following appointment of the preferred contractor (build expected to take approximately 12 weeks).
- Supports a national coordination model to strengthen incident command, control and coordination across Wales.

2 Enhanced Community First Responders (E-CFR)

On track

- Six training courses delivered across Wales between July and September 2026.
- 65 E-CFRs trained in Q2.
- E-CFRs are experienced CFRs with additional specialist training (major incident awareness, JESIP, METHANE, TST, MITT, casualty management and other practical and clinical skills).
- Will be mobilised via Everbridge to support major incidents, with deployment instructions provided at mobilisation.

3 Coordination & Integrated Care Dispatch Boundary Realignment

Completed (Aug 2026)

- Powys stations returned to a single control centre model.
- Cowbridge station realigned to Cardiff and Vale footprint.
- Ystradgynlais station moved to support patient flow into Morriston Hospital.
- Aims to strengthen geographic continuity, improve alignment to hospital catchments and reduce complexity.
- Initial feedback indicates improved consistency in Powys and fewer out-of-area attendances for Cowbridge.
- Formal evaluation by the end of March 2027 to assess qualitative outcomes and efficiencies.

4 Smart Tethering (Return to Base Tool)

Implemented

- Phased rollout completed across all EMS Coordination sites (30 July – 2 September 2026).
- No patient safety incidents, adverse events or significant operational impacts identified.
- Early data indicates a reduction in longer-duration shift overruns and improved decision-making and resource management.
- Further analysis underway to strengthen the benefits realisation narrative and inform future developments.

5 Dispatch Optimisation

Progressing

- Direct dispatch for MPDS Protocol 28J (stroke) introduced from 10 July 2026.
- Dispatch Framework and Assessment Quality Measure development continuing.
- Ongoing refinement of dispatch prioritisation and testing within the CAD environment.
- Exploring clinically informed dispatch decision-making, standby point utilisation, response driving times and resource allocation.
- Further testing, evaluation and governance review in the next phase.

6 CAD Upgrade

Completed (16 Sept 2026)

- Successfully implemented on 16 September 2026.
- Enhanced call visibility, improved duplicate incident management, strengthened escalation controls, additional recall queue functionality and restored call filtering capabilities.
- A range of defect fixes to improve call handling accuracy and system performance.
- Improved usability, operational efficiency and system reliability for frontline coordination teams.

7 Emergency Operations Financial Savings Plan

On track

- 2026/27 Operations Financial Savings Plan remains on trajectory through Q2.
- Currently forecast to broadly balance, with favourable fuel price position and slight overachievements in other areas.
- Some expenditure (e.g. M&SE) expected to increase over the winter period.
- No indication that the plan will not achieve its year-end target.

8 H45

Pressured

- Partnership working continues with Health Boards to develop alternative care pathways, strengthen governance and improve patient flow.
- Examples of good practice in Cwm Taf Morgannwg and Hywel Dda.
- Delivery of actions has not consistently translated into H45 performance improvements.
- Gaps in compliance and benefits reporting limit assurance.
- Priorities: share effective practice, address outstanding pathway, funding and digital dependencies, and seek Welsh Government support to accelerate improvement ahead of seasonal pressures.

9 Major Events and Resilience Planning

Progressing

- Planning for UEFA EURO 2028 and the Tour de France progressing, with governance structures in place.
- Initial stakeholder engagement with internal and external partners underway.
- Escalation through the Civil Contingencies Executive Steering Group regarding additional resource allocation to the Trust.
- Current planning costs are being absorbed by the Trust, but affordability is a concern if additional command and operational capacity is required.
- We remain in close dialogue with NHS Performance and Improvement and commissioners on this issue.

10 Wales Risk Register Preparedness Review and Continuity2

Progressing

- Comprehensive review of the Wales Risk Register to strengthen organisational preparedness.
- Identifying areas of good practice and further development.
- Continuity2 supporting a more consistent and robust Business Continuity Management System, with strengthened governance, reporting, assurance and oversight.
- Enhanced monitoring and performance reporting will improve visibility of risks, incidents and learning.

11 HART

Developing

- South Wales HART uplift business case has been formally submitted to Welsh Government.
- This proposal was already approved by the Trust Board as one of the MAI recommendations.
- It was presented to the SLT and approved for submission. If Welsh Government support, the appropriate governance process will be undertaken for spending approvals.
- HART North options appraisal is ongoing, with dialogue with NHS P&I. First draft paper expected in November 2026.

12 Ambulance Care – NEPTS Improvement Programme

Progressing

- Programme management, workstreams and assurance arrangements established, moving from design to delivery.
- Multiple workstreams transitioning into implementation.
- Delivery plans and benefit measures providing clearer accountability.
- Focus on demonstrating measurable outcomes in Q3 and embedding changes into business-as-usual practice.

13 Ambulance Care – Reporting, Intelligence and Data-Led Decision Making

Developing

- Development of live operational dashboards, forecasting capability, productivity reporting and workforce utilisation metrics.
- Renal and oncology service dashboards and forecasting and modelling tools progressing.
- Enhanced governance of business intelligence developments.
- Improved visibility of demand, capacity and performance to support earlier decision-making and clearer local and national accountability.

14 Ambulance Care – Fleet Modernisation, Capacity Management and Patient App

Progressing

- Introduction of new Peugeot Boxer vehicles and Ford EV Explorers, with positive staff feedback.
- Supports patient accessibility, operational reliability, environmental ambitions and long-term value for money. Further expansion of electric vehicles will require operational learning and infrastructure limitations to be fully understood before wider implementation.
- Capacity Management Plan v2: revised approach to identify capacity pressures earlier in the booking process, allowing earlier information where transport may not be available. Preparing for an outpatient trial in Newport with governance and monitoring in place.
- Ambulance Care Patient App: technical development and secure authentication progressing. Remaining information governance requirements being completed, with a target for pilot in early November 2026.

Shift Overruns

Final Internal Audit Report

2026/27

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

Contents

Executive Summary 1
Findings & Agreed Action Plan 4
Appendix A: Assurance Opinion & Prioritisation of Findings.....12

Review Reference	WAS-2627-10
Fieldwork	August - October 2026
Executive Sign Off	26 October 2026
Audit Committee	3 December 2026
Executive Lead	Lee Brooks, Chief Operating Officer
Audit Team	Osian Lloyd, Head of Internal Audit
	Felicity Quance, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To review the effectiveness of arrangements established to monitor, manage and reduce shift overruns, including operational processes, governance and oversight arrangements, improvement initiatives, recording and remuneration processes, and consideration of workforce wellbeing impacts.

Overview

The management of shift overruns has become an important operational, workforce and financial consideration for the Welsh Ambulance Services University NHS Trust (the Trust). A shift overrun refers to circumstances where operational staff continue working beyond their rostered shift end time, resulting in additional working hours being incurred. Frequent or prolonged overruns can adversely affect ambulance availability, service resilience, staff wellbeing, workforce capacity and financial performance. The Trust has identified hospital handover delays (handover lost hours) as a principal driver of overruns, although other operational factors may also contribute and require effective monitoring and management.

The Welsh Ambulance Service Partnership Team (WASPT) has been undertaking a range of initiatives to address shift overruns. These include investigations into all 60 and 90-minute overruns, piloting targeted at hospital handover windows at hospital sites, enhanced end-of-shift planning, daily tactical huddles to support timely crew release, and the piloting of a dedicated overruns desk. Work has extended to develop and pilot a 'Return to Base' (RTB) initiative which, at the date of reporting, had progressed from the pilot phase to full implementation across Wales.

Whilst shift overruns can occur across a number of services within the Trust, this review was specifically focused on shift overruns within the Emergency Medical Services (EMS) workforce, namely the Emergency Ambulance Service, Cymru High Acuity Response Unit (CHARU) and Urgent Care Service. The findings, conclusions and assurance opinion presented within this report therefore relate to the management, monitoring and governance of shift overruns within these services. The applicability of these findings to other areas of the Trust has not been assessed as part of this review.

Audit Opinion

We have concluded **reasonable** assurance on this area. The Trust has established robust operational, governance and improvement arrangements to manage and reduce shift overruns. Operational controls were found to be embedded within day-to-day practice and supported by structured review processes, management oversight and targeted improvement initiatives. Opportunities for improvement relate primarily to programme evaluation and the integration of management information to support holistic oversight and decision-making. In particular, the planned evaluation of the RTB initiative provides an opportunity to consider workforce wellbeing indicators and staff feedback alongside operational outcomes and benefits realisation, supporting a broader understanding of the workforce impacts associated with action taken to reduce shift overruns.

Governance and reporting arrangements are well established, with structured operational, management and Board-level oversight supporting improvement programmes such as RTB/Smart Tethering, the Dispatch Framework and Travel Time Benchmarking. The review also identified workforce engagement arrangements, with multiple mechanisms available for staff to raise concerns and influence operational and wellbeing improvements.

The matters requiring management attention include:

- Action planning and evaluation arrangements for improvement initiatives could be strengthened through the more consistent use of documented action plans, milestones and success measures linked to the specific contributory factors that initiatives are intended to address.
- Reporting and management information arrangements could be strengthened through greater integration and cross-referencing of information relating to shift overrun performance, contributory factors, workforce impacts, risks and improvement activity, supporting more effective oversight, challenge and evaluation of improvement activity.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

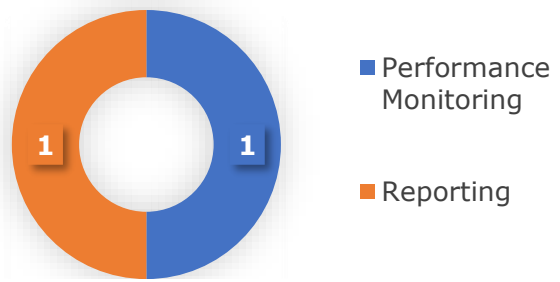
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	Operational processes are appropriately designed to minimise avoidable shift overruns and support the timely release of crews.	-	**Substantial**
2	Shift overruns are accurately recorded, reviewed and managed in accordance with Trust policies and contractual requirements.	2	**Reasonable**
3	Effective mechanisms are in place to identify, analyse and address the causes of shift overruns, oversee improvement initiatives and supporting sustainable reductions through appropriate evaluation and monitoring of action plans.	1	**Reasonable**
4	Appropriate arrangements are in place to identify and manage workforce wellbeing and cultural impacts associated with shift overruns.	1,	**Reasonable**
5	An appropriate reporting framework is in place to monitor, challenge and support the reduction of shift overruns across the Trust.	1, 2	**Reasonable**

Management Actions

0 High Priority

2 Medium Priority

Themes



Risk Types

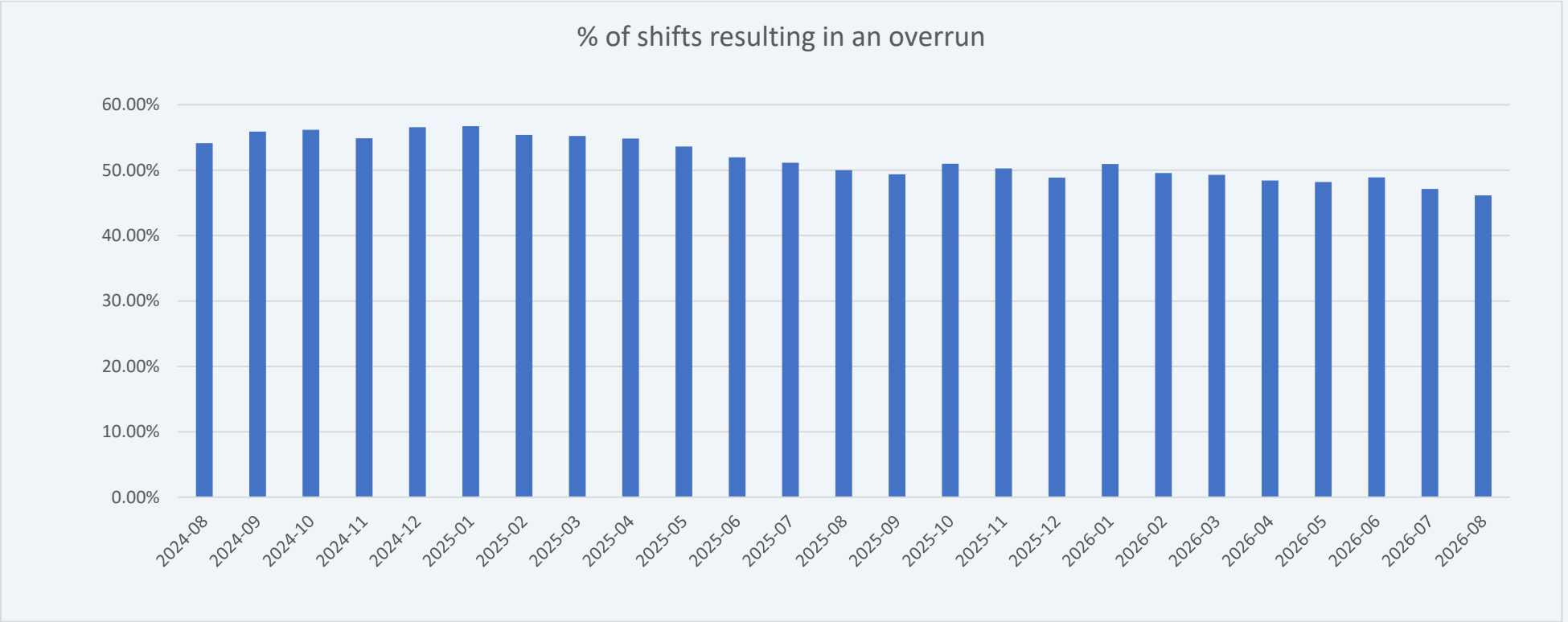
Quality or Safety Issues

Public Perception & Reputational Risk

At a Glance – Shift Overrun Activity

Recorded Shift Overrun Trends

The following chart illustrates the proportion of operational resources[1] resulting in a recorded shift overrun over a two-year period[2], highlighting longer-term trends in overrun performance over time.



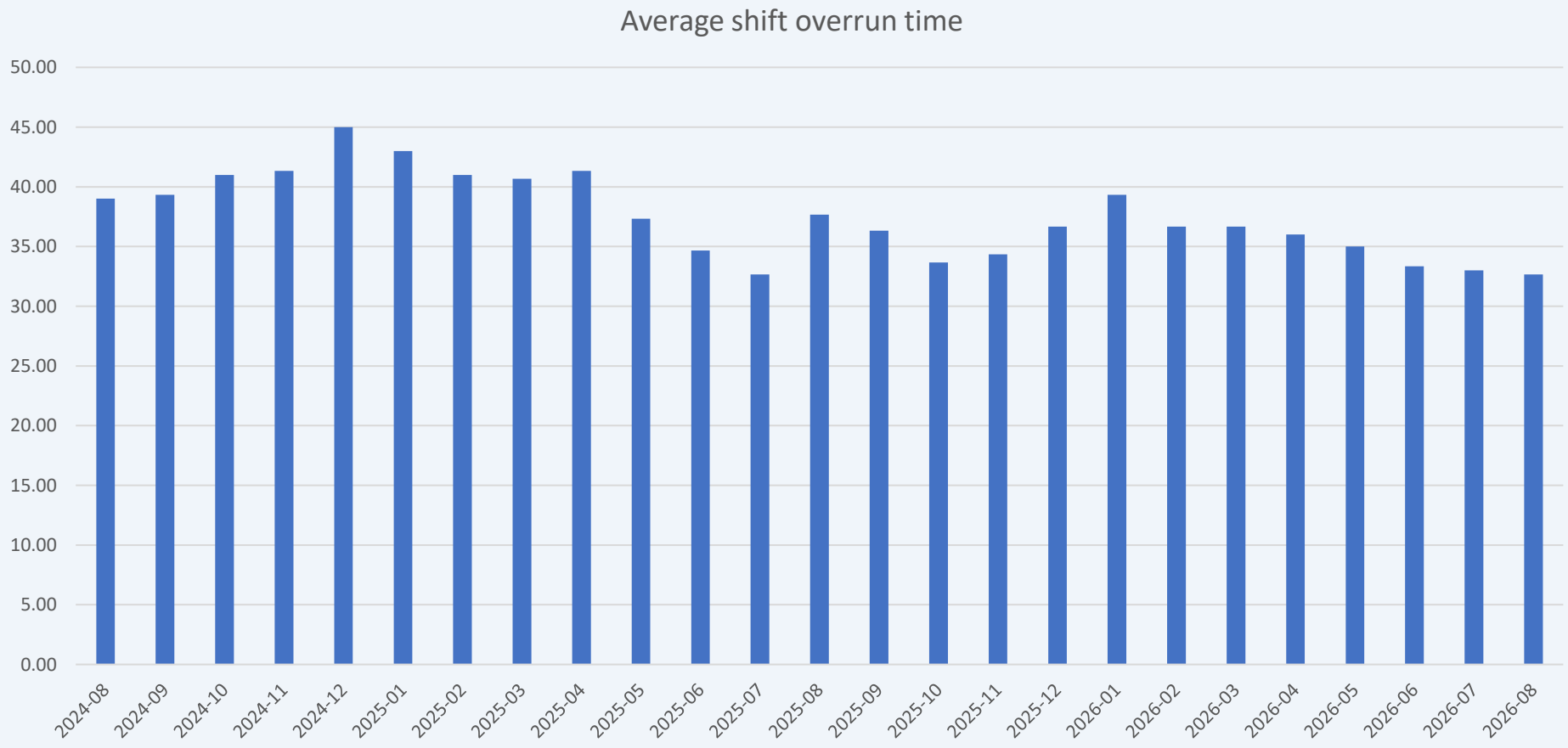
[1] Operational resources refer to Emergency Ambulance, Cymru High Acuity Response Unit (CHARU) and Urgent Care Service.

[2] The data is derived from the Resource Log, which records the status of operational resources throughout their shifts, including end-of-shift information used to identify shift overruns. Whilst this represents the Trust's primary source of shift overrun reporting, management review processes have identified that a proportion of recorded overruns (typically 14% to 20%) are subsequently classified as false overruns arising from recording anomalies such as no log-offs, failed hot swaps and incorrect shift-time entries. The figures presented should therefore be interpreted as recorded overrun activity rather than validated operational overruns.

In addition, the dataset does not currently contain sufficiently complete or standardised reason-code information to enable reliable reporting of the causes of overruns. Whilst the data provides a reasonable indication of the scale and trend of recorded overrun activity, it should not be used to draw conclusions regarding the relative prevalence of different contributory factors.

Average Recorded Shift Overrun Duration

The following chart illustrates the average duration, in minutes, of recorded shift overruns over a two-year period, highlighting changes in the length of overruns over time.



Findings & Agreed Action Plan

Objective 1: Operational processes are appropriately designed to minimise avoidable shift overruns and support the timely release of crews.	**Substantial**

The Trust has established documented arrangements to support the management of shift overruns and the timely release of crews. The Shift Start and Finish Standard Operating Procedure (SOP) (v4.4, March 2026) and the Response Coordination SOP (v1.2, November 2025) set out requirements for the management of crews approaching the end of their shift, resource allocation, escalation, monitoring and staff welfare, providing a structured framework to balance operational demand, patient safety and workforce wellbeing.

Roles and responsibilities are clearly defined across operational and management functions. Emergency Medical Services (EMS) Coordination staff, Response Coordinators, Operational Managers, Duty Operational Managers and Shift Managers are responsible for monitoring crews approaching the end of their shift, managing overrun risks, arranging relief, escalating significant overruns and providing management oversight.

The Shift Start and Finish SOP requires active monitoring of crews approaching the end of their shift and periodic review of overrun performance. Oversight arrangements are supported by the routine review and investigation of incurred overruns through an All-Wales process, helping to identify recurring themes, contributory factors and opportunities for improvement. Overall, arrangements were found to be operating broadly as intended, although some operational decisions and escalation activities necessarily remain dependent on professional judgement, local knowledge and situational awareness.

Documented controls are in place to minimise avoidable shift overruns, including allocation restrictions as crews approach the end of their shift. However, the audit identified differing emphases between the Shift Start and Finish SOP, which seeks to protect crews approaching completion of their shift, and the Response Coordination SOP, which prioritises dispatch of the nearest appropriate resource. Whilst staff demonstrated an appropriate understanding of these competing priorities, the proposed Dispatch Framework *(see objective 3)* aims to provide greater consistency by bringing these considerations within a single decision-making framework.

Walkthrough testing, including direct observation of live dispatch activity and end-of-shift resource management within the EMS Coordination Centre at Vantage Point House, confirmed these arrangements are embedded in day-to-day practice. Staff were observed using Computer Aided Dispatch (CAD), manual running sheets and the Return to Base (RTB) Dashboard to identify crews at risk of overrun and support proactive intervention. Monitoring activity was observed to commence several hours before scheduled shift completion, enabling relief planning and other mitigating actions to be considered before overruns occurred. The walkthroughs also demonstrated how operational staff routinely balance patient demand, resource availability and crew welfare when making dispatch decisions.

Objective 2: Shift overruns are accurately recorded, reviewed and managed in accordance with Trust policies and contractual requirements.	**Reasonable**

Shift overruns are automatically identified within CAD through comparison of a crew's scheduled finish time and actual recorded finish time. Overrun information is subsequently incorporated within the Resource Log, which provides the primary source of data for organisational reporting, performance monitoring and management oversight (*refer to the At a Glance section, for a summary of shift overrun activity and, duration profiles based on Resource Log data).*

All shift overruns are subject to review through a coordinated process involving local operational teams and central management oversight. Reviews draw upon CAD records, incident timelines, roster information and crew activity data to distinguish genuine operational overruns from data quality issues, such as missed log-offs, failed hot swaps (relief by another crew) and other recording errors. Information is consolidated through national dashboard reporting, supporting trend analysis, exception monitoring and oversight across operational territories.

Information relating to shift overruns is derived from multiple sources. The Resource Log provides the primary source of performance information, whilst separate review processes generate information related to validated causes, false overruns, recurring themes and learning. Although both datasets are used by management, they are not routinely consolidated within a single reporting framework. Consequently, it is not always possible to readily link overrun activity, validated causes and associated workforce impacts (see *Objective 5* and **Key Finding 2**).

The review found that the integrity of source data is maintained through retention of original system-generated records. Rather than amending or deleting records, identified anomalies are categorised and reported separately, providing transparency over data quality issues whilst preserving a clear audit trail. Restricted access arrangements and ongoing data quality monitoring provide further assurance over the reliability of reported information.

Walkthrough testing undertaken within the EMS Coordination Centre identified that management involvement in relation to crews identified as being at risk of overrun is primarily focused on operational oversight, intervention and decision support. Whilst the SOP requires crews to notify their Operational Manager or EMSC where a potential overrun is anticipated, no requirement was identified for managerial authorisation either before an overrun occurs or prior to its recording within operational systems. Escalation arrangements are intended to provide operational awareness and facilitate the development of relief or resource plans to minimise or avoid overruns where possible, rather than to formally approve their occurrence. As a result, the control framework does not provide a preventative management approval control over shift overruns, relying instead upon operational oversight and retrospective review arrangements.

To recognise additional hours worked as a result of shift overruns, whilst also supporting compliance with Working Time Regulations requirements, the Trust has established arrangements for overtime and Time Off in Lieu (TOIL) compensation. These arrangements are currently processed through paper-based timesheets and associated managerial approval processes, which operate separately from operational overrun records. The Trust is progressing implementation of an electronic timesheet solution, which is expected to streamline these arrangements and improve administrative efficiency.

Note: The audit confirmed the existence of these arrangements, however, no detailed testing of remuneration processes, including sample testing of overtime payments and TOIL claims, was undertaken as part of this review. The latter will be considered as part of our forthcoming TOIL audit.

Objective 3: Effective mechanisms are in place to identify, analyse and address the causes of shift overruns, oversee improvement initiatives and supporting sustainable reductions through appropriate evaluation and monitoring of action plans.	**Reasonable**

Shift Overruns are routinely monitored through the collation of All-Wales data, dashboard analysis and overrun review processes, enabling management to identify trends, recurring themes and operational pressures contributing to overruns. Analysis extends beyond headline overrun metrics and incorporates information obtained through individual overrun reviews, thematic analysis and wider operational intelligence to understand factors contributing to overruns.

Performance reporting derived from Resource Log information is supplemented by information obtained through overrun review activity. Whilst contributory factors are not currently captured and reported through a single structured dataset, individual reviews and thematic analysis provide management with insight into issues such as hospital handover delays, travel distances, dispatch decisions, resource deployment patterns and other operational pressures where relevant. This provides management with a broader understanding of overrun activity and supports the identification of improvement opportunities.

The review found evidence that improvement activity is informed by performance analysis and linked to identified causes of overruns. Management analysis identifies hospital handover delays as a significant contributor to shift overruns, a factor that is often outside the Trust's direct control. Consequently, the improvement activity has focused primarily on those contributory factors that fall within the Trust's sphere of influence.

The Trust's principal improvement initiatives comprise the Return to Base (RTB)/Smart Tethering programme, the Dispatch Framework and Travel Time Benchmarking. These initiatives have been designed to reduce avoidable overruns by improving dispatch decision-making, reducing unnecessary travel distances and late allocations, supporting workforce wellbeing and enhancing operational efficiency.

Each initiative addresses specific drivers of overruns rather than focusing solely on overall overrun performance. For example, RTB/Smart Tethering seeks to reduce allocations that place crews operating significant distances from their home base close to the completion of duty periods and is now operational across Wales. The Dispatch Framework aims to improve the consistency and transparency of decisions where workforce welfare and patient demand may compete, whilst Travel Time Benchmarking seeks to address deployment and travel-time factors associated with prolonged overruns. Collectively, these initiatives demonstrate a clear link between analysis, identified contributory factors and improvement activity.

Dedicated workstreams have been established for each improvement initiative within the wider Dispatch Optimisation Programme. Oversight is provided through dedicated task and finish groups and the Dispatch Optimisation Steering Group, with clear operational ownership and accountability arrangements in place. Progress is monitored through established management and governance forums *(refer to objective 5).*

Whilst arrangements to identify contributory factors and develop improvement initiatives are well established, opportunities exist to strengthen programme management and evaluation arrangements. In particular, documented action plans were not consistently evidenced across all workstreams and it remains difficult to isolate and evidence the impact of individual initiatives from wider operational and system-wide changes **(see Key Finding 1)**. Strengthening evaluation arrangements would provide greater assurance that improvement activities are delivering sustainable reductions in shift overruns and the intended operational and workforce benefits.

Key Findings		Risk & Impact	Agreed Management Action
1	**Action Planning and Evaluation of Improvement Initiatives** The Trust has established arrangements to identify the causes of shift overruns and has implemented a range of improvement initiatives targeting key contributory factors. Whilst appropriate governance arrangements are in place to oversee delivery and monitor progress, action planning and evaluation arrangements could be strengthened. Documented action plans were not consistently evidenced across all workstreams, and the effectiveness of initiatives is primarily assessed against overall shift overrun performance rather than the specific contributory factors they are intended to address. The Trust's overrun review process generates information regarding factors contributing to overruns, including hospital handover delays, travel distances, dispatch decisions and late allocations. However, this information is not routinely consolidated within a single structured dataset or reporting framework. Whilst it informs the development of improvement initiatives, opportunities exist to make greater use of this information in defining success measures and evaluating the effectiveness of individual interventions. Consequently, the Trust is not always able to consistently demonstrate the specific impact of individual initiatives or determine which interventions are delivering the greatest benefit. This may reduce assurance that resources are being directed towards the most effective improvement activities and could limit management's ability to make informed investment and prioritisation decisions.	Management may lack assurance that improvement initiatives are delivering the intended outcomes and benefits, resulting in suboptimal prioritisation, decision-making and use of resources.	**Agreed Action:** The Trust acknowledges the findings in relation to programme evaluation arrangements. A formal evaluation of the Return to Base (RTB) initiative will be undertaken through existing governance arrangements, including consideration of intended benefits and outcomes. The results of this evaluation will be reported through the appropriate governance forums and will inform ongoing development of the wider Dispatch Optimisation Programme **Expected Evidence of Implementation:** • Completed RTB evaluation and benefits realisation review. • Evaluation report presented to the appropriate governance forum. • Evidence of management consideration of findings and any resulting actions.
		Medium Priority	
	Theme: Performance Monitoring	Control Design	**Officer:** Paul Underwood, Deputy Chief Operating Officer **Target Implementation Date:** 30 April 2027

Objective 4: Appropriate arrangements are in place to identify and manage workforce wellbeing and cultural impacts associated with shift overruns.	**Reasonable**

It is recognised that excessive shift overruns can contribute to fatigue, stress, reduced work-life balance and wider workforce sustainability risks. These risks are considered through governance arrangements, workforce wellbeing programmes, Quality Impact Assessments, staff engagement activities and operational improvement initiatives *(refer to objective 3).*

Staff engagement and speaking-up mechanisms are well established and actively promoted. Staff are provided with multiple opportunities to raise concerns relating to shift overruns, fatigue, workload pressures and wellbeing through Quality & Support Days, NHS Wales Staff Surveys, HIVE Pulse Surveys, WASPT forums, WAST Live events, Speaking Up Safely arrangements, CEO roadshows and Essential Conversations. Feedback received has informed operational, workforce and wellbeing improvement initiatives. The Trust's "You Said, We Did" approach demonstrates a wider organisational commitment to listening and responding to staff concerns and providing feedback on actions taken in response. However, this is an organisation-wide engagement mechanism rather than a process specifically focused on shift overruns.

Workforce measures, including sickness absence, staff survey results, workforce wellbeing indicators, staff feedback and TOIL accrual, are routinely reported through established governance structures. In addition, shift overrun performance is subject to regular monitoring through operational performance reporting.

It is recognised that a formal evaluation of the Return to Base (RTB) initiative is planned, providing an opportunity to consider operational outcomes, benefits realisation, and the views and experiences of staff impacted by the initiative. Consideration of workforce wellbeing indicators and relevant staff feedback as part of this evaluation would support a broader understanding of the workforce impacts associated with actions taken to reduce shift overruns (see **Key Finding 1)**.

Objective 5: An appropriate reporting framework is in place to monitor, challenge and support the reduction of shift overruns across the Trust.	**Reasonable**

Reporting of shift overruns and associated improvement activity is undertaken through a structured governance framework operating across operational, management and corporate governance levels, as follows:

Operational Management Reporting

The Pan-Wales overrun investigation process and national dashboard provide detailed analysis of shift overrun performance, including contributory factors, trends, territorial variation, false overruns and data quality issues. This information is routinely reviewed through operational management forums and supports the identification of recurring themes, emerging issues and corrective actions. Reporting also informs discussions regarding the effectiveness of improvement initiatives and areas requiring intervention.

Senior Management Oversight

The Dispatch Optimisation Steering Group oversees delivery of key improvement initiatives and receives programme updates, performance information and progress reports. The Senior Operational Team (SOT) and Senior Leadership Team (SLT) receive reporting on shift overrun performance, operational pressures and improvement activity to support management oversight and decision-making.

Board and Committee Reporting

Governance and Board Committees receive information aligned to their respective responsibilities. The Quality, Patient Experience and Safety Committee (QUEST) receives reporting relating to quality and operational performance through the Clinical and Quality Governance Group (CQGG), the People and Culture Committee (PCC) receives workforce and wellbeing information, and the Finance and Performance Committee (F&PC) receives performance and financial reporting through established governance arrangements and the Monthly Integrated Quality Performance Report (MIQPR). Key matters requiring Board-level visibility are subsequently reported through committee highlight reports and established Board reporting arrangements, supporting organisational oversight and assurance.

Review of governance reporting undertaken across the period April 2026 to August 2026 (noting that the periods reviewed varied between governance forums depending on the latest reports available at the time of audit and, where appropriate, were supplemented by review of earlier committee papers) confirmed that relevant information had been provided to each forum in line with its remit, demonstrating established arrangements for monitoring shift overrun performance and associated risks. However, whilst detailed information relating to shift overrun performance, contributory factors, workforce impacts, risks and improvement activity is available through established reporting arrangements, this information is generally reported through separate governance, operational and management reporting streams. As a result, governance forums are primarily presented with information relevant to their specific responsibilities and may need to draw information from multiple sources to obtain a comprehensive understanding of overall performance, emerging risks and the effectiveness of improvement activity.

Consequently, reporting at governance level is primarily focused on performance outcomes, with less visibility of the relationship between operational drivers of overruns, workforce impacts, associated risks and the effectiveness of improvement. Opportunities therefore exist to strengthen the integration and cross-referencing of management information to support more effective oversight, challenge, prioritisation of improvement activity and evaluation of programme effectiveness **(see Key Finding 2).**

The importance of effective reporting and governance oversight is consistent with findings from the Trust's recent Operations Directorate Governance audit (WAS-2627-09: issued October 2026: reasonable assurance), which identified opportunities to strengthen the communication of assurance, risks, progress and outcomes through governance reporting arrangements. This reinforces the need for reporting on shift overruns

to not only provide visibility of performance outcomes, but also effective support for challenge, decision-making and assurance regarding contributory factors, associated risks and the effectiveness of improvement activity.

Key Findings		Risk & Impact	Agreed Management Action
2	**Integrated Oversight of Shift Overrun Performance** Detailed information relating to shift overrun performance, contributory factors, workforce impacts, risks and improvement activity is available through multiple reporting streams. However, opportunities exist to strengthen the integration of this information to support a more holistic assessment of shift overrun performance, emerging risks and programme effectiveness. Whilst governance and management forums receive information aligned to their responsibilities, information is generally considered through separate reporting routes. Consequently, governance bodies may need to draw information from multiple sources to obtain a comprehensive understanding of the effectiveness and collective impact of actions being taken to reduce shift overruns. Strengthening the integration of management information would support more effective oversight, challenge and prioritisation of improvement activity.	Management and governance forums may not have a complete understanding of shift overrun performance, associated risks and the effectiveness of improvement activity. This may reduce the effectiveness of strategic oversight, challenge, prioritisation and decision-making relating to the reduction of shift overruns across the Trust.	**Agreed Action:** Wider workforce measures are reported through People and Culture Committee. The most recent Return to Base (RTB) pilot, which is overseen through a dedicated task and finish group, will include consideration of the impact of the deployed process and achievement of intended benefits. Ongoing performance, outcomes and benefits realisation will continue to be considered through existing governance arrangements as the model becomes further embedded, with relevant updates reported through established Trust governance processes, including reporting to the People and Culture Committee via the Operations Quarterly Report. **Expected Evidence of Implementation:** Relevant Operations Quarterly Report / governance report demonstrating consideration of RTB outcomes and benefits realisation.
		Medium Priority	**Officer:** Paul Underwood, Deputy Chief Operating Officer **Target Implementation Date:** 30 April 2027
	Theme: Reporting	Control Design	

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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